



STATE OF MISSISSIPPI
Department of Agriculture and Commerce
Meat Inspection Division
P. O. Box 1609
Jackson, MS 39215-1609
Andy Gipson, 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.

SECTION II (to be completed for Domestic Inspection Activities)

SLAUGHTER	18. Animals To Be Slaughtered When Inspection Is Inaugurated	
	SLAUGHTER ONLY	<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
	19. Fresh Meat or Ready-To-Cook Poultry To Be Disposed Of In Commerce	
	COMMERCE ONLY	<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

PROCESSING	20. Prepared Or Processed When Inspection Is Inaugurated	
	Type of Product <input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Both <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 owner, partner, officer, director, manager)	Present Home Address (Street and Number, City, State, Zip Code)	Holder of 10 % or more Voting stock (if Corp.)	
			YES (x)	NO (x)
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

22. Sanitation Standard Operating Procedures, HACCP Plans and Recall Plan have been developed for the establishment in accordance with 416, 417, and 418 as adopted by Regulation No. 1 Section 210.01 of the Regulation.

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, 39215-1609.

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

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. If “Other” block is selected, write species in blank and indicate “O” beside activity.
 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, home address and check in the space provided concerning holding of stock.
 22. Sanitation Standard Operating Procedures, HACCP Plans and Recall Plans 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.***