

**Central Licensing**

1010 W. Washington St. Phoenix, AZ 85007
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 PHONE (602) 542-3578 FAX (602) 542-0466
<https://agriculture.az.gov>

For AZDA/ASD Use Only

New License No. _____
 (Cash) or Check # _____
 Check Date _____
 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	<input type="checkbox"/> \$10.00	(Engages in the negotiation of third party meat & poultry product sales, for a commission.)
DISTRIBUTOR	<input type="checkbox"/> \$10.00	(Receives and distributes inspected meat & poultry products and conducts no processing.)
SMALL DISTRIBUTOR	<input type="checkbox"/> \$10.00	(Does not to exceed \$100K in sales per calendar year. See above definition for distributor.)
JOBBER	<input type="checkbox"/> \$10.00	(Buys and sells meat & poultry products to other than end-users, does not process.)
PET FOOD MFG.	<input type="checkbox"/> \$10.00	(Manufactures meat & poultry products not for human consumption.)
RENDERER	<input type="checkbox"/> \$0.00	(Renders, tallows, or engages in the processing of pelts, hides and related.)
TRANSPORTATION	<input type="checkbox"/> \$10.00	(Engages in the intrastate transporting of perishable meat & poultry products.)
MEAT STORAGE	<input type="checkbox"/> \$10.00	(Stores perishable meat & poultry products.)

Applicant Information

Application Date: _____ Address: _____
 Name of Applicant: _____
 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 Physical Plant Address
 Address: _____ Address: _____

 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Company Contact: _____
 Company Contact's Phone No: _____

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

 Please Print Name Signature Date