



Mississippi Department of Agriculture and Commerce
 Consumer Protection Division; Henri Fuselier, Jr.; Director
 P.O. Box 1609; Jackson, Mississippi 39215 · (601) 359-1148
 Fax: (601) 359-1175; cp@mdac.ms.gov

ID No. _____

APPLICATION FOR RETAIL FOOD SANITATION LICENSE - EGGS

The undersigned applicant hereby applies for a license to engage in business as a Mobile Retail Food Establishment, as required by *Miss. Code Ann. §69-1-18*. This license is only valid for an egg producer with 500 or less laying hens or pullets who offers eggs from his/her own production for sale off the farm directly to consumers.

CHECK ONE: () New () Renewal

If Renewal, has there been a change of ownership since last retail food sanitation license? () YES () NO

“New” means you did not have a license with us *last* year; “Renewal” means you *did* have a license with us last year.

| | | |
|--|-----------------------------|-------------|
| Full Name | | |
| Physical Address: | City: | State: Zip: |
| Mailing Address if Different from above: | City: | State: Zip: |
| Telephone No. | E-mail Address, Fax Number: | County |

- Number of laying hens or pullets in my poultry operation. _____
- National Poultry Improvement Plan (NPIP) Number. _____ (This number comes from the Board of Animal Health; 601-832-3351.)
- Eggs, offered for sale, are from my own laying hens or pullets. Yes ____ No ____
- Eggs, offered for sale, are only sold directly to end consumers. Yes ____ No ____
- Location(s) where eggs will be offered for sale. _____

The undersigned applicant hereby certifies that all statements, information, or schedules attached hereto are true and correct and applicant will comply with the Mississippi Retail Food Sanitation Law and Regulations and allow access to the establishment for inspection by the regulatory agency during the food establishment’s hours of operation and other reasonable times.

This the _____ day of _____, 20 _____

ATTENTION:
 This completed application and a check or money order, in the amount of \$10.00 payable to the Mississippi Department of Agriculture and Commerce, should be mailed to the address indicated at the top of the front page of this application. Applications that are incomplete and/or the fee is not submitted will

 Full name of applicant (Print Name)

 Applicant’s Signature

OFFICE USE
 Check Number: _____
 Date Received: _____