

## APPLICATION FOR DISPOSAL PLANT LICENSE

NYS Department of Agriculture and Markets - Article 5

<b>Office Use Only</b>									
County Code- Est. No.									
Entity No. _____									
Receipt No. _____									
Certificate No. _____									

### INSTRUCTIONS

Read and Complete BOTH SIDES of this application.  
Prepare a separate application for each location.

An original signature of owner or corporate officer is required in Section (9).

(1) Individual Owner Name, Partnership or Full Name of the Corporation:			County:	
Trade Name:			Business Telephone Number: (    )	
Street:	City:	State:	Zip:	
E-mail Address:	Bank Name:			

**(2) Optional Mailing Address:**

Street:	City:	State:	Zip:
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**(3) Identification Number:**

Federal ID Number:	<b>OR</b>	Social Security Number:
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**(4) Please list sole proprietors and all officers of a corporation or cooperative. If applicant is a partnership, LLC or LLP, list partners/members (attach list if necessary). If applicant is a non-public corporation, list shareholders (attach list if necessary).**

Name (Please Print)	Title	Contact Address (Street & No., City, State, Zip) E-Mail address	Date of Birth

**(4a.)** Principal Office Address: \_\_\_\_\_

**(4b.)** In what state incorporated? \_\_\_\_\_ **(4c.)** Date of Incorporation \_\_\_\_\_

**(4d.)** Are you a foreign or out of state individual, partnership, or corporation? (Check One)      Yes       No

**(4e.)** For foreign or out-of-state corporations:  
Date of filing in New York State? \_\_\_\_\_

**(4f.)** If out-of-state, the applicant agrees to accept service of process by first class mail to the designated individual at the said address below which shall constitute good and proper service of process.  
Designated: \_\_\_\_\_ Address: \_\_\_\_\_

**(PLEASE COMPLETE REVERSE SIDE)**

(5) Is applicant in compliance with all ordinances or local laws of the county, city, town and village in which such business or occupation will be conducted?  Yes  No (if no, give details) \_\_\_\_\_

(6) Has the applicant or any partner, officer, director or holder of 10% or more of the stock, or any person exercising any position of management or control in the operation, been convicted of, or pleaded guilty to, a **felony** in any court in the United States?

No

Yes If yes, state the full name of the person \_\_\_\_\_

Name of Court and its location? \_\_\_\_\_

Date of Conviction? \_\_\_\_\_ A "Certificate of Conviction" is required. If a "Certificate of Conviction" has been provided and a license issued on a prior application, check this box.

(7) Has applicant, or any partner, officer, director, holder or owner of 10% or more of the stock, or any person exercising any position of management or control in the operation, previously been responsible, in whole or in part, for any act on account of which a disposal plant license has been or may be denied, suspended or revoked? (If yes, give details) \_\_\_\_\_

**(8) VEHICLE IDENTIFICATION**  
(Vehicles used in Disposal Plant Service)

YEAR AND MAKE

VEHICLE IDENTIFICATION

LICENSE PLATE NO.

a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____
g. _____	_____	_____

Applicant represents that there are adequate physical facilities to conduct a disposal plant business at the address for which license application is made.

Applicant consents to free entry and will permit free access to his licensed premises, building, vehicles, offices and required records by the Commissioner and his agents, and inspectors in pursuance of the Commissioner's duty to supervise and regulate those who deal in, handle, transport, process or dispose of meat products regardless of origin which are adulterated.

Applicant understands the statements made in this application will be accepted, for all purposes, as the equivalent of an Affidavit.

The undersigned hereby applies for a license to operate a Disposal Plant to process dead, dying, diseased or condemned animals and meat or meat products, regardless of origin, which are adulterated pursuant to the provisions of Article 5-C of the Agriculture and Markets Law and regulations promulgated there under.

Any false statements made, in addition to possible basis for a revocation on any license issued as a result of this application may be punishable under the provisions of Section 210.45 of the Penal Law of the State of New York.

**(9) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER:**

**TITLE:**

**DATE:**

**AUTHORIZATION AND PURPOSE**

Disclosure of your federal social security and federal employer identification number is mandatory and is authorized and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance administering the Tax Law and for any other purpose authorized by the Tax Law.

The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law in the sections relating to the specific license you are seeking. This information is collected to enable the Department to evaluate your application, to determine if it should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.

**All fields must be completed.** Incomplete applications may not be processed. If you have questions about the information requested, call (518) 485-5326; or write to: Department of Agriculture and Markets; FSI-Licensing Unit; 10B Airline Drive; Albany, NY 12235.