



**STATE OF MISSISSIPPI**  
**Department of Agriculture and Commerce**  
**Meat Inspection Division**  
**P. O. Box 1609**  
**Jackson, MS 39215-1609**  
**Cindy Hyde-Smith, Commissioner**

Section 75-35-105 states as follows:

No person, firm, or corporation shall engage in business, as a meat broker, renderer, or animal food manufacturer, or engage in business as a wholesaler of any carcasses, or parts or products of the carcasses, of any cattle, sheep, swine, goats, horses, mules, or other equines, whether intended for human food or other purposes, or engage in business as a public warehouseman storing any such items or products, or engage in the business of buying, selling, or transporting, any dead, dying, disabled, or diseased animals of the specified kinds, or parts of the carcasses of any such animals that died otherwise than by slaughter, unless, when required by regulations of the commissioner, he has registered with the commissioner his name, and the address of each place of business at which, and all trade names under which, he conducts such business.

**Collection of this information is voluntary. It is needed before State Inspection of meat and poultry is granted. It is used by the Meat Inspection Division, Mississippi Department of Agriculture and Commerce to determine whether the applicant should be issued a license for State Inspection.**

**Mississippi Department of Agriculture and Commerce, Meat Inspection Division**  
**APPLICATION FOR STATE MEAT AND POULTRY ESTABLISHMENT LICENSE**

**INSTRUCTIONS:**  
Submit this application to the Director, Meat Inspection Division, Mississippi Department of Agriculture and Commerce for applicable inspection requests. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach a sheet(s) and number the item.

**SECTION 1 (to be completed for Domestic Inspection Activities)**

			<b>4. Exempted Activities:(specify)</b>
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	<input type="checkbox"/> New <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of Location  <input type="checkbox"/> Other (specify)	Meat <input type="checkbox"/> Poultry <input type="checkbox"/>	
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**6. If corporation: Name of State where incorporated**

<input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)	<b>7. Date incorporated (month and year)</b>  
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<b>8. Name of Applicant: (Company Name) and Mailing Address (Include Zip Code)</b>	<b>Federal Employer Identification No. (As assigned by Internal Revenue Service)</b>	<b>9. Area Code &amp; Telephone Number</b>
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	<b>11. Area Code &amp; Telephone Number</b>
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**10b. Attach a Description of The Limits of The Establishment Premises That is Required To Be Under State Inspection (e.g., Diagram, written narrative, or schematic)**

<b>12. Name and Establishment Number of other Establishments located in the same Facility</b>	<b>13. Other Names (if any) Under Which Business will be Conducted:</b>
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<b>14. Days Per Year Plant Will Operate:</b>	<b>15. Hours Per Week Plant Will Operate:</b>	<b>16. Hours Per Day Plant Will Operate:</b>	<b>17. Month and Year When Plant Will Be Ready To Operate Under Inspection Program:</b>
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	Non Exempt	Exempt	Non Exempt
	Exempt	Non Exempt	Exempt
	Non Exempt	Exempt	Non Exempt

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**SECTION II (to be completed for Domestic Inspection Activities)**

<b>SLAUGHTER</b>	<b>18. Animals To Be Slaughtered When Inspection Is Inaugurated</b>	
	<b>SLAUGHTER ONLY</b>	<input type="checkbox"/> CATTLE <input type="checkbox"/> CALVES <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> SWINE  <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GEESE <input type="checkbox"/> DUCKS <input type="checkbox"/> GUINEAS
	<b>19. Fresh Meat or Ready-To-Cook Poultry To Be Disposed Of In Commerce</b>	
	<b>COMMERCE ONLY</b>	<input type="checkbox"/> BEEF <input type="checkbox"/> VEAL <input type="checkbox"/> LAMB OR MUTTON <input type="checkbox"/> GOAT MEAT <input type="checkbox"/> PORK  <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GOOSE <input type="checkbox"/> DUCKS <input type="checkbox"/> GUINEAS

<b>PROCESSING</b>	<b>20. Prepared Or Processed When Inspection Is Inaugurated</b>	
	Type of Product  <input type="checkbox"/> Meat  <input type="checkbox"/> Poultry  <input type="checkbox"/> Other	a. <input type="checkbox"/> Breaking/cutting (carcasses, primal cuts, whole poultry, poultry parts, etc.) b. <input type="checkbox"/> Boning (manual boning meat/poultry) c. <input type="checkbox"/> Mechanical De-boning (mechanical de-boning meat/poultry) d. <input type="checkbox"/> Fabricating (roast, steaks, chops, ground beef, hamburger, etc.) e. <input type="checkbox"/> Curing (pork cuts, beef cuts, turkey, ham, etc.) f. <input type="checkbox"/> Formulating (fresh/cured sausages, loaves, poultry rolls, pattie mix, etc.) g. <input type="checkbox"/> Cooking/Smoking (pork cuts, beef cuts, sausage, loaves, etc.) h. <input type="checkbox"/> Canning (shelf stable, perishable, cans, pouches, glass) i. <input type="checkbox"/> Drying (pork cuts, beef cuts, sausage, dehydrated products) j. <input type="checkbox"/> Convenience Items (entrees, dinners, pies, pizzas, etc.) k. <input type="checkbox"/> Slicing (bacon, luncheon meats, sausage, etc.) l. <input type="checkbox"/> Fats/Oils (lard, tallow, shortening, margarine, etc.) m. <input type="checkbox"/> Other (specify)

**SECTION III (to be completed for Domestic Inspection Activities)**

**21.** List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the Director, Meat Inspection Division, Mississippi Department of Agriculture and Commerce of any changes in the listing given.

