APPLICATION FOR GARBAGE FEEDING LICENSE

License #:

Date Certificate Issued: _______________

FEE: $5.00 (All Payments to be made in U.S. Currency)

In accordance with Title 4, Chapter 3 of the General Laws, 1956 as amended entitled Garbage Feeding, the undersigned hereby makes application to obtain a permit to feed garbage to swine, and agrees to conform to all provisions of Chapter 3, and all regulations issued under authority thereof.

Permits must be renewed annually on the 1st Day of July.

APPLICANT’S INFORMATION

Firm Name: _______________________________________________________________________

Firm Address: _____________________________________________________________________

Firm City: ________________________________________________________________________

Firm Telephone: ___________________________________________________________________

Firm Owner’s Name: __________________________________________________________________

Firm Contact Name: __________________________________________________________________

OWNER INFORMATION:

Name of Owner: _____________________________________________________________________

Home Address: _____________________________________________________________________

City/St/Zip          _____________________________________________________________________

Home Phone:     _____________________________________________________________________

MANAGER INFORMATION:

Name of Managers:______________________________________________________________

Manager’s Address:_______________________________________________________________

City:  ___________________________________ State: _______________  Zip: _____________

Manager’s Home Phone: _________________________________________________________

Farm Name:____________________________________  Town where kept: ________________________________

Name of Road:__________________________________  No. of Swine: _______  No. of Feeders: _________

No. of Market Swine: ________  No. of Breeding Sows:  ________   No .of Boars:  _________

Cooking Equipment (Please Check) (a) Steam-Truck:  ______ Open Vat: ______ Closed Vat: ______

(b) Open Fire-Vat Cooker: ______ Drums, etc.:  ______

Signature: _______________________________________________ Title:  _________________________

Date:_____________________

SPECIAL INSTRUCTIONS (PLEASE READ CAREFULLY)

1. If changes are in order, please make changes NEATLY

2. Please complete form in its entirety! Sign, Date and RETURN this APPLICATION with FEE to the above address

3. Any application not completed correctly will be RETURNED

If you have any questions, please call DEM/Division of Agriculture Animal Health Section at (401) 277-2781