

**APPLICATION  
ANNUAL MEAT ESTABLISHMENT LICENSE**

ADDRESS CORRECTION REQUESTED

ESTABLISHMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ZIP CODE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
FAX #: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

CURRENT LICENSE NO:

**TYPE OF LICENSE - CHECK ALL BOXES APPLICABLE**

**INSPECTED SLAUGHTER/PROCESSING EST.**

Continuing Education Requirement

(date) \_\_\_\_\_

(place) \_\_\_\_\_

Due before July 1: \_\_\_\_\_

\$100.00 fee enclosed

**INSPECTED PROCESSING ESTABLISHMENT**

Continuing Education Requirement

(date) \_\_\_\_\_

(place) \_\_\_\_\_

Due before July 1: \_\_\_\_\_

\$100.00 fee enclosed

**CUSTOM EXEMPT ESTABLISHMENT**

Continuing Education Requirement

(date) \_\_\_\_\_

(place) \_\_\_\_\_

Due before July 1 \_\_\_\_\_

\$50.00 fee enclosed

**RETAIL STORE MEAT PROCESSING EST.**

Water Sample: \_\_\_\_\_

\$20.00 fee enclosed

**I CERTIFY THAT ALL STATEMENTS HEREIN MADE ARE TRUE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

"This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex, religion or handicap, write immediately to the Secretary of Agriculture, or Administrator, FSIS, Washington, D.C. 20250".

**MAKE CHECK PAYABLE TO:**

**SD ANIMAL INDUSTRY BOARD  
411 SOUTH FORT STREET  
PIERRE, SD 57501-4503  
PHONE: (605) 773-3321  
FAX: (605) 773-5459**