

Mississippi Department of Agriculture and Commerce  
 Bureau of Plant Industry  
 P.O. Box 5207  
 Mississippi State, MS 39762-5207  
 662-325-6628

**RENEWAL FEED FACILITY REGISTRATION**  
 (\$100.00 REGISTRATION FEE – PER FACILITY)

Pursuant to Section 75-45-159 (1) of the Mississippi Commercial Feed Law, Code of 1972, which requires all manufacturers of Commercial Feed to register each manufacturing facility or distributor, the undersigned hereby submits the following information:

1. Company Name \_\_\_\_\_
2. Location Name \_\_\_\_\_  
(if location is different from company, if not leave blank)
3. Federal Tax ID \_\_\_\_\_
4. Company Mailing Address \_\_\_\_\_
5. Company Physical Address \_\_\_\_\_  
(if different from mailing address)
6. Location Mailing Address \_\_\_\_\_  
(if different from company mailing address)
7. Location Physical Address \_\_\_\_\_  
(if different from location mailing address or company physical address)
8. Telephone Number \_\_\_\_\_ Ext: \_\_\_\_\_ Fax \_\_\_\_\_
9. E-mail 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 applicant been engaged in business for which permit is requested? \_\_\_\_\_
14. Number of tons sold in Mississippi in the previous 12 months \_\_\_\_\_ (approximate).

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\_\_\_\_

\_\_\_\_\_  
Full Name of Applicant (Business Name) By \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

*Note:* All Checks should be made payable to the **Mississippi Department of Agriculture and Commerce** and mailed to : **Bureau of Plant Industry, P.O. Box 5207, Mississippi State, MS 39762-5207**