

APPLICATION FOR COMMERCIAL FEED REGISTRATION**Biennial Registration Fee of \$100.00 - Expiration Date: June 30, 2027**

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

Facility ID # (For Office Use Only)

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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: <input type="checkbox"/> Same As Above		
Name:		
Street:		
City:	State:	Zip:
Contact Person:		
Name:		
Phone:	Extension:	Fax:
E-Mail:		

No person shall distribute commercial feed in New York State unless he or she is registered.

Please check all that apply:

- Manufacturer of commercial feed other than pet food or specialty pet food.
- Distributor of commercial feed other than pet food or specialty pet foods (includes brokers and jobbers).
- Retail store
- Mixing feed for own use - not distributing commercially. **(NO FEE)**

Commercial feed manufacturers and out-of-state distributors must include labels.

Application is hereby made for the registration of a commercial feed facility with

THE STATE OF NEW YORK

The applicant firm operating the above named business hereby agrees to comply with the provisions of the New York Commercial Feed Law, Article 8 of the Agriculture and Markets Law, and the Rules and Regulations promulgated thereunder:

Date: _____ Authorized Signature of Submitter: _____

Print Name: _____

Once this Registration has been approved a copy will be forwarded to you.



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

FSI – LICENSING UNIT
PHONE: 518-485-5326

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**. This payment is for a:

COMMERCIAL FEED 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	FOR OFFICE USE ONLY
Cardholder Name _____	Estab No.: _____
Account Number _____	License No.: _____
Expiration Date _____	Receipt No. _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____	Validation No. _____

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 Commercial Feed 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.