



Vermont Agency of Agriculture, Food & Markets

116 State St

Montpelier VT 05620-2901

<http://agriculture.vermont.gov>

APPLICATION FOR A MEAT HANDLERS OPERATION LICENSE

Authorized under 6 V.S.A Chapter 204 and regulations pertaining thereto. Request is hereby made for a license to operate as an business that handles or processes meat and poultry products, and/or as a slaughter establishment, and for the premises to be used by applicant and the operation thereof.

All businesses must register with the Vermont Secretary of State. Please see the [Online Business Center](#) for guidance on how to register.

Licenses are renewed annually and **expire on December 31 each year.**

APPLICANT INFORMATION *(print clearly in ink)*

First Name:	Middle Initial:	Last Name:	Suffix: (Jr., Sr., III, etc.)
Business Name (Registered w/ Vermont Secretary of State):			Registered Business ID #:
Mailing Address line 1:			
Mailing Address line 2:			
Town:		State:	Zip:
Applicant Email:		Primary Phone:	
Business Email (if different):		Secondary Phone:	
Alternate Contact Name:		Alt. contact Phone:	

PHYSICAL LOCATION OF BUSINESS *(If different than mailing address)*

Physical Address line 1:		
Physical Address line 2:		
Town:	State:	Zip:

PLEASE CHECK ALL LICENSE(S) YOU ARE APPLYING FOR
\$150.00 FOR EACH LICENSE CHECKED

<input type="checkbox"/> State Commercial Slaughter Establishment **	<input type="checkbox"/> State Commercial Poultry Slaughter Establishment **	<input type="checkbox"/> State Commercial Processing Establishment *
<input type="checkbox"/> Federal Commercial Slaughter Establishment ⁺	<input type="checkbox"/> Federal Commercial Poultry Slaughter Establishment ⁺	<input type="checkbox"/> Federal Commercial Processing Establishment
<input type="checkbox"/> Custom Slaughter Establishment *	<input type="checkbox"/> Custom Poultry Slaughter Establishment *	<input type="checkbox"/> Custom Processing Establishment *
<input type="checkbox"/> Wholesale Meat or Poultry Distributor	<input type="checkbox"/> Broker, Meat or Poultry Products	<input type="checkbox"/> Public Warehouse Operator
<input type="checkbox"/> Animal Food Manufacturer	<input type="checkbox"/> 4-D Handler	<input type="checkbox"/> Renderer

* The licenses designated with an asterisk (*) above also require a [Request for Meat Inspection Services](#) form to be submitted upon initial license application. Please contact the Meat Inspection Section with questions: 802-828-2426

⁺ The slaughter licenses designated with a plus (+) above require a [written humane handling program](#) upon initial license application and at each annual renewal.

CERTIFICATION OF COMPLIANCE WITH 15 V.S.A. § 795, 32 V.S.A. § 3113, 6 V.S.A. § 3306(h)

By law (15 V.S.A. § 795), the State may not renew a license for trade or business unless the licensee first certifies that he or she is in good standing with any order to pay child support.

By law (32 V.S.A. § 3113), the State may not renew a license for business or trade unless the licensee certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. The maximum penalties for perjury are fifteen (15) years in prison, a \$10,000 fine or both.

- Good standing means:
- that no taxes are due;
 - the liability is on appeal;
 - the licensee is complying with a State authorized payment plan; or
 - the immediate payment would cause unreasonable hardship.

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, I am in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

I hereby certify that I have not 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, involving cruelty to animals, violation of 6VSA §3306(h), or violation of any law based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or fraud in connection with transactions in food as of the date of this application or renewal thereof.

SIGNATURE: _____ Date: _____

Prior to issuance of a license, all new applicants will be inspected by a member of the Agency's field staff. Please send payment of \$150.00 per license requested, and signed application form to:

Vermont Agency of Agriculture Food & Markets
Business Office L&R
116 State St.
Montpelier, VT 05620-2901
(802)828-2436

AGR.Licensing@vermont.gov

FOR OFFICE USE ONLY

Date _____ Amount _____ Cash Check

Name _____ Initials _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or disability, immediately contact USDA Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., S.W., Stop 9410, Washington, DC 20250-9410, Toll-Free: (866) 632-9992, Federal relay: (800) 877-8339, Spanish relay: (800) 845-6136, Fax: (202) 690-7442, Email: Program.intake@usda.gov