

# 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: \_\_\_\_\_

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 9<sup>th</sup> 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 Feed
- Medicated Feed/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.**