Arizona Department of Agriculture (ADA)
Central Licensing Section
1688 W. Adams
Phoenix, AZ 85007
Phone: (602) 542-6408 Fax: (602) 542-0466

For ADA/ASD Use Onlv
New License No. _____
(Cash) or Check #_____
Check Date _____
Amount _____
Line No. _____
ID No. _____

Meat Safety Compliance License Application

Pursuant to A.R.S. 3-2009 and 3-2081

Application must include applicant's name and address, the business name and address, the physical location where the business is to be conducted, and must be accompanied by the fee payment. All licenses expire on December 31st of each year.

License Type Information

(Please select one.)

		Fee:	
BROKER	☐	**$450.00**	(Engages in the negotiations of third party meat product sales, for a commission.)
DISTRIBUTOR	☐	**$500.00**	(Receives and distributes inspected meat products, but does not process.)
JOBBER	☐	**$450.00**	(Buys and sells meat products to other than end-users, does not process.)
PET FOOD MFG.	☐	**$300.00**	(Manufactures meat products not for human consumption.)
RENDERER	☐	**$10.00**	(Renders, tallows, or engages in the processing of pelts, hides and related.)
TRANSPORTATION	☐	**$300.00**	(Engages in the intrastate transporting of perishable meat products.)
MEAT STORAGE	☐	**$450.00**	(Stores perishable meat products.)

Applicant Information

Application Date: _____

Name of Applicant: _____ Street Address: _____

Applicant's Title: _____ City: _____ State ____ Zip _____

Applicant's Social Security No: _____ Applicant's Phone No: ( )_____

OR Company Tax Identification No: _____

Business Information

Name of Company: _____

Mailing Address

Street Address:_____

City: _____ State ____ Zip _____

Company Contact: _____

Company Contact's Phone No: ( )_____

Physical Plant Address

Location:_____

City: _____ State _____ Zip _____

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

_____ _____ Date _____
(Please Print Name) Signature

Equal Opportunity Employer and Service Provider