

**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 Sept 1: _____

\$100.00 fee enclosed

INSPECTED PROCESSING ESTABLISHMENT

Continuing Education Requirement

(date) _____

(place) _____

Due before Sept 1: _____

\$100.00 fee enclosed

CUSTOM EXEMPT ESTABLISHMENT

Continuing Education Requirement

(date) _____

(place) _____

Due before Sep 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**