

APPLICATION FOR FEED DISTRIBUTION/MANUFACTURING FACILITY LICENSE

ILLINOIS DEPARTMENT OF AGRICULTURE
 BUREAU OF AGRICULTURAL PRODUCTS INSPECTION
 STATE FAIRGROUNDS, P.O. BOX 19281
 SPRINGFIELD, ILLINOIS 62794-9281

REGISTRATION #: _____

COMPANY: _____

CONTACT: _____

ADDRESS: _____

TELEPHONE: _____

LICENSE FEE: \$25.00 (FEE COVERS ALL SITES)
 YEAR ENDING: DECEMBER 31, ____

ALL ADDITIONAL PLANTS MUST BE OPERATED
 UNDER THE SAME NAME AS THE REGISTRANT

LOCATION OF ADDITIONAL PLANTS IN ILLINOIS

LICENSE FOR: DISTRIBUTION ONLY MANUFACTURER/FEED MILL

(OFF. USE) SITE NO	COUNTY	COMPANY NAME	ADDRESS (CITY, STATE, ZIP)	TELEPHONE	MANAGER

SIGNATURE AUTHORIZED REPRESENTATIVE AND TITLE _____ DATE _____

RETURN ORIGINALS WITH PROPER FEES -- RETAIN A COPY FOR YOUR RECORDS