

**IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
Meat and Poultry Inspection Bureau**

**APPLICATION FOR INSPECTION
Form BC-1**

SUBMIT TO:
Director
Meat and Poultry Inspection Bureau
Wallace Building
Des Moines, IA 50319

1. DATE OF APPLICATION	2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> NAME CHANGE/ADDITION OF "d.b.a." <input type="checkbox"/> OTHER (Specify Here)	Date Received (office use only)
3. MONTH & YEAR BUSINESS, PLANT OR ESTABLISHMENT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM.		

4. TYPE OF INSPECTION REQUESTED <i>CHECK ALL THAT APPLY</i> <input type="checkbox"/> OFFICIAL RED MEAT SLAUGHTER <input type="checkbox"/> OFFICIAL PROCESSING (RED MEAT AND POULTRY) <input type="checkbox"/> CUSTOM RED MEAT SLAUGHTER/PROCESSING <input checked="" type="checkbox"/> OFFICIAL POULTRY SLAUGHTER <input type="checkbox"/> EXEMPT POULTRY	5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> OTHER (Specify Here)
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6. IF CORPORATION, NAME OF STATE WHERE INCORPORATED	7. DATE OF INCORPORATION (Month and Year)
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8. NAME AND ADDRESS OF APPLICANT	9. TELEPHONE NUMBER OF APPLICANT (Include Area Code)
	10. TELEPHONE NUMBER OF BUSINESS (Include Area Code)

11. NAME, STREET LOCATION AND MAILING ADDRESS OF BUSINESS	12. COUNTY WHERE BUSINESS IS LOCATED
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14. OTHER NAMES (if any) UNDER WHICH BUSINESS WILL BE CONDUCTED (Doing Business As "d.b.a.")	13. HOURS OF OPERATIONS																																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>OPERATION START TIME</th> <th>OPERATION STOP TIME</th> <th>OFFICIAL (CHECK)</th> <th>CUSTOM/ EXEMPT (CHECK)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> MONDAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> TUESDAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WEDNESDAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> THURSDAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> FRIDAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SATURDAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SUNDAY</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OPERATION START TIME	OPERATION STOP TIME	OFFICIAL (CHECK)	CUSTOM/ EXEMPT (CHECK)	<input type="checkbox"/> MONDAY					<input type="checkbox"/> TUESDAY					<input type="checkbox"/> WEDNESDAY					<input type="checkbox"/> THURSDAY					<input type="checkbox"/> FRIDAY					<input type="checkbox"/> SATURDAY					<input type="checkbox"/> SUNDAY				
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This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex, religion or handicap, write immediately to the Secretary of Agriculture, or Administrator, FSIS, Washington, D.C. 20250.

Note: Official Operations Monday- Friday 6:00am-6:00pm

CHECK TYPE OF OPERATION(S) CONDUCTED BY BUSINESS, PLANT OR ESTABLISHMENT

15. CUSTOM OPERATIONS

15a. SPECIES--CHECK ALL THAT APPLY

- RED MEAT POULTRY VOLUNTARY SPECIES

15b. PROCESSES--CHECK ALL THAT APPLY

- Custom Exempt Slaughter Custom Exempt Processing Retail Sales

16. OFFICIAL OPERATIONS

16a. SPECIES--CHECK ALL THAT APPLY

- RED MEAT POULTRY VOLUNTARY SPECIES

16b. PROCESSES--CHECK ALL THAT APPLY

1. SLAUGHTER--all species 6. HEAT-TREATED--shelf-stable
 2. RAW PRODUCT--ground 7. FULLY COOKED--not shelf-stable
 3. RAW PRODUCT--not ground 8. HEAT-TREATED BUT NOT FULLY COOKED--not shelf-stable
 4. THERMALLY PROCESSED--commercially sterile 9. PRODUCT WITH SECONDARY INHIBITORS--not shelf-stable
 5. NOT HEAT-TREATED--shelf-stable

16c. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with 416.12 of the regulations. (check) Yes No

16d. HACCP Plans have been developed for all official procedures for the establishment in accordance with 417 of the regulations. (check) Yes No

17. List all persons responsible in connection with this application. Include all partners, directors, holders or owners of 10 per centum or more of voting stock, also employees in a managerial or executive capacity in the business. Notify the Director of the Iowa Meat and Poultry Inspection Bureau of any changes in the listing given.

Name	Title	Address	Holder of more than 10% of voting stock? (check)	
			YES	NO

18. Name if each person listed under Item 17 who has been convicted in any federal or state court of (1) any felony or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transaction in food. Include the nature of the crime, date of conviction, and the court in which convicted.

19. AGREEMENT AND CERTIFICATION: IF inspection is granted under this application, I (we) expressly agree to conform strictly to the Iowa Meat and Poultry Inspection Act, Chapter 189A of the Code of Iowa, as amended, and also to the Regulations governing meat and poultry inspection promulgated under this Act. I certify that all statements made herein are true to the best of my knowledge.

Typed/Printed Name of Person Signing Application	Signature and Title of Owner or Authorized Official Making this Application	
	Signature/Date	Title