

**DEPARTMENT OF FOOD AND AGRICULTURE**

Meat, Poultry and Egg Safety Branch  
1220 N Street  
Sacramento, CA 95814  
(916) 900-5004  
79-002A (Rev. 08/14)

Distribution:  
1 - Headquarters (Original)  
2 - Inspector (Copy)  
3 - Area Supervisor (Copy)

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

**APPLICATION TO OPERATE A  
CUSTOM LIVESTOCK SLAUGHTERHOUSE**

**FEE \$500.00**

Establishment Number: \_\_\_\_\_

In accordance with Article 8, Chapter 4.1, Part 3, Division 9, of the California Food and Agricultural Code, I hereby make application for a license to operate the following establishment:

- Yes  No I plan to slaughter small livestock at my establishment such as, calves, sheep, swine, and goats
- Yes  No I plan to slaughter cattle at my establishment.
- Yes  No My establishment is constructed and equipped to slaughter cattle.

I agree that if my establishment is not constructed or equipped to slaughter cattle, cattle slaughter will not be conducted in my establishment.

*Please Print or Type:*

Name of Business:	Phone Number:
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Mailing Address:	Fax Number:
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Location Including County: \_\_\_\_\_

Name of Owners, Managers, and Partners: \_\_\_\_\_

Name of Contact Person:	Contact Person E-mail Address:
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Name of Livestock Meat Inspectors (LMIs) Employed (Including Managers, Owners, if Licensed): \_\_\_\_\_

Any changes in the information given must be reported to the Meat, Poultry and Egg Safety Branch within 15 days.

Obtaining all information requested is mandatory and required before a license can be issued according to requirements in Division 9 of the California Food and Agricultural Code.

**Mail application and \$500.00 fee to: Department of Food and Agriculture, 1220 N Street, Sacramento, CA 95814. Please make check payable to: CDFA PL 90316**

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.