

Iowa Department of Agriculture and Land Stewardship
Wallace Building-502 E. 9th St.
Des Moines, Iowa 50319
515-281-8597
515-281-4185 (fax)

BRANCH ADDITION FORM FOR IOWA COMMERCIAL FEED LICENSE

Please use this form for adding branches to your current license

Business 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 (M)
- Toll Milling/Private Label Mfr.(M)
- Mixer-Feeder (M) (Mix feed for use in feeding animals owned by your firm)
- Other (Please explain) _____

Distributor

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

Medicated Type

- Non-Medicated Feed (N)
- Medicated Feed/FDA Licensed(F)
- Medicated Feed/Non-FDA Licensed(I)

Product Type

- Animal Feed (Includes ingredients, complete feeds, supplements, premixes)(T)
 - Small Package Pet Food (Ten pounds or less) (P)
 - Large Package Pet Food (Over ten pounds) (T)
-

2. _____
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Name – Please Print

Signature

Date