



Illinois Department of Agriculture  
 Food Safety & Animal Protection/Auxiliary Egg Inspection Fund  
 Box 19281 Springfield, IL 62794-9281  
 217/524-1550 - Fax 217/524-7801 TDD/TTY: 866.287.2999  
 Website-www.agr.state.il.us – Egg email - AGR.Eggs@illinois.gov

# ANNUAL EGG INSPECTION FEE REPORT

**THIS FORM SHOULD BE FILLED IN,  
 SAVED, PRINTED AND MAILED WITH YOUR  
 PAYMENT TO THE ABOVE ADDRESS.**

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Report & Inspection Fee for the Period - BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
 FEES AND REPORT DUE NO LATER THAN: \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, for and on behalf of licensee do hereby declare that the following is a full and correct report. I also understand that persons filing a false report shall be penalized as stated in the Illinois Egg and Egg Products Act.

\_\_\_\_\_  
 Signature

**SHELL EGGS** - domesticated chicken - sized and graded. 410 ILCS 615/3.13 and 615/10.

No. Cases (30 doz.) \_\_\_\_\_ x \$0.11 = \$ \_\_\_\_\_ Total fee

OR

Fraction of a case (410 ILCS 615/10. 8 IAC 65.210 (a)):

Total Dozens sold = \_\_\_\_\_ dz / 30 x \$0.11 = \$ \_\_\_\_\_ Total fee

**(If Total Fee Paid line is less than \$1.00, no payment required, but form must be filed with IDOA)**

**Please note: All licensees are responsible for their own inspection fees. It is acceptable to have an arrangement with another business if you so choose, however this must be worked out separately. Inspection fee reports and fees must be correctly filled out and submitted together by the licensee notated above. 410 ILCS 615/10.**

RETURN ORIGINAL WITH PROPER FEES TO:

**Illinois Department of Agriculture  
 Egg Inspection  
 State Fairgrounds, PO Box 19281  
 Springfield, IL 62794**

**\*RETAIN COPY FOR  
 YOUR RECORDS**

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 410 ILCS 615/1-21. Failure to provide this information shall prevent this form from being processed. This form has been approved by State Forms Management Center. IL406-1482(3-15) Rev. 4/2019.

IDO A USE ONLY: Check # \_\_\_\_\_ Amount \_\_\_\_\_ Rev Code- 401

**CURRENCY CANNOT BE ACCEPTED**