

NEW YORK STATE PET FOOD REGISTRATION**Department of Agriculture and Markets Article 8**

Please mail **Application & Payment** payable to:
 NYS DEPARTMENT OF AGRICULTURE AND MARKETS
 DIVISION OF FOOD SAFETY AND INSPECTION
 10B AIRLINE DRIVE
 ALBANY, NY 12235

Is your company currently registered to distribute pet food/specialty pet food in New York State?

If yes, please complete the application below and enter your six digit Establishment Number: _____

If no, please enter your **complete** business name, address, and Federal ID or Social Security number in the appropriate spaces.

Physical Address: (Please Print)

Legal Business Name (Owner):

Trade Name:

Address:

City:

State:

Zip:

Federal Identification Number:
(Enter Only One)

Social Security Number:

Mailing Address: Same As Above

Name:

Street:

City:

State:

Zip:

Contact Person: (Please Print)

Name:

Phone:

Extension Number:

Fax:

E-Mail Address:

PLEASE NOTIFY US IF ANY INFORMATION CHANGES

I hereby certify that the information above is true and correct in every respect; that each and every container of the product named below will be labeled as described; that the labels are the guarantees of the applicant as to the chemical composition and ingredient statements of the products below. If any pet food or specialty pet food product is changed in any way, a new application shall be made unless waived by the Commissioner of Agriculture and Markets.

Print Name

Signature of Person Submitting Application

Title

Date _____

Telephone (_____) _____ Extension: _____

SEE REVERSE



**STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE AND MARKETS
10B AIRLINE DRIVE
ALBANY, NEW YORK 12235**

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a one time debit to your credit card listed below. Please mail to the above address.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for **\$100.00 for each product.** This payment is for a:

PET FOOD REGISTRATION

Billing Address _____ Phone# _____
 City _____ State _____ Zip _____
 Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Cardholder Name _____ Account Number _____ Expiration Date _____ CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ TOTAL FEE DUE: _____	FOR OFFICE USE ONLY Etab No.: _____ License No.: _____ Receipt No. _____ Validation No. _____
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SIGNATURE _____ DATE _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for a Pet Food Registration, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.