

APPLICATION STATE MEAT INSPECTION

Establishment Applying:		2. Date of Application	
1. Name _____		3. Phone No.	
Address _____		4. County	
City _____ Zip _____		5. Establishment No.	
6. If Corp. in what state incorporated?		7. Form of Organization	
8. Names & Address of responsible parties if individual, partnership or unincorporated Association.		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative <input type="checkbox"/> Association	
Water Source: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well <small>(Municipal water must be tested 1X per AIB fiscal year (July 1 - June 30). Private wells must be tested 2X per fiscal year. Must be bacteriologically safe).</small>		Water Sample: _____(Date)	
Sewer Statement: _____(Date) <small>(Approval by city or country authorities. Sewage system separate from all other lines, or traps in place to prevent backflow & properly functioning; no danger of contamination.)</small>		Method of Disposal: _____ <small>(Documentation showing federal/state requirements are being met in regard to condemnation, SRM's - how & who handles transport, disposal location).</small>	
Pest Control: Name of Person in charge: _____ <small>(Required documentation per MI328 and MI330)</small>		Continuing Education: <small>(Continuing Education Required once every three years. SDCL 39-5-11.2)</small>	
If inspection is granted under this APPLICATION, it is hereby expressly agreed to conform strictly to all State Regulations and orders pertaining to meat inspection as they apply to the within-mentioned plant, and it is guaranteed that said plant will be maintained in a sanitary condition and that adequate equipment and facilities for conducting State Inspection and operating the plant will be provided and maintained.			
I CERTIFY THAT 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 DC 20250.		~~~~~ SD ANIMAL INDUSTRY BOARD 411 SOUTH FORT STREET PIERRE, SOUTH DAKOTA 57501	
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