## DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch 1220 N Street Sacramento, CA 95814 (916) 900-5004 79-003A (Rev. 07/22) Distribution:

- 1 Headquarters
- 2 Inspector
- 3 Area Supervisor

Date:	

## APPLICATION TO OPERATE A POULTRY PLANT

FEE \$500.00		Establishment Number:	
Please Print or Type:			
Name of Business:		Phone Number:	
Mailing Address:		Fax Number:	
Location Including County:			
Name of Owners, Managers, and Partners:			
Name of Contact Person:	Contact Person E-m	Contact Person E-mail Address:	
Name of Poultry Meat Inspectors (PMIs) Employed (In	cluding Managers, Owners, if l	Licensed):	
Any changes in the information given must be	reported to the Meat, Pou	ultry and Egg Safety Branch within 15 days.	
Obtaining all information requested is mandat requirements in Division 9 of the California Fo	-		
Departmen	and Five Hundred dolla nt of Food and Agricultu x 942881, Sacramento, C	ire, AHFSS	
Please ma	ake check payable to: Cl	DFA - 420	
Printed Name of Applicant:			
Signature of Applicant:			