DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch 1220 N Street Sacramento, CA 95814 (916) 900-5004

79-004A (Rev. 07/22)		Date:
APPLICATION TO	OPERATE A PET FOO	DD ESTABLISHMENT
FEE \$100.00		Establishment Number:
In accordance with Article 2, Chapter 5, Part is hereby made for a license to operate as a: PET FOOD SLAUGHTERER PET FOOD IMPORTER PET FOOD PROCESSOR	3, Division 9, of the Calif	fornia Food and Agricultural Code, application
Please Print or Type:		
Name of Business:		Phone Number:
Mailing Address:		FAX Number:
Location, if different, and County:		1
Name and Address of Owners or Corporate O	officers and Managers:	
Name of Contact Person:	Contact Person	E-mail Address:
Experience in the business under which licens	se application is made:	
List interest or control you have in any Dead A	Animal Hauler, Renderin	g Plant or Collection Center:
Any changes in the information given must be	e reported to the Meat, Po	oultry and Egg Safety Branch within 15 days.
Obtaining all information requested is marrequirements in Division 9 of the California F	•	before a license can be issued according to de.
Mail application	and One-Hundred doll	ar (\$100.00) fee to:

Mail application and One-Hundred dollar (\$100.00) fee to Department of Food and Agriculture, AHFSS P.O. Box 942881, Sacramento, CA 94271 Please make check payable to: CDFA - 420

Printed Name of Applicant:	
Signature of Applicant:	