



Washington State Department of Agriculture
 Food Safety & Animal Health Division
 PO Box 42560
 Olympia WA 98504-2560
 (360) 902-2095

OFFICE USE ONLY
ISSUED _____
LICENSE NO. _____
CFS WA LIC. NO. _____

CASHIER USE ONLY

APPLICATION FOR LICENSE UNDER THE WASHINGTON CUSTOM SLAUGHTERING ACT (Chapter 16.49 RCW)

APPLICANT INFORMATION		
APPLICANT NAME	TELEPHONE NUMBER ()	SLAUGHTERING FACILITY TO BE USED IS: <input type="checkbox"/> AN EXISTING FACILITY <input type="checkbox"/> TO BE CONSTRUCTED
BUSINESS LOCATION STREET ADDRESS	DISTANCE TO CLOSEST OFFICIAL ESTABLISHMENT	
BUSINESS LOCATION CITY, STATE, ZIP	DAY(S) OF INTENDED OPERATION (EXAMPLE: MONDAY, WEDNESDAY, FRIDAY)	
MAILING ADDRESS	NAME OF WASHINGTON STATE PROCESS AGENT (Out-of-State Firms ONLY)	
MAILING CITY, STATE, ZIP	COMPLETE ADDRESS OF PROCESS AGENT (Out-of-State Firms ONLY)	

BUSINESS STRUCTURE INFORMATION	
Check Business Type: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP (attach copy of partnership agreement) <input type="checkbox"/> CORPORATION	
BUSINESS NAME (Individual OR Partnership ONLY)	NAME PREVIOUSLY OPERATED UNDER (Any Firm previously licensed under the WA Custom Slaughtering Act)
NAME OF PARTNER/OFFICER #1 (Partnership OR Corporation ONLY)	COMPLETE ADDRESS OF PARTNER/OFFICER #1 (Partnership OR Corporation ONLY)
NAME OF PARTNER/OFFICER #2 (Partnership OR Corporation ONLY)	COMPLETE ADDRESS OF PARTNER/OFFICER #2 (Partnership OR Corporation ONLY)
NAME OF PARTNER/OFFICER #3 (Partnership OR Corporation ONLY)	COMPLETE ADDRESS OF PARTNER/OFFICER #3 (Partnership OR Corporation ONLY)
STATE OF INCORPORATION (Corporation ONLY)	DATE OF INCORPORATION (Corporation ONLY)
COMPLETE HOME OFFICE ADDRESS (Corporation ONLY)	

LICENSE CATEGORIES/FEEES (Check All That Apply)	
<input type="checkbox"/> Custom Farm Slaughterer (Fee: \$25.00)	\$ _____
<input type="checkbox"/> Custom Slaughtering Establishment (Fee: \$25.00)	\$ _____
<input type="checkbox"/> Custom Meat Facility (Fee: \$25.00)	\$ _____
TOTAL FEES*	\$ _____
<small>*Checks returned by the bank will be charged a handling fee of \$25.00 (RCW 62A.3.515 and 62A.3.520).</small>	

INSTRUCTIONS

Make check or money order payable to:
WSDA

Mail completed application with remittance to:
Washington State Department of Agriculture
PO Box 42591
Olympia WA 98504-2591

SIGNATURE OF APPLICANT

DATE SIGNED