



# Georgia Department of Agriculture

Tyler Harper  
Commissioner

**Meat Inspection**  
**Room 122 Capitol Square**  
**19 Martin Luther King, Jr. Dr., SW**  
**Atlanta, Georgia 30334-4201**  
**Office: 404-656-3673**  
**Facsimile: 404-463-1998**

To: *All Interested Parties*  
From: *Ms. Andrea Smith: Director*

Please be advised that In accordance with Georgia law, Georgia Department of Agriculture policy; Federal law and U. S. Department of Agriculture policy (our cooperating partner), this institution is prohibited from discrimination in its programs and services on the basis of race, color, national origin, sex, religion, age, or disability. To file a complaint of discrimination, contact:

<p><b>Equal Employment Opportunity Officer</b> <b>Ms. Dawnn Johnson, HR Director</b> <b>Georgia Department of Agriculture</b> <b>19 Martin Luther King Jr. Drive, Suite 300</b> <b>Atlanta, GA 30334</b> <b>(800) 282-5852 (voice)</b> <b>(404) 656-3673 (voice)</b> <b>For deaf and hard-of-hearing users, please call through a Relay service (in Georgia, dial 711).</b></p>	<b>OR</b>	<p><b>USDA, Director, Office of Civil Rights 1400</b> <b>Independence Avenue, S. W.</b> <b>Washington, DC 20250-9410</b> <b>(800) 795