

**MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE**  
**Meat Inspection Division Compliance Program**  
**P.O. Box 1609, Jackson, MS 39215-1609**  
**(601) 359-1191 FAX 601-359-1105**

APPLICATION for REGISTRATION under the MEAT, MEAT-FOOD, and POULTRY  
REGULATION and INSPECTION ACT of 1960 and as amended

1. Name and address \_\_\_\_\_
  
2. County \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_
  
3. Name and address of owner(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Name of operator or manager \_\_\_\_\_  
Address \_\_\_\_\_
  
5. Name of (Lessor) (Lessee) \_\_\_\_\_  
Address: \_\_\_\_\_
  
6. Subsidiaries operating in the establishment \_\_\_\_\_  
\_\_\_\_\_
  
7. Location of any establishments and facilities used in connection with this business \_\_\_\_\_  
\_\_\_\_\_
  
8. When did this business begin operation? \_\_\_\_\_
  
9. Has license or permit of this establishment ever been refused, revoked, or suspended? \_\_\_\_\_
  
10. Describe completely and concisely the business carried on and the meat and/or poultry products handled  
\_\_\_\_\_  
\_\_\_\_\_

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EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES