

**APPLICATION FOR STATE MEAT ESTABLISHMENT LICENSE**

**I hereby make application to the Pennsylvania Department of Agriculture for a license in compliance with the provisions of Act 151 as approved July 9, 1968 as amended. This license includes slaughtering and manufacturing, poultry slaughtering, custom slaughtering, meat handling and processing.**

**License Fee: \$25.00 for a two-year license**

**Please make check or money order payable to: The Commonwealth of Pennsylvania**

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Business Establishment Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Email \_\_\_\_\_

**Signature and Title of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM AND CHECK/MONEY ORDER TO:**

Pennsylvania Department of Agriculture  
Attn: Lisa Anderson  
Bureau of Animal Health  
2301 North Cameron Street  
Harrisburg, PA 17110-9408  
717.783.5301