Ohio Department of Agriculture
Division of Meat Inspection

MI-1/July PRE-APPLICATION FOR MEAT/POULTRY INSPECTION REGISTRATION

Required license fee of $50.00 payable by check or money order made payable to: Ohio Department of Agriculture. (All fees will be applicable after evaluation of this pre-application)

1.Establishment Name: _____

Establishment Name DBA: _____ M.I.Dist: _____

Establishment Name AKA: _____ Phone No: _____

Address: _____ Fax: _____

Township: _____ County: _____ EMail: _____

Mailing Address: _____

2. Applicant's Name: _____ Title: _____

3. Corp. Officer 1: _____ Title: _____

Home Address: _____ Phone No: _____

4. Corp. Officer 2: _____ Title: _____

Home Address: _____ Phone No: _____

5. Corp. Officer 3: _____ Title: _____

Home Address: _____ Phone No: _____

6. Est. Mgr. _____ Asst. Mgr. _____

7. Registration/License is required for the following operations (check all that apply):

A. Insp'd R.M. Slaughter
B. Custom EXEMPT R.M. Slaug.
C. Poultry Slaughter
D. Processing NOT FOR SALE
E. Process R.M. for H.R.I.
F. Process R.M. for Wholesale
G. Process Poultry for H.R.I.
H. Proc.Poultry for Wholesale
I. Meat/Poul. Canning
J. Poultry Producer/Grower
K. Poultry Custom Operator
L. Exotic Slaughter/Process
M. Retail Exempt
N. Inspected Retail

8.Is this firm's principal business Red Meat or Domesticated Poultry?(RM/POUL): _____

AGREEMENT AND CERTIFICATION

If registration or license is granted under this application, I (WE) agree to conform strictly to the Ohio Meat and Poultry Inspection Law, Chapter 918 of the Revised Code, and the Regulations and Rules of the OHIO DEPARTMENT OF AGRICULTURE. I (WE) agree to notify the Division of Meat Inspection prior to changing operations which require registration.

I CERTIFY THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

_____ Owner / Manager _____ Date _____ Dist Supervisor/Veterinarian _____ Date

*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 Director, Ohio Department of Agriculture, 8995 East Main St., Reynoldsburg Ohio, 43068.*