



**AZDA**  
ARIZONA  
DEPARTMENT  
OF AGRICULTURE

**Arizona Department of Agriculture (AZDA)**

Central Licensing Section  
Physical Location: 1010 W Washington St., Phoenix, AZ 85007  
Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007  
Phone: (602) 542-3578 Fax: (602)542-0466  
W: <https://agriculture.az.gov> Email: [licensing@azda.gov](mailto:licensing@azda.gov)

**For AZDA Use Only**

License # \_\_\_\_\_  
Check # \_\_\_\_\_  
Check Date \_\_\_\_\_  
Check Amount \_\_\_\_\_

**Aquatic Animal Processor License Application**

**Pursuant to (AAC 3-2-1002) Fee: \$100.00**

Application is hereby made for a license to process, clean, reshape or containerize fresh or frozen aquatic animals for distribution or resale.

**Applicant Information**

Application Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Manager's Name: \_\_\_\_\_

**Business Information**

**Mailing Address**

Name of Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Company Contact: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Physical Plant Address**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Legal Description if rural location: \_\_\_\_\_  
\_\_\_\_\_

Tax ID No: \_\_\_\_\_

Water sources, transmission, and conveyances: \_\_\_\_\_  
\_\_\_\_\_

Method used to dispose of tailing waters and solid wastes: \_\_\_\_\_  
\_\_\_\_\_

Annual production in pounds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(for additional space, use reverse side)

**Signature**

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**AQUACULTURE LICENSE APPLICATION GENERAL INFORMATION**

1. Application Date: \_\_\_\_\_  New  Renewal  Amended

Type of Business:

Individual  Partnership  Cooperative  Corporation  Association  Other

If Corporation: State where incorporated: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

2. Name applicant intends to do business under: \_\_\_\_\_

Owner or Agent's Name: \_\_\_\_\_

Social Security Number or TIN: \_\_\_\_\_ ( required for licensing )

Mailing Address: \_\_\_\_\_

city state zip

Physical Location: \_\_\_\_\_

city state zip

Telephone (business): \_\_\_\_\_ FAX \_\_\_\_\_

Other Names under which business will be conducted: \_\_\_\_\_

3. List all persons responsibly connected with the applicant, include all partners, officers, directors, holders or owners of 10% or more interest and employees in a managerial or executive capacity in the business. Notify office of any change in this listing:

Name and Title \_\_\_\_\_ Name and Title \_\_\_\_\_

Name and Title \_\_\_\_\_ Name and Title \_\_\_\_\_

4. Prior year gross sales \_\_\_\_\_

AGREEMENT AND CERTIFICATION: If license is granted, I/WE expressly agree to conform to the Arizona Revised Statutes, Title 3 and all rules promulgated by the Arizona Department of Agriculture thereunder. I/WE Certify that all statements made herein are true to the best of my/our knowledge. WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to a fine of up to \$10,000.00 as prescribed by A.R.S. 13-2704.

Please Print Name

Applicant Signature

Date

**FOR OFFICE USE ONLY: APPROVED BY** \_\_\_\_\_

Signature

Date