APPLICANTS MUST PROVIDE ALL REQUESTED INFORMATION**

SHOULD YOU FAIL TO DO SO, YOUR APPLICATION MAY NOT BE PROCESSED. IF YOU HAVE QUESTIONS, CALL (518) 457-5457 OR WRITE TO THE ADDRESS ON THE FRONT OF THIS FORM.

(6) Check all that apply for this license:

☐ Non-Medicated Feed Mfg.*****

☐ Medicated Feed Mfg.*****

☐ Customer Formula Feed Mfg**.**

*** Submit labels with application**

(7) Workers Compensation Law requires that businesses seeking state issued permits demonstrate that they have appropriate Workers Compensation Insurance (WCI). Indicate your WCI status:

☐ Insured with _____
Name of Insurance Provider

☐ Self Insured ☐ Exempt from WCI

The undersigned applies for a license pursuant to Article 8 of the Agriculture and Markets Law of the State of New York to conduct the feed manufacturing operations listed above, at this location only. In support of this application, the undersigned makes the above statements and agrees to comply with the requirements of Article 8.

Any false statements made herein, in addition to being the possible basis for a revocation on any license issued as a result of this application may be punishable under the provisions of Section 210.45 of the Penal Law of the State of New York

(9) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER	TITLE	DATE

AUTHORIZATION AND PURPOSE

* Disclosure of your federal social security and federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance administering the Tax Law and for any other purpose authorized by the Tax Law.

** The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law in the sections relating to the specific license you are seeking. This information is collected to enable the Department to evaluate your application, to determine if it should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.

Please Mail Application & Payment to:

NYS DEPTMENT OF AGRICULTURE & MARKETS
DIVISION OF FOOD SAFETY AND INSPECTION
10B AIRLINE DRIVE
ALBANY, NY 12235

Office use only
Est. No._____
Receipt No._____
Validation No._____

Preprinted company name and address

Preprinted Expiration Date

PAYMENT METHOD

Check or Money Order ☐ Visa ☐ MasterCard ☐ American Express ☐

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date: ☐☐/☐☐

Cardholder Signature _____ Name as appears on Card _____

Billing Address _____
Street City State Zip

I agree to pay the above total amount according to Card Issuer Agreement.