

**Arizona Department of Agriculture (AZDA)**

Animal Services Division, Egg Program

1688 W. Adams, Phoenix, AZ 85007

Phone: (602) 542-0805 Fax: (602) 542-4194

For AZDA/ASD Use Only

New License No. _____

(Cash) or Check # _____

Postmark Date _____

Line No. _____

ID No. _____

Approved by _____

Arc/Distance _____

Arizona Egg License Application**Pursuant to A.R.S. 3-714 Fee: \$25.00**

Disclaimer: An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a license requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. This section does not abrogate the immunity provided by A.R.S. §§ 12-820.01 or 12-820.02.

Each applicant for a license shall state the name and address of the applicant, the location where the business of the applicant is being or intended to be conducted and that the applicant will, in the conduct of the business, comply with A.R.S. Article 1, Chapter 5, and the rules and regulations promulgated under authority of Arizona Revised Statutes.

License Type Information

(Please select one.)

EGG DEALER (Resells eggs purchased from another entity.)PRODUCER-DEALER (Produces and sells eggs and/or resells eggs purchased from another entity.)**Applicant Information**

Application Date: _____ Name of Applicant: _____

Applicant's Title: _____ Applicant's Phone No: _____

Business InformationMailing Address

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Contact: _____

Phone No: _____ Fax: _____

Tax ID No: _____

Physical Plant Address

Address: _____

City: _____ State: _____ Zip: _____

Signature

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

Please Print Name_____
Signature_____
Date