

COMMERCIAL FEED LICENSE APPLICATION

*****~PLEASE SEND LABELING~*****

Chapter 198, Code of Iowa

License Fee: \$10.00. Make check payable to: Secretary of Agriculture

Mailed By:

Company Name: _____

Secondary Name: _____

Location Address: _____

Location City: _____

State & Zip Code: _____

Phone Number: _____

County # (if known): _____

If Mailing Address Different:

Company Name: _____

Mailing Address: _____

City: _____

State & Zip: _____

Phone Number: _____

County Number: _____

Email Address: _____

If doing business under new name, list previous business name and previous feed license number below:

Previous name: _____ Previous license #: _____

Iowa Dept. of Agriculture & Land
Stewardship
Attn: Fertilizer Bureau
Wallace Building 502 E 9th St.
Des Moines, IA 50319
Tel: 515-281-8597 Fax: 515-281-8888

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- Customer-Formula Feed
- Branded Labeled Feed
- Toll Milling/Private Label Mfr.
- Mixer-Feeder (for use in feeding animals owned by your firm)

Other: _____

Distributor

- Broker
- Guarantor (another firm manufactures feed product for you on which your name appears as the guarantor)

Medicated Type

- Non-Medicated Fee
- Medicated Fee/FDA Licensed
- Medicated Feed/Non-FDA Licensed

Product Type

- Animal Feed (ingredients, complete feeds, supplements, premixes)
- Small Package Pet Food (10 pounds or less)
- Large Package Pet Food (> 10 pounds)

Name – Please Print

Signature

Date

List all other branches owned or operated by your firm under the same name.

1. _____
 Address City State Zip

County Number (Iowa locations only): _____ Telephone: _____

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- Customer-Formula Feed
- Branded Labeled Feed
- Toll Milling/Private Label Mfr.
- Mixer-Feeder (for use in feeding animals owned by your firm)

Other: _____

Medicated Type

- Non-Medicated Feed
- Medicated Feed/FDA Licensed
- Medicated Feed/Non-FDA Licensed

Other: _____

Distributor

- Broker
- Wholesale Distributor
- Guarantor (another firm manufactures feed product for you on which your name appears as the guarantor)
- Retail Distributor
- Bulk Feed Dealer

Product Type

- Animal Feed (ingredients, complete feed, supplements, premixes)
- Small Package Pet Food (10 pounds or less)
- Large Package Pet Food (> 10 pounds)

2. _____
 Address City State Zip

County Number (Iowa locations only): _____ Telephone: _____

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- Customer-Formula Feed
- Branded Labeled Feed
- Toll Milling/Private Label Mfr
- Mixer-Feeder (mix feed for use in feeding animals owned by your firm)

Other: _____

Medicated Type

- Non-Medicated Feed
- Medicated Feed/FDA Licensed
- Medicated Feed/Non-FDA Licensed

Other: _____

Distributor

- Broker
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Note: If additional space is needed attach a separate sheet in the same format.