

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
1220 N Street
Sacramento, CA 95814
(916) 900-5004
79-002A (Rev. 07/22)

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: _____

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, AHFSS
P.O. Box 942881, Sacramento, CA 94271
Please make check payable to: CDFa - 420**

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.