

ILLINOIS DEPARTMENT OF AGRICULTURE
 Bureau of Meat and Poultry Inspection
 State Fairgrounds, P.O. Box 19281
 Springfield, Illinois 62794-9281
 Phone 217/782-6684 TDD 217/524-6858

AGENCY USE ONLY	
Est #	_____
Region	_____
Date Issued	_____
Check #	_____
Check amt	_____
Revenue Code	<u>132</u>

**Application for License Under
 "The Meat & Poultry Inspection Act" 225 ILCS 650 et seq.**

Type of Application:

New Renewal Change of Owner Change of Location Other (specify)

Type of License: (Check one box only) Broker

Name of establishment: _____

Address: _____

City/Stat/Zip: _____

County _____

Telephone _____

(If the plant has a RFD, P.O. Box or RR address, give a description of the exact location.)

Applicant is: Association Corporation Individual Partnership Other (specify)

If a Corporation or Association, designate in which state incorporated

Name(s) of Legal Owner(s):
 (Corporations list corporate officer and all holders of 10% or more voting stock)

Name, Address, City, State and Zipcode	Social Security Number - Last 4 Digits
Title (Indicate owner, manager, partner, etc)	

Annual tonnage for all meat and poultry products distributed by licensee

Business name, address, phone & other contact information may be published on the Illinois Department of Agriculture website. Please check the box to withhold publishing personal information.

This is a personal (non business) cell phone number/email address and I do not want it published.

IMPORTANT NOTICE: This institution is an equal opportunity employer and provider.

Over →

If any owner(s) or corporate officer(s) have been convicted of a felony in any Federal or State court, please describe the nature of the crime, the date of conviction, and the court where convicted. If none, write "None". If any owner or corporate officer has received a certificate of relief from disabilities, please attach a copy of such certificate.

Licensing fee:

The annual license fee of \$50.00 must be submitted with this application. A penalty of \$50.00 shall be assessed if renewal license applications are not received by July 1. Please make check, draft or money order payable to the Illinois Department of Agriculture. Do not remit currency. There is an option to pay your license renewal over the phone with a visa or master credit card. You would be required to fax your application to 217/524-7801 and call the Compliance Office at 217/785-4709 with your information.

Certifications: Failure to check one of the boxes below may result in the Department refusing to process your application.

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following: **I hereby certify, under penalty of perjury, that (please check one)**

I am not subject to a child support order."

I am not more than 30 days delinquent in complying with a child support order."

I am more than 30 days delinquent in complying with a child support order."

Failure to so certify may result in denial of the application/renewal, and making a false statement may subject the licensee to contempt of court (5ILCS 10/10-65(c)).

2. I hereby certify that if a license is granted under this application, I agree to conform to the Illinois Meat and Poultry Inspection Act and the Regulations pursuant, thereto.
3. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Name of Owner (Please Print or Type)

Signature of Owner

Date

IMPORTANT NOTICE: Any person who believes he or she, or any specific class of individuals, has been subjected to discrimination by the Illinois Meat and Poultry Inspection Program or believes the Program is otherwise in noncompliance with applicable civil rights requirements may file a complaint with the U.S. Department of Agriculture (USDA). A complainant has 180 days from the date of the alleged discriminatory action or the time that they became aware of it to file a [program discrimination complaint](#) with USDA.

U.S. Department of Agriculture, Director, Center for Civil Rights Enforcement, 1400 Independence Avenue, SW, Washington, DC 20250-9410
CR-INFO@ascr.usda.gov, Telephone: (866) 632-9992 (Voice and TDD), Federal relay (800) 877-8339, Spanish relay (800) 845-6136