

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5004
 79-006A (Rev. 08/21)

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="radio"/> Yes <input type="radio"/> 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:

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 whole animal carcasses be accepted at this facility? <input type="radio"/> Yes <input type="radio"/> No	
Will skinning, eviscerating, or cutting up carcasses be conducted at this facility? <input type="radio"/> Yes <input type="radio"/> 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:

Make checks payable to **CDFA – 9999000271**. Mail this application and payment to:

CA Department of Food and Agriculture
Attention: MPES – Rendering Enforcement Program
 1220 N Street
 Sacramento, CA 95814

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