NAME TITLE (indicate if partner, manager)	Social Security No.	Date of Birth	Place of Birth (city & Street)	Present Home Address (Street and Number, City, State, Zip Code)	Holder of 10 % or more Voting stock (if Corp.)	
					YES (x)	NO (x)

**22.** Sanitation Standard Operating Procedures Have Been Developed For The Establishment In Accordance With 416.12 as adopted by Reg No. 1 Section XI of the Regulations.  YES                       NO

**AGREEMENT AND CERTIFICATION:** If License for Inspection is granted under the application, I (we) expressly agree to conform strictly to the Mississippi State Meat Inspection Laws of 1968 (Section 75-35-7), the Regulations Governing the Meat Inspection of the Mississippi Department of Agriculture and Commerce, Meat Inspection Division (9 CFR Part 301 et seq.) or the Meat, Meat Food and Poultry Regulation and Inspection Law of 1960 (Section 75 Chapter 33 Article 1) and the Poultry Products Inspection Regulations (9 CFR 381 et seq.), or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

**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 Commissioner of Agriculture, Mississippi Department of Agriculture and Commerce, Post Office Box 1609, Jackson, Mississippi, 39215-9945.**

				Signature and Title of Owner, Partner, or Authorized Officer making Application			
				<b>24. Signature</b>		<b>25. Title</b>	
<b>26. Official Number Assigned/Received EST.</b>				<b>27. Is this plant presently under the Meat Inspection Division, Mississippi Department of Agriculture and Commerce? (Completed by MID Office)</b>			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>To be completed by Mississippi Department of Agriculture and Commerce, Meat Inspection Division</b>							
		<b>29. Date Reviewed</b>		<b>30. Signature of Director, MID</b>		<b>31. Date</b>	

## APPLICATION FOR STATE MEAT AND POULTRY INSPECTION

Complete all sections. If a section is not applicable, enter "N/A" or "none." If additional space is needed for any reason, attach a sheet and number the item.

1. Date of Application: Shall be the date on which the form is executed.
2. Type of Application: Check applicable block.
3. Type of Inspection Required: Check applicable block.
4. Exempted Activities: There are several possible entries:
  - a. Custom Slaughter (CS)
  - b. Custom Processing (CP)
  - c. Retail Exempt (includes restaurants) (RE)
  - d. Kosher (KO)
  - e. Islamic (IS)
  - f. Buddhist (BU)
  - g. Confucianist (CO)An applicant can show one or any combination of the seven, if necessary.
5. Form of Organization: Check applicable block
6. State where Incorporated: Self-explanatory.
7. Date Incorporated: Show month and year.
8. Name and address of Applicant: Show official firm name and address. Enter Federal employee identification number in the space provided.
9. Area Code and Telephone Number: Self- explanatory.
- 10a. Location of Plant and Mailing Address if Different From Item 8: If the mailing address of item 8 is a P.O. Box number, show location of the plant by street, number, miles from town or highway, etc.
- 10b. Attach a Description of the limits of the Establishment Premises that is Requested to be Under State Inspection : Self-Explanatory**
11. Area Code and Telephone Number: Show plant's actual telephone number(s).
12. Name and Establishment Number(s) of Other Establishments Located in the Same Facility: Name of person(s) or firm name(s) and establishment number(s), which prepared products under a different name than the applicant requesting inspection.
13. Other Names under Which Business will be Conducted: This refers to subsidiaries doing business under a different name than the applicant requesting inspection.

14. Days Per Year Plant Will Operate: Self-explanatory.
15. Hours Per Week Plant Will Operate: Self-explanatory
16. Hours Per Day Plant Will Operate: Self-explanatory.
17. Month and Year Plant will be Ready to Operate Under Inspection Program. Self-explanatory

**DIRECTION FOR COMPLETION OF APPLICATION FOR STATE MEAT AND POULTRY INSPECTION**

- There can be overlapping exempt and non-exempt reporting, e.g., an applicant may have in section 16, 8 Hours exempt and 8 hours non-exempt. This does not necessarily mean the plant is scheduled to work 16 hours.
18. Animals Slaughtered: Check applicable block(s)
  19. Fresh Meat or Ready-to-Cook Poultry to be Disposed of in Commerce: Check applicable block(s)
  20. Prepared or Processed when Inspection is Inaugurated: Check applicable block(s) for Meat, Poultry, or Both under type of product. If the “Both” block is checked, indicate whether the activity is for “M”, “P”, or “B” for entries A through M.
  21. List of Responsible Persons: Shall include person signing the application, owners, officers, directors, managers, or others in an executive capacity. Be sure to show name, title, social security number, date and place of birth, home address and check in the space provided concerning holding of stock.
  22. Sanitation Standard Operating Procedures have been developed: Check applicable block.
  23. Person Signing Application: Applicant’s name should be typed or printed.
  24. Signature: Applicant needs to sign in ink.
  25. Title: Title of applicant whose name appears in Block 26.
  26. Official Number Assigned/Reserved: Director, MID will complete.

***Questions 27 through 31 To Be Completed by MID, Mississippi Department of Agriculture and Commerce.***