



Georgia Department of Agriculture
Premises Registration Application



Premises Location Information

Business/Premises Name:

Physical Address:

City: State: Zip:

County:

Premises Classification

- | | | | |
|--------------------------|-----------------|-------------------|-------------------------|
| Clinic | Exhibition | Licensed Facility | Market/Collection Point |
| Non-Producer Participant | | Production Unit | Rendering |
| | Slaughter Plant | Tagging Site | |

Contact Information

Name

Mailing Address

City State Zip

County

Phone number

Email Address (REQUIRED)

Contact Type	Animal Owner	Premises Owner
	Representative	Other

**Signature of Applicant
Or Authorized Agent**

Date

Please Return Completed Form to:

Mail:

Email:

Georgia Department of Agriculture
Attn: Premises ID
19 MLK Jr Dr SW
Atlanta GA, 30334

AnimalHealth@agr.georgia.gov