

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

APPLICATION FOR STATE MEAT INSPECTION

INSTRUCTIONS: Submit this application to the TA Coordinator, Meat and Poultry Inspection Division, 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. Detailed instructions on page 3.

SECTION I

1. DATE OF APPLICATION	2. TYPE OF APPLICATION NEW CHANGE OF OWNER CHANGE OF LOCATION OTHER (<i>specify</i>)	3. TYPE OF INSPECTION REQUIRED MEAT SLAUGHTER POULTRY PROC. — MEAT PROCESSING CUSTOM MEAT SL. & PROC.	4. EXEMPTED ACTIVITIES <input type="checkbox"/> RETAIL ACTIVITIES <input type="checkbox"/> FOOD & DRUG ACTIVITIES NON-AMENABLE
5. FORM OF ORGANIZATION INDIVIDUAL COOPERATIVE ASSOCIATION PARTNERSHIP CORPORATION 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>)		7. DATE OF INCORPORATION (<i>Month and Year</i>)	9. COUNTY
		10. AREA CODE AND TELEPHONE NUMBER	11. EMAIL ADDRESS
12. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (<i>Include ZIP Code</i>)			13. AREA CODE AND TELEPHONE NUMBER
14. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY			15. OTHER NAMES (<i>If any</i>) UNDER WHICH BUSINESS WILL BE CONDUCTED
16. DAYS PER YEAR PLANT WILL OPERATE		17. HOURS PER WEEK PLANT WILL OPERATE	
18. HOURS PER DAY PLANT WILL OPERATE		19. 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	20. 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>) <input type="checkbox"/> N/A			
	PROCESSING	21. PROCESSING ACTIVITIES WHEN INSPECTION IS INAUGURATED		
TYPE OF PRODUCT MEAT POULTRY BOTH		<table style="width:100%; border: none;"> <tr> <td style="width:50%; 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="width:50%; 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>		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

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 State Director of any changes in the listing given.

NAME TITLE (Indicate if partner, manager)	LAST 4-DIGITS OF SSN	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)

23. 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".

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".

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-MPID, Agriculture Building, 1001 Mail Service Center, Raleigh, NC 27699-1001.

25. TYPED NAME OF PERSON SIGNING APPLICATION	SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION	
	26. SIGNATURE	27. TITLE
28. OFFICIAL NUMBER ASSIGNED/RESERVED EST _____	29. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION? <div style="display: flex; justify-content: space-around;"> YES NO </div>	

TO BE COMPLETED BY NCDA

30. DATE RECEIVED	31. DATE REVIEWED	32. SIGNATURE OF STATE DIRECTOR
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INSTRUCTIONS FOR COMPLETION OF MPID Form 1f

Complete all sections. Enter "N/A" or "None" if a section is not applicable. If additional space is needed for any item, attach sheet and number the item. Submit the application to the TA Coordinator, Meat and Poultry Inspection Division, N.C. Department of Agriculture for applicable inspection requests.

SECTION I.

1. Date of Application: Put current date application is completed.
2. Type of Application (check all that apply).
3. Type of Inspection (check all that apply). Meat Slaughter, Meat Processing, Meat Sl. & Proc., and Poultry Proc. are for establishments where product will bear the mark of inspection for wholesale. Custom is for products to be stamped not for sale and returned to owner for their own consumption.
4. Exempted Activities (check all that apply). Retail Activities are for products sold directly to the end consumer. Food & Drug Activities are for non-meat and poultry items produced within the facility for wholesale. Non-Amenable is for processing of wild game that does not require inspection per the N.C. Compulsory Meat Inspection Law such as deer and bear.
5. Form of Organization (check applicable box).
6. If Corporation, Name of State where Incorporated.
7. Date Incorporated: Show month and year.
8. Name of applicant (Company Name) and mailing address (Include ZIP Code).
9. County.
10. Area Code and Telephone Number.
11. Email Address.
12. Location of plant and mailing address if different from item 8 (Include ZIP Code).
13. Area code and telephone number.
14. Name and establishment number of other establishments located in the same facility.
15. Other names (if any) under which business will be conducted.
16. Days per year plant will operate. Exempt is for days you will produce product not bearing the mark of inspection and non-exempt is for days you will produce product required to bear the mark of inspection per N.C. Compulsory Meat Inspection Law and N.C. Poultry Products Inspection Law.
17. Hours per week plant will operate. Exempt is for hours per week you will produce product not bearing the mark of inspection and non-exempt is for hours per week you will produce product required to bear the mark of inspection per N.C. Compulsory Meat Inspection Law and N.C. Poultry Products Inspection Law.
18. Hours per day plant will operate. Exempt is for hours per day you will produce product not bearing the mark of inspection and non-exempt is for hours per day you will produce product required to bear the mark of inspection per N.C. Compulsory Meat Inspection Law and N.C. Poultry Products Inspection Law.
19. Month and year when plant will be ready to operate under inspection.

SECTION II.

20. Animals to be slaughtered when inspection is inaugurated (select all that apply).
21. Processing activities when inspection is inaugurated (select all that apply).

SECTION III.

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 State Director of any changes in the listing given.
23. 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".
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".

PLEASE READ AGREEMENT AND CERTIFICATION STATEMENT

25. Name of person signing application.
26. Signature.
27. Title.
28. Official number assigned/reserved. Leave blank if a new establishment.
29. Is the plant presently under state inspection?