



# Agriculture and Markets

## APPLICATION FOR FEED MANUFACTURING LICENSE – ARTICLE 8

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

<b>Office Use Only</b>							
County Code- Est. No.							
Entity No. _____							
<b>NO LICENSE FEE REQUIRED</b>							

**APPLICATION MUST BE FULLY COMPLETED**  
 Completion and submission of this form does not constitute authorization to operate a feed manufacturing establishment.

Section (7) requires an original signature of owner or corporate officer.

Please Print or Type All Requested Information:

(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-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)**



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(5) Check all that apply for this license:

- Non-Medicated Feed Mfg. **Submit labels with application**
- Medicated Feed Mfg. **Submit labels with application**
- Customer Formula Feed Mfg.

(6) Workers Compensation Law requires that businesses seeking state issued permits demonstrate that they have appropriate Workers Compensation Insurance (WCI). Indicate your WCI status:

- Insured with \_\_\_\_\_  
Name of Insurance Provider
- Self Insured
- Exempt from WCI

The undersigned applies for a license pursuant to Article 8 of the Agriculture and Markets Law of the State of New York to conduct the feed manufacturing operations listed above, at this location only. In support of this application, the undersigned makes the above statements and agrees to comply with the requirements of Article 8.

Any false statements made herein, 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.

## Signature Required

(7) ORIGINAL 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.

**All fields must be completed.** Incomplete applications may not be processed. If you have questions about the information requested, call (518) 457-5457; e-mail [agr.sm.foodlicense@agriculture.ny.gov](mailto:agr.sm.foodlicense@agriculture.ny.gov); or write to: Department of Agriculture and Markets; Attn: Food Safety Feed Unit, 10B Airline Drive; Albany, NY 12235.