

Vermont Agency of Agriculture, Food & Markets
Meat Inspection Service
116 State Street
Montpelier, Vermont 05620-2901
(802)828-2426

For Office Use Only

License No: _____
Date Rec'd: _____
Fee Rec'd: _____

APPLICATION FOR MEAT HANDLING OR SLAUGHTERHOUSE OPERATION

Business Name and Mailing Address:

Telephone No.: _____

Contact Person: _____

E-mail: _____

Physical Location of Business: (if different than mailing address)

This license application is for a license to operate as a slaughterhouse or meat handling establishment, and for the premises to be used by applicant and the operation thereof. The licensee must comply with provisions pursuant to Vermont Meat and Poultry Inspection Law, Title 6, Chapter 204 and the rules and regulations promulgated thereunder. This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, DC 20250. Please complete the application and return the signed form with payment. Licenses are annual and expire on December 31 each year. Please make checks payable to "Vermont Agency of Agriculture, Food & Markets" and mail with this application to the address at the top of this form.

PLEASE CHECK THE LICENSE(S) YOU ARE APPLYING FOR AND SEND \$50.00 FOR EACH

- | | | |
|--|--|---|
| <input type="checkbox"/> Commercial Slaughterhouse | <input type="checkbox"/> Commercial Packing Plant | <input type="checkbox"/> 4-D Animal Handler |
| <input type="checkbox"/> Custom Slaughterhouse | <input type="checkbox"/> Custom Packing Plant | <input type="checkbox"/> Renderer |
| <input type="checkbox"/> Commercial Poultry Slaughterhouse | <input type="checkbox"/> Custom Poultry Slaughterhouse | <input type="checkbox"/> Animal Food Manufacturer |
| <input type="checkbox"/> Broker, Meat or Poultry Products | <input type="checkbox"/> Wholesale Meat or Poultry Distributor | <input type="checkbox"/> Public Warehouseman |

READ THIS SECTION PRIOR TO SIGNING APPLICATION FORM

By signing This License You Certify That You Are In Good Standing with the Requirements Below.
If You Certify Falsely That You Are In Good Standing You May Be Subject To Prosecution.

By law (15 V.S.A. Section 795), the State may not renew a license for trade or business unless the licensee first certifies that he or she is in good standing with any order to pay child support.

By law (32 V.S.A. Sec. 3113), the State may not renew a license for business or trade unless the licensee certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. The maximum penalties for perjury are fifteen (15) years in prison, a \$10,000 fine or both.

Good standing means: - that no taxes are due;
- the liability is on appeal;
- the licensee is complying with a State authorized payment plan; or
- the immediate payment would cause unreasonable hardship. (If you are claiming hardship, please contact the licensing agency for further information.)

For further information the licensee should contact the Department of Taxes at (802) 828-2518.

I hereby certify that the above information is correct, and that under the pains and penalties of perjury that I am in good standing with respect to all taxes due to the State of Vermont.

Date: _____

Signature: _____

If applicant is a partnership:

Full Name of All Partners	Residence Address (Box-City-State)	Age

Is there a written partnership agreement? ___ Is liability limited? ___ If so, to what extent?
Certificate of partnership required by Title 11, VSA Chapter 15, filed with Secretary of State and in the Town Clerk's Office in Town of _____.

If applicant is a corporation:

Full Name of	Resident Address (Box-City-State)	Date of Taking Office
President		
V. President		
Secretary		
Treasurer		
Directors		

In what State incorporated? ___ Date incorporated ___ Principal Office Address _____ If a foreign corporation are you authorized under Title 11, VSA Chapter 3 to do business in the State of Vermont? Date authorized ___ Give name and address of resident of this State upon whom service of process may be made

**INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGEMENT
STATE OF VERMONT**

COUNTY OF.....,ss.

AT.....in said County this.....day of
....., A.D. 19....., personally appeared..... and he acknowledged the foregoing instrument by him sealed and subscribed to be his free act and deed.

Before Me.....
Notary Public

**CORPORATE ACKNOWLEDGEMENT
STATE OF VERMONT**

COUNTY OF.....,ss.

AT.....in said County this.....day of
....., A.D. 19....., personally appeared..... and he acknowledged the foregoing instrument by him sealed and subscribed to be his free act and deed.

Before Me.....
Notary Public