

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5004
 79-006A (Rev. 09/20)

License Fee: \$100.00
 Enforcement Fee: \$3,500.00 **PLUS**
 \$500.00 per truck up to a maximum
 of \$7,000.00 per location per year

Office Use Only:

Establishment #: _____

Date Issued: _____

APPLICATION TO OPERATE A COLLECTION CENTER
☐ Inedible Kitchen Grease ☐ Animal Material
☐ New☐ Renewal

In accordance with Article 2, Chapter 5, Part 3, Division 9, of the California Food and Agricultural Code (FAC), application is hereby made for a license to operate as a Collection Center.

Please Print or Type

| | | | |
|--|-------------------------|--------------------------------|---|
| Name of Business: | | Phone Number: | Independently Owned & Operated: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address (City, County, Zipcode): | | | |
| Location Address (City, County, Zipcode): <i>if different from Mailing Address</i> | | | |
| Name of Contact Person: | | Contact Person E-mail Address: | |
| Contact Person Title: | Contact Person Phone #: | # of Employees: | Annual Gross Receipts: \$ |

Name and addresses of Owner(s) if different

| | | |
|-------|--------|----------------------------------|
| Name: | Title: | Address (City, County, Zipcode): |
| Name: | Title: | Address (City, County, Zipcode): |

Name and location of Render or Pet Food Processor through which denatured, inedible and/or condemned material is to be disposed

| | |
|--|-------------------|
| Name: | Type of Business: |
| Address (City, County, Zipcode): | |
| Will skinning, eviscerating, or cutting up carcasses be conducted at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, which rendering facility will the skinned material be transported to? | |

*All information requested on this application is required before a license may be issued in accordance with the requirements stated in Division 9 of the Food and Agricultural Code. Any changes to the information contained on the license or this application shall be reported in writing to Rendering@cdfa.ca.gov within ten business days.

*Providing false information on applications for licenses or registration application shall be a violation and justification for denial of an application.

Printed Name of Authorized Representative_____
Title of Authorized Representative_____
Signature of Authorized Representative_____
Date

Mail application and fee to: Department of Food and Agriculture, 1220 N Street, Sacramento, CA 95814.

Please make check payable to: CDFA L 90101

If you have any questions, please contact rendering program at Rendering@cdfa.ca.gov