PI -170
(6/19)

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY

CONSUMER PROTECTION SERVICES

2800 NORTH LINCOLN BOULEVARD

OKLAHOMA CITY OK 73105

Phone: 405-522-5891   Fax: 405-522-0625

APPLICATION FOR NEW COMMERCIAL FEED LICENSE

A fee of fifty dollars ($50.00) is enclosed for the following period

July 1, _____ through June 30, _____

Please Type or Print:

_____
Business Name to Appear on License

_____   _____
Mailing Address   City   State   Zip Code + 4

_____   _____
Complete Business Location   City   State   Zip Code + 4

_____   _____
Area Code   Phone Number   Area Code   Fax Number

_____
Email Address

PLEASE COMPLETE THE FOLLOWING: *CHECK **ALL** THATAPPLY:*

TYPE OF OPERATION: ☐ MANUFACTURER   ☐ DISTRIBUTOR

KIND OF PRODUCTS: ☐ MIXED FEEDS   ☐ INGREDIENTS

RATION TYPES:

☐ LIVESTOCK | | PET FOODS | | WILDLIFE FEEDS

THIS LICENSE EXPIRES THE 30TH DAY OF JUNE OF EACH YEAR AND _MUST_ BE RENEWED ANNUALLY.

_____   _____
Signature of Applicant   Date

_____   _____
Typed or printed Name of Applicant   Title

Pay by Credit Card here: Card Number:_____   Amount Paid:_____

Type of Card: ☐ Visa   ☐ MasterCard   ☐ Discover _____

Expiration Date (MM/YY)

Print Name on Card: _____

PLEASE COMPLETE THE REVERSE SIDE OF THE APPLICATION

List each manufacturer/distributor owned or affiliated with your company that ships commercial feed into or within Oklahoma.

1 Firm Name: _____

   Location Address: _____

   City/State/Zip:_____ Mailing Address (if different from above): _____

   _____

   Contact Person: _____ Phone: _____

   Do you report and pay tonnage for this firm/location?   ☐ Yes   ☐ No

List each manufacturer/distributor owned or affiliated with your company that ships commercial feed into or within Oklahoma.

2 Firm Name: _____

   Location Address: _____

   City/State/Zip:_____ Mailing Address (if different from above): _____

   _____

   Contact Person: _____ Phone: _____

   Do you report and pay tonnage for this firm/location?   Yes   No

List all Companies you manufacture for, with a *** <u>PRIVATE LABEL</u> *******

1 Firm Name: _____

   Location Address: _____

   City/State/Zip:_____ Mailing Address (if different from above): _____

   _____

   Contact Person: _____ Phone: _____

   Do you report and pay tonnage for this firm/location?   ☐ Yes   ☐ No

List all Companies you manufacture for, with a *** <u>PRIVATE LABEL</u> *******

2 Firm Name: _____

   Location Address: _____

   City/State/Zip:_____ Mailing Address (if different from above): _____

   _____

   Contact Person: _____ Phone: _____

   Do you report and pay tonnage for this firm/location?   ☐ Yes   ☐ No

***   **USE ADDITIONAL SHEETS IF NECESSARY**   ***