

Collection of this information is voluntary. It is needed before Federal inspection of meat and poultry is granted. It is used by FSIS to determine whether the applicant should be issued a grant of inspection. (9 CFR 304.1 and 9 CFR 381.16) FORM APPROVED OMB 0583-0082

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
**APPLICATION FOR FEDERAL MEAT,
POULTRY, OR IMPORT INSPECTION**

INSTRUCTIONS:

Submit this application to the District Manager, Food Safety and Inspection Service, U.S. Department of Agriculture for applicable inspection requests. Complete all sections. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

SECTION I (to be completed for Import or Domestic Inspection Activities)

1. DATE OF APPLICATION 08/22/2006		2. TYPE OF APPLICATION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> OTHER (Specify)		3. TYPE OF INSPECTION REQUIRED <input checked="" type="checkbox"/> MEAT <input type="checkbox"/> IMPORT <input checked="" type="checkbox"/> POULTRY		4. EXEMPTED ACTIVITIES (Specify) CS, CP, RE	
5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Specify)				6. IF CORPORATION; NAME OF STATE WHERE INCORPORATED Iowa			
7. DATE INCORPORATED (Month and Year) 06/01/2005				8. NAME OF APPLICANT (Company Name) AND MAILING ADDRESS (Include Zip Code) U.S. Foods, Inc. 1234 Main Street Des Moines, IA 50312		9. AREA CODE TELEPHONE NUMBER (515) 111-2222	
10a. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (Include Zip Code) 9876 Oak Avenue Newton, IA 50332				FEDERAL EMPLOYER IDENTIFICATION NO. (As assigned by Internal Revenue Service) 12-1456		11. AREA CODE TELEPHONE NUMBER (641) 888-4321	
10b. ATTACH A DESCRIPTION OF THE LIMITS OF THE ESTABLISHMENT PREMISES THAT IS REQUESTED UNDER FEDERAL INSPECTION (e.g., Diagram, written narrative, or schematic)							
12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY None				13. OTHER NAMES (If any) UNDER WHICH BUSINESS WILL BE CONDUCTED American Pride Meats American Pride Poultry			
14. DAYS PER YEAR PLANT WILL OPERATE EXEMPT 100 NON-EXEMPT 250		15. HOURS PER WEEK PLANT WILL OPERATE EXEMPT 10 NON-EXEMPT 60		16. HOURS PER DAY PLANT WILL OPERATE EXEMPT 2 NON-EXEMPT 8		17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM EXEMPT 09/01/2006 NON-EXEMPT 09/01/2006	

SECTION II (to be completed for Domestic Inspection Activities)

SLAUGHTER	18. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED	<input checked="" type="checkbox"/> CATTLE	<input type="checkbox"/> PIGS	<input type="checkbox"/> SHEEP	<input type="checkbox"/> GOATS	<input checked="" type="checkbox"/> SWINE	<input type="checkbox"/> EQUINES
		<input checked="" 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
COMMERCE ONLY	19. FRESH MEAT OR READY-TO-COOK POULTRY TO BE DISPOSED OF IN COMMERCE 1)	<input checked="" type="checkbox"/> BEEF	<input type="checkbox"/> VEAL	<input type="checkbox"/> LAMB OR MUTTON	<input type="checkbox"/> GOAT MEAT	<input checked="" type="checkbox"/> PORK	<input type="checkbox"/> EQUINE MEAT
		<input checked="" type="checkbox"/> YOUNG CHICKENS	<input type="checkbox"/> MATURE CHICKENS	<input type="checkbox"/> TURKEYS	<input type="checkbox"/> GOOSE	<input type="checkbox"/> DUCK	<input type="checkbox"/> GUINEA
PROCESSING	20. PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED	TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input checked="" type="checkbox"/> BOTH					
		a. <input checked="" type="checkbox"/> BREAKING/CUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.)	b. <input checked="" type="checkbox"/> BONING (manual boning meat/poultry)		c. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry)		d. <input checked="" 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 checked="" type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.)		h. <input type="checkbox"/> CANNING (Shell stable, perishable, cans, pouches, glass)
		i. <input type="checkbox"/> DRYING (part cuts, beef cuts, sausage, dehydrated products)		j. <input checked="" type="checkbox"/> CONVENIENCE ITEMS (entrées, dinners, pies, pizzas etc.)		k. <input type="checkbox"/> SLICING (bacon, luncheon meats, sausage etc.)	
		l. <input type="checkbox"/> FATSOILS (lard, tallow, shortening, margarine etc.)		m. <input type="checkbox"/> OTHER (Specify)			

SECTION III (to be completed for Import Inspection Activities)

21. IMPORT INSPECTION ACTIVITIES

<p>a. CARCASSES</p> <p><input type="checkbox"/> BEEF <input type="checkbox"/> VENISON</p> <p><input type="checkbox"/> VEAL <input type="checkbox"/> OTHER <i>(describe)</i></p> <p><input type="checkbox"/> SWINE</p> <p><input type="checkbox"/> SHEEP</p> <p><input type="checkbox"/> GOATS</p> <p><input type="checkbox"/> EQUINE</p>	<p>b. FRESH</p> <p><input type="checkbox"/> CUTS</p> <p><input type="checkbox"/> BONELESS MFG MEAT</p>	<p>d. COOKED BEEF</p> <p><input type="checkbox"/> RESTRICTED</p> <p><input type="checkbox"/> UNRESTRICTED</p>	<p>f. PROCESSED PRODUCTS</p> <p><input type="checkbox"/> FRESH/FROZEN</p> <p><input type="checkbox"/> HEATED</p> <p><input type="checkbox"/> DRIED/SEMI-DRIED</p>	<p>h. POULTRY (Parts)</p> <p><input type="checkbox"/> RAW</p> <p><input type="checkbox"/> COOKED</p> <p><input type="checkbox"/> OTHER POULTRY <i>(describe)</i></p>
<p>c. FROZEN MFG. MEATS</p> <p><input type="checkbox"/> CUTS</p> <p><input type="checkbox"/> BONELESS MFG MEAT</p>	<p>e. CONTAINERS</p> <p><input type="checkbox"/> PERISHABLE</p> <p><input type="checkbox"/> SHELF STABLE</p>	<p>g. POULTRY (Whole Carcass)</p> <p><input type="checkbox"/> RAW</p> <p><input type="checkbox"/> COOKED</p>		

SECTION IV (to be completed for Import and Domestic Inspection Activities)

22. 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 District Manager of any changes in the listing given.

NAME TITLE <i>(Indicate if partner, manager)</i>	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH <i>(City and State)</i>	PRESENT HOME ADDRESS <i>(Street and Number, City, State, Zip Code)</i>	HOLDER OF 10% OR MORE VOTING STOCK <i>(If Corp)</i>	
					YES	NO
Mark Stetzill President	321-99-8877	12/12/1965	Riverside, CA	100 North State Street Minneapolis, MN 55444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
James Morgan Vice-President	453-55-2233	09/01/1970	St. Joseph, MO	30022 Maple Court St. Paul, MN 55322	<input checked="" type="checkbox"/>	
Paul Steinwick Treasurer	867-45-6341	02/22/1968	New York, NY	3002 Sunset Drive Iowa, IA 50321	<input checked="" type="checkbox"/>	
Richard Vickers Plant Manager	987-65-4321	05/29/1963	Albia, IA	903 North Vista Lane Newton, IA 50331		<input checked="" type="checkbox"/>

23. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of any felony. List the name of each person listed under Item 22 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None".

None

24. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None".

None

25. SANITATION STANDARD OPERATING PROCEDURES HAVE BEEN DEVELOPED FOR THE ESTABLISHMENT IN ACCORDANCE WITH THE REGULATIONS. (Check)

YES NO

26. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE (Check)

YES NO

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), the Regulations Governing the Meat Inspection of the United States Department of Agriculture (9 CFR Part 301 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.), 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.

WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years or both as prescribed by Title 18 U.S. Code 1001.

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 Secretary of Agriculture or the Administrator, FSIS, Washington, D.C. 20250.

27. TYPED NAME OF PERSON SIGNING APPLICATION Paul Steinwick	SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION	
	28. SIGNATURE	29. TITLE Treasurer
30. OFFICIAL NUMBER ASSIGNED/RESERVED EST _____ IP. _____	31. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION (Completed by District Office) <input type="checkbox"/> YES <input type="checkbox"/> NO	

TO BE COMPLETED BY USDA

32. DATE RECEIVED	33. DATE REVIEWED	34. THIS PLANT TO BE UNDER TALMADGE-AIKEN ACT <input type="checkbox"/> YES <input type="checkbox"/> NO
35. SIGNATURE OF DISTRICT MANAGER		36. DATE

DIRECTIONS FOR COMPLETION OF FSIS FORM 5200-2

Complete all sections. If a section is not applicable, enter "N/A" or "none". If additional space is needed for any item, 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 Federal 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 prepare products within the same facilities of the applicant identified in item 8.
13. **Other Names Under Which Business will be Conducted:** This refers to subsidiaries doing business under a different name than the applicant requesting inspection.

DIRECTIONS FOR COMPLETION OF FSIS FORM 5200-2 (Continued)

- * 14. Day/Year Plant Will Operate: Self-explanatory.
 - * 15. Hours/Week Plant Will Operate: Self-explanatory.
 - * 16. Hours/Day Plant Will Operate: Self-explanatory.
 - * 17. Month and Year Plant will be Ready to Operate Under Inspection Program: Self-explanatory.
- * 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.
 - 21. Import Inspection Activities: Fill in only if requesting for Import Inspection and then the application should be referred to International Programs. (Separate applications are needed for import requests and domestic requests.)
 - 22. 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, social security number, date and place of birth, home address and check in the space provided concerning holding of stock.
 - 23. Person(s) Convicted of a Felony: Self-explanatory, if none, write none.
 - 24. Convictions Against the Applicants: Self-explanatory.
 - 25. Sanitation Standard Operating Procedures have been developed: Check applicable block.
 - 26. Privacy Act Notice: Check appropriate block.
 - 27. Person Signing Application: Applicant's name should be typed or printed.
 - 28. Signature: Applicant needs to sign in ink.
 - 29. Title: Title of applicant whose name appears in Blocks 26 and 27.
 - 30. Official Number Assigned/Reserved: District Manager will complete.
 - 31. Plant Presently Under State Inspection: District Manager will complete.
- 32 through 36: To be completed by USDA.