



**MEAT PROCESSING ESTABLISHMENT  
LICENSE APPLICATION**  
NORTH DAKOTA DEPARTMENT OF AGRICULTURE  
MEAT INSPECTION PROGRAM  
SFN 52498 (5-2023)

North Dakota Department of Agriculture  
Meat Inspection Program  
600 E Boulevard Ave Dept 602  
Bismarck ND 58505-0020  
Phone 701-328-4762  
Fax 701-328-4567

**Section I**

**License fee of \$25 must be submitted with application**

Name(s)		Type of Application <input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location		
Name of Establishment		Date	Email Address	
Establishment Address		City	State	ZIP Code
Mailing Address (if different)		City	State	ZIP Code
Establishment Telephone Number	Other Telephone Number Specify Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell Phone			

**If Change of Ownership:**

Previous Establishment Name	Previous Establishment Number	Use Existing Exemption Number? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Section II**

<b>A. Type of Organization</b> <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Co-op		<b>B. Type of Inspection Required or Requested</b> <input type="checkbox"/> Custom Exempt <input type="checkbox"/> Inedible <input type="checkbox"/> Official Establishment <input type="checkbox"/> Poultry Exemption <input type="checkbox"/> Storage   (must also complete "Application for State Meat Inspection SFN 52497")		
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List names of other responsible parties. Include owners, partners, directors, managers, etc. Notify the Bismarck office of any changes.    **\$25 Fee Enclosed**

Name	Title	Receipt Stamp (For Office Use Only)	

Enter the name of each person listed above who has been convicted in any Federal or State Court of any felony or if they have been convicted of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distribution 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.

**Section III**

<b>A. Custom Exempt Activities (check all that apply)</b> SLAUGHTER - Red Meat Only: <input type="checkbox"/> On Farm <input type="checkbox"/> In Plant PROCESSING: <input type="checkbox"/> Beef, Pork, Sheep or Goat <input type="checkbox"/> Buffalo or Elk <input type="checkbox"/> Large Wild Game <input type="checkbox"/> Poultry <input type="checkbox"/> Game Poultry	
<b>B. Retail Exempt (check types of consumers you plan to sell to)</b> <input type="checkbox"/> Household Consumers <input type="checkbox"/> Other than Household Consumers (hotels, restaurants, institutions)	
<b>C. Poultry Exemptions (check only one)</b> <input type="checkbox"/> Custom <input type="checkbox"/> Producer Grower-20,000 <input type="checkbox"/> Producer Grower or Other Person <input type="checkbox"/> Small Enterprise	

**NONDISCRIMINATION STATEMENT:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability. To file a complaint of discrimination, write USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (866) 632-9992 (toll free), (866) 377-9642 (federal relay).

**AGREEMENT:** If an exemption is granted under this application, I expressly agree to conform strictly to all State and Federal Regulations and orders pertaining to meat inspection and I consent to inspections that take place at reasonable times, are within reasonable limits and in a reasonable manner. I certify that all statements made herein are true to the best of my knowledge and belief.

Signature	Title	Date
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**Section IV (State Office Use Only)**

Date Exemption Granted	Date Inspection Granted	Customer Exempt Number	Official Establishment Number
Signature of State Meat Inspection Director			Date

White - Office   Yellow - Establishment   Pink - Inspector