

# APPLICATION FOR FEED MANUFACTURING LICENSE

FSI-417 (9/06)

Please mail **Application & Check** payable to:  
 NYS DEPARTMENT OF AGRICULTURE AND MARKETS  
 DIVISION OF FOOD SAFETY AND INSPECTION  
 10B AIRLINE DRIVE  
 ALBANY, NY 12235

**ARTICLE 8 - LICENSE FEE \$100.00**  
**ANNUAL RENEWAL \$50.00**

**Office Use Only**

**Est. No.** \_\_\_\_\_

**Receipt No.** \_\_\_\_\_

**Validation No.** \_\_\_\_\_

Section (1) enter and explain any changes in names or facility addresses.

Section (9) requires an original signature of owner or corporate officer.

**APPLICATION MUST BE FULLY COMPLETED**  
 Completion and submission of this form does not constitute authorization to operate a feed manufacturing establishment.

**Please Print or Type All Requested Information:**

(1) Individual Owner Name, Partnership (name all partners) or Full Name of the Corporation			County	
Trade Name			Business Telephone Number (____)	
Street	City	State	Zip	
(2) Federal ID Number <b>OR</b> Social Security Number			- -	
(3) <b>Mailing Address if different from above:</b>				
Street:	City:	State:	Zip:	

(4) IF APPLICANT IS AN **INDIVIDUAL OR PARTNERSHIP** or **LLP**, THE FOLLOWING MUST BE COMPLETED:

Full Name of Owner or Name of each Partner	Residence – Home Address (Street & No., City, State, Zip)	Date of Birth

(5) IF APPLICANT IS A **CORPORATION** or **LLC** THE FOLLOWING MUST BE COMPLETED

Full Name of Officers	Residence – Home Address (Street & No., City, State, Zip)	Date Took Office	Date of Birth
President			
Vice Pres.			
Secretary			
Treasurer			
Directors (attach list if necessary)			

**(5a.)** Principal Office Address: \_\_\_\_\_

**(5b.)** In what state incorporated? \_\_\_\_\_ **(5c.)** Date of Incorporation \_\_\_\_\_

**(5d.)** For foreign or out-of-state corporations:  
 Date of filing in New York State? \_\_\_\_\_  
 Name and address of New York State resident upon whom service of process may be made? \_\_\_\_\_

(OVER)