

**NC DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
MEAT & POULTRY INSPECTION SERVICE**

INSTRUCTIONS: Submit this application to the State Director, Meat and Poultry Inspection Service, N.C. 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.

APPLICATION FOR STATE MEAT INSPECTION

SECTION I

1. DATE OF APPLICATION	2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> OTHER (<i>specify</i>)	3. TYPE OF INSPECTION REQUIRED <input type="checkbox"/> MEAT SLAUGHTER <input type="checkbox"/> POULTRY PROC. <input type="checkbox"/> MEAT PROCESSING <input type="checkbox"/> CUSTOM <input type="checkbox"/> MEAT SL. & PROC.	4. EXEMPTED ACTIVITIES <input type="checkbox"/> RETAIL ACTIVITIES <input type="checkbox"/> FOOD & DRUG ACTIVITIES
5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (<i>specify</i>)		6. IF CORPORATION; NAME OF STATE WHERE INCORPORATED	
8. NAME OF APPLICANT (<i>Company Name</i>) AND MAILING ADDRESS (<i>Include ZIP Code</i>)		9. COUNTY	7. DATE OF INCORPORATION (<i>Month and Year</i>)
11. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (<i>Include ZIP Code</i>)		10. AREA CODE AND TELEPHONE NUMBER	
13. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY		12. AREA CODE AND TELEPHONE NUMBER	
15. DAYS PER YEAR PLANT WILL OPERATE		14. OTHER NAMES (<i>If any</i>) UNDER WHICH BUSINESS WILL BE CONDUCTED	
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT
16. HOURS PER WEEK PLANT WILL OPERATE		18. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION	
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT

SECTION II

SLAUGHTER	19. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED <input type="checkbox"/> CATTLE <input type="checkbox"/> CALVES <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> SWINE <input type="checkbox"/> RATITES <input type="checkbox"/> OTHER (<i>specify</i>)		
	PROCESSING	20. PROCESSING ACTIVITIES WHEN INSPECTION IS INAUGURATED	
<table style="width:100%; border: none;"> <tr> <td style="width:15%; vertical-align: top;">TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> BOTH</td> <td style="border: none;"> a. <input type="checkbox"/> BREAKING/CUTTING (<i>carcasses, primal cuts, whole poultry, poultry parts, etc.</i>) b. <input type="checkbox"/> BONING (<i>manual boning meat/poultry</i>) c. <input type="checkbox"/> MECHANICAL DEBONING (<i>mechanical deboning meat/poultry</i>) d. <input type="checkbox"/> FABRICATING (<i>roast, steaks, chops, ground beef, hamburger, etc.</i>) e. <input type="checkbox"/> CURING (<i>pork cuts, beef cuts, turkey, ham, etc.</i>) f. <input type="checkbox"/> FORMULATING (<i>fresh/cured sausages, loaves, poultry rolls, pattie mix, etc.</i>) g. <input type="checkbox"/> COOKING/SMOKING (<i>pork cuts, beef cuts, sausage, loaves, etc.</i>) </td> <td style="border: none;"> h. <input type="checkbox"/> CANNING (<i>shelf stable, perishable, cans, pouches, glass</i>) i. <input type="checkbox"/> DRYING (<i>pork cuts, beef cuts, sausage, dehydrated products</i>) j. <input type="checkbox"/> CONVENIENCE ITEMS (<i>entrees, dinners, pies, pizzas, etc.</i>) k. <input type="checkbox"/> SLICING (<i>bacon, luncheon meats, sausage, etc.</i>) l. <input type="checkbox"/> FATS/OILS (<i>lard, tallow, shortening, margarine, etc.</i>) m. <input type="checkbox"/> OTHER (<i>specify</i>) </td> </tr> </table>		TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> BOTH	a. <input type="checkbox"/> BREAKING/CUTTING (<i>carcasses, primal cuts, whole poultry, poultry parts, etc.</i>) b. <input type="checkbox"/> BONING (<i>manual boning meat/poultry</i>) c. <input type="checkbox"/> MECHANICAL DEBONING (<i>mechanical deboning meat/poultry</i>) d. <input type="checkbox"/> FABRICATING (<i>roast, steaks, chops, ground beef, hamburger, etc.</i>) e. <input type="checkbox"/> CURING (<i>pork cuts, beef cuts, turkey, ham, etc.</i>) f. <input type="checkbox"/> FORMULATING (<i>fresh/cured sausages, loaves, poultry rolls, pattie mix, etc.</i>) g. <input type="checkbox"/> COOKING/SMOKING (<i>pork cuts, beef cuts, sausage, loaves, etc.</i>)
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SECTION III

21. 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 State Director of any changes in the listing given.

NAME TITLE (Indicate if partner, manager)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (City and State)	PRESENT HOME ADDRESS (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp.)	
					YES (X)	NO (X)

22. Enter the name of each person listed under Item 21 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 21 who has been convicted in any Federal or State court of more than one violation of any law, other than 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".

23. 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".

AGREEMENT AND CERTIFICATION: If inspection is granted under this application, I (we) expressly agree to conform strictly to the N.C. Compulsory Meat Inspection Law (Articles 49B, 49C, and 49H of the General Statutes of North Carolina) the N.C. Poultry Products Inspection Law (Article 49D, Chapter 106 of the General Statutes of North Carolina), or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

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 to: State Director, NCDA&CS-MPIS, Agriculture Building, 1001 Mail Service Center, Raleigh, NC 27699-1001.

24. TYPED NAME OF PERSON SIGNING APPLICATION	SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION	
	25. SIGNATURE	26. TITLE
27. OFFICIAL NUMBER ASSIGNED/RESERVED EST _____	28. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

TO BE COMPLETED BY NCDA

29. DATE RECEIVED	30. DATE REVIEWED	31. SIGNATURE OF STATE DIRECTOR
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