

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch

1220 N Street

Sacramento, CA 95814

(916) 900-5004

79-019A (Rev. 08/18)

Date: _____

License Fee: \$100.00

Enforcement Fee: \$7,000.00

**APPLICATION TO OPERATE AN
INEDIBLE KITCHEN GREASE RENDERING PLANT****FEE \$7,100.00**

In accordance with Article 2, Chapter 5, Part 3, Division 9, of the California Food and Agricultural Code, application is hereby made for a license to operate as an Inedible Kitchen Grease Rendering Plant.

Please Print or Type (If more space is required, please use the back of this form)

| | | |
|---|--------------------------|-------------|
| Name of Business: | Phone Number: | FAX Number: |
| Mailing Address: | Location (if different): | |
| City, State, Zipcode: | City, County, Zipcode: | |
| Contact E-mail: | | |
| Name and addresses of Owners or Corporate Officers and Managers | | |
| Name: | Name: | |
| Address: | Address: | |
| Provide detailed description of proposed business activities: | | |
| Describe product(s) to be produced and intended use of product(s), such as for biofuel, animal feed, etc.. (CCR Section 1180.34. For production of products used in animal feed and other agricultural uses, each renderer shall employ a written and verifiable process that results in products that are free of microorganisms that are pathogenic to humans or animals.): | | |

*Any change in the information contained in the license or registration application shall be reported in writing to the Meat, Poultry and Egg Safety Branch within (10) business days of such change.

*Changes may be mailed to the address shown below, or faxed to (916) 900-5334.

*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.

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

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

Printed Name of Applicant: _____

Signature of Applicant: _____

Mail application and \$7,100.00 fee to: Department of Food and Agriculture, 1220 N Street, Sacramento, CA 95814.

Please make check payable to: CDFA L 90101