

**APPLICATION
STATE MEAT INSPECTION**

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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

When in Operation Estimate Average Operating	9. Days per Year	10. Hours Per Week	11. Hours per Day
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**ESTIMATE OF AVERAGE VOLUME OF OPERATIONS WHEN INSPECTION IS INAUGURATED
NUMBER TO BE SLAUGHTERED WEEKLY**

12. Cattle	13. Calves	14. Bison	15. Sheep	16. Goats	17. Swine
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PREPARATION AND PROCESSING WEEKLY	
PRODUCT	TOTAL POUNDS
18. Processed meats, sausage, hamburger, etc.	
19. Sliced-bacon, ham, beef, sausage, etc.	
20. Edible fats processed, including oleomargarine	
21. Frozen-dinners, pies, portions, etc.	
22. Canned products, all types	
23. Boning operations - fresh meats	

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
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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 <p align="right">Form SD-MI-100</p>
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