



INEDIBLES (SCRAPS) PERMIT APPLICATION

APPLICANT	
Name:	Premise ID#:
Address:	
City/State/ Zip Code:	County:
Telephone Number: Cell:	Home:
Email:	Receive renewal notice via email ☐

LOCATION OF ANIMALS RECEIVING SCRAPS (if different from above)	
Contact Person:	
Address:	
City/State/Zip Code:	County:
Telephone Number: Cell:	Home:

PLACE WHERE SCRAPS WILL BE PICKED UP / MUST BE SIGNED BY PLACE OF BUSINESS SUPPLYING SCRAPS	
Business Name:	
Contact Person:	
Address:	
City/State/Zip Code:	
County:	
Telephone Number: Cell:	Home:
We are requesting permission for _____ (Name) to pick up scraps _____ (Type of Scraps) from our place of business for the purpose of: ☐ Feeding Dogs ☐ Exotic Animals ☐ Other: _____	

Signature/Date	
Business Contact: ☐ APPROVED ☐ DISAPPROVED	

TYPE OF SCRAPS TO BE PICKED UP AND INTENDED USE	
I certify that the inedible products described above will not be fed to swine. I do not have swine on the premises where these products are to be kept or fed to animals. I also agree to comply with all other local, State or Federal inspection regulations that may be applicable.	
_____	_____
Applicant's Signature	Date



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Please return to:

NCDA&CS, Veterinary Division

1030 Mail Service Center

Raleigh, NC 27699-1030

Phone: 919-707-3250

FOR OFFICE USE ONLY:

NDCA & CS: ☐ APPROVED ☐ DISAPPROVED

Verified By: _____ Date: _____

Premise ID Number: _____

Inspection Date: _____ Inspected By: _____

GPS Coordinates: N: _____ W: _____

Swine located on premise: YES NO

Comments: