APPLICATION FOR STATE MEAT INSPECTION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
MEAT INSPECTION PROGRAM
SFN 52497 (5-2016)

Date of Application	Type of Official Operation(s) (check all that apply) ☐ Red Meat Slaughter ☐ Red Meat Processing ☐ Poultry Slaughter ☐ Poultry Processing			
Name of Owner	Owner Birthdate	Race	Color	National Origin
Name of Establishment		Establishment Telephone Number	Establishment Number	
Establishment Address		City	State	ZIP Code
Mailing Address (if different)		City	State	ZIP Code
When in Operation, Estimate Official Operating Time		Hours Per Day	Days Per Week	Weeks Per Year

Estimate of Average Volume of Animals to be Slaughtered Under Official Inspection Per Week (number of head)

Cattle	Calves	Swine	Sheep	Bison	Elk	Other (specify)

Estimate of Average Volume of Products to be Processed Under Official Inspection Per Week

Preparation	Pounds	Species to be Processed (beef, pork, chicken, etc.)
Raw Intact (carcass break down, steaks, etc.)		
Raw Non-intact (ground beef, raw sausage, etc.)		
Bacon		
Cooked (smoked sausage, hot dogs, deli, etc.)		
Sticks or Jerky		
Edible fats/oils		
Frozen (dinners, pies, pizzas, etc.)		
Canned products		
Other (specify)		

Exempt Inspections (check all that apply)
☐ Wild Game ☐ Custom Slaughter ☐ Field Slaughter ☐ Custom Processing ☐ Retail ☐ Other _____

List names and addresses of other responsible parties. Include owners, partners, directors, managers, etc. Notify the Bismarck office of any changes.

Name	Title	Birthdate	Address	City	State	ZIP Code

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.

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 inspection is granted under this application, I expressly agree to conform strictly to all State and Federal Regulations and orders pertaining to meat inspection. I certify that all statements made herein are true to the best of my knowledge and belief.

Signature	Title	Date

If more room is needed, attach additional pages and include any other relevant information.