

APPLICATION FOR DISPOSAL PLANT LICENSE – ARTICLE 5-C

NYS Department of Agriculture and Markets
 Attn: Food Safety License Unit
 10B Airline Drive, Albany, New York 12235

Office Use Only							
County Code- Est. No.							
Entity No. _____							
NO LICENSE FEE REQUIRED							

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 (8).

(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:	OR	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-New-York-state individual, partnership, or corporation? (Check One) Yes No

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

(4f.) If out-of-New-York-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 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? _____ Yes _____ No (If yes, give details) _____

(7) VEHICLE IDENTIFICATION (Vehicles used in Disposal Plant Service)

YEAR AND MAKE	VEHICLE IDENTIFICATION	LICENSE PLATE NO.
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____
g. _____	_____	_____

(8) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER TITLE DATE

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 licensed premises, buildings, vehicles, and offices and required records by the Commissioner, the 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 of the Agriculture and Markets Law and regulations promulgated there under.

Any false statements made, in addition to being the 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.

NOTE: Your application for a license is subject to denial and/or revocation, if, after a hearing, it is determined that the applicant, licensee, officer, director, partner or share/stockholder, has been convicted of, or has pled guilty to, a felony in any court of the United States or any State or territory thereof, with respect to an offense involving; food safety, food adulteration or food misbranding.

Providing your signature below acknowledges your understanding of requirements listed herein and that you agree to comply with the requirements of Article 5-C.

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER	TITLE	DATE

AUTHORIZATION AND PURPOSE

Disclosure of your federal social security and federal employer identification numbers is mandatory 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.

If you have questions about the information requested, call (518) 457-7139; e-mail agr.sm.foodlicense@agriculture.ny.gov; or write to: NYS Department of Agriculture and Markets; Attn: Food Safety License Unit; 10B Airline Drive; Albany, NY 12235.