

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5004
 79-002A (Rev. 01/13)

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

Yes No Meat Processing will be conducted at my establishment.

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-mail Address: _____

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.