



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

**QUARTERLY 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.

IDOA USE ONLY: Check # _____ Amount _____ Rev Code- 401

CURRENCY CANNOT BE ACCEPTED