



**Arizona Department of Agriculture (ADA)**

Central Licensing Section  
1688 W. Adams  
Phoenix, AZ 85007  
Phone: (602) 542-6408 Fax: (602) 542-0466

**For ADA/ASD Use Only**

Date \_\_\_\_\_  
(Cash) or Check # \_\_\_\_\_  
Amount \_\_\_\_\_

**Meat Safety Compliance License Application**

**Pursuant to A.R.S. 3-2009 and 3-2081**

Application must include applicant's name and address, the business name and address, the physical location where the business is to be conducted, and must be accompanied by the fee payment. All licenses expire on December 31st of each year.

**License Type Information**

(Please select one.)

	<b>Fee:</b>	
<b>BROKER</b> <input type="checkbox"/>	<b>\$450.00</b>	(Engages in the negotiations of third party meat product sales, for a commission.)
<b>DISTRIBUTOR</b> <input type="checkbox"/>	<b>\$500.00</b>	(Receives and distributes inspected meat products, but does not process.)
<b>JOBBER</b> <input type="checkbox"/>	<b>\$450.00</b>	(Buys and sells meat products to other than end-users, does not process.)
<b>PET FOOD MFG.</b> <input type="checkbox"/>	<b>\$300.00</b>	(Manufactures meat products not for human consumption.)
<b>RENDERER</b> <input type="checkbox"/>	<b>\$10.00</b>	(Renders, tallows, or engages in the processing of pelts, hides and related.)
<b>TRANSPORTATION</b> <input type="checkbox"/>	<b>\$300.00</b>	(Engages in the intrastate transporting of perishable meat products. )
<b>MEAT STORAGE</b> <input type="checkbox"/>	<b>\$450.00</b>	( Stores perishable meat products. )

**Applicant Information**

Application Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Street Address: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Applicant's Social Security No: \_\_\_\_\_ Applicant's Phone No: ( ) \_\_\_\_\_

**OR** Company Tax Identification No: \_\_\_\_\_

**Business Information**

Name of Company: \_\_\_\_\_

Mailing Address

Physical Plant Address

Street Address: \_\_\_\_\_ Location: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Company Contact: \_\_\_\_\_

Company Contact's Phone No: ( ) \_\_\_\_\_

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
(Please Print Name) Signature Date \_\_\_\_\_