

PERMIT # : _____

Mississippi Department of Agriculture and Commerce
Bureau of Plant Industry
P.O. Box 5207

Mississippi State, Mississippi 39762-5207

DATE: _____

Telephone: 1-888-257-1865 Email: bpifflsp@mdac.ms.gov

MISSISSIPPI FEED FACILITY REGISTRATION FORM

INSTRUCTIONS:

Select either NEW or RENEWAL feed facility registration, and provide company information.

The **Federal Tax ID IS REQUIRED.**

There is a \$100 per facility registration fee

- Complete online registration at https://www.ms.gov/mdac/registration_suite
- For manual processing, make checks payable to: **Mississippi Department of Agriculture and Commerce & Agriculture and** mail to the address listed above.

SELECT ONE: _____ **New Feed Facility** _____ **Renewal Feed Facility**

1. Company Name _____

2. Location Name _____
(include DBA or other known names, if applicable)

3. Federal Tax ID _____

4. Company Mailing Address _____

5. Company Physical Address _____

6. Location Mailing Address _____

7. Location Physical Address _____

8. Telephone Number _____ Fax Number _____

9. Email Address _____

10. Company Representative _____

11. Location Representative _____

12. Type of Business (1) Manufacturer _____

(2) Distributor _____

* (3) Integrated Operator/Contract Feeder _____

(4) Other (Specify) _____

*75-45-167(f) Mississippi Commercial Feed Law, Code of 1972

13. How long has the applicant been engaged in business for which permit is requested? _____

14. Approximate number of tons sold in Mississippi in the previous 12 months _____

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The undersigned applicant hereby agrees to keep such books and records as may be necessary to show accurately the tonnage and kind of Commercial Feed sold and grants the Commissioner or his duly authorized representative permission to examine such books and records for the purpose of verifying statements of tonnage and further, agrees to comply with the terms and conditions of the Mississippi Commercial Feed Law and all regulations adopted thereunder.

This, the _____ day of _____, 20_____

_____ By _____
Full Name of Applicant (Business Name) (Please Print)

Signature _____