

VERMONT DEPARTMENT OF AGRICULTURE, FOOD & MARKETS  
MEAT INSPECTION SERVICE  
116 STATE STREET, DRAWER 20  
MONTPELIER, VERMONT 05620-2901  
(802) 828-2426

For office use only

License No. \_\_\_\_\_

Date Rec. \_\_\_\_\_

**APPLICATION FOR MEAT HANDLING OR SLAUGHTERHOUSE OPERATION**

**Business Name and Mailing Address:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

\_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Physical Location of Business:** \_\_\_\_\_

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

**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 (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:** \_\_\_\_\_  
**Social Security or Federal I.D. Number:** \_\_\_\_\_

**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.....  
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