



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

FOR ADA/ESD USE ONLY

License No.: _____
Check #: _____
Check Date: _____
Check Amount:\$ _____
Line #: _____

NEW - COMMERCIAL FEED LICENSE APPLICATION

Company Name: _____

Division: _____

Fed. Tax ID#: _____ **E-mail:** _____

Mailing Address: _____

Physical Address: _____

PHONE: _____ **FAX:** _____

If tonnage fees are not paid from Licensee's mailing address, please provide proper address below:

Division or c/o: _____

Tonnage Address: _____

PHONE: _____ **FAX:** _____

* Application will not be processed without a tax ID number.

Under A.R.S. 3-2609, no person may manufacture or distribute commercial feed in this state without a commercial feed license from the division. A separate application is necessary for a commercial feed license for each manufacturing or distribution facility.

Return this form with the appropriate fee to the above address. Payment may be made by check to the Arizona Department of Agriculture ESD. The Department is required by law to process completed applications within fourteen days from date received. Incomplete applications will be returned.

License Option \$10 per year: 1 year 2 years

Under AAC R3-3-902(A)(1) any person applying for a new commercial feed license to manufacture or distribute commercial feed must submit a copy of each commercial feed label intended for distribution within the state. A replicate of your proof sheet, either by hard copy or in electronic format may substitute. Do NOT submit the actual containers or packaging.

Applicant Name/Title: _____

The undersigned hereby makes application for a new commercial feed license, pursuant to A.R.S. 3-2609. By my signature below I agree to conduct business as a commercial feed licensee pursuant to Title 3, Arizona Revised Statutes and rules adopted pursuant thereto. The information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information is a felony in Arizona.

Signature: _____ **Date:** _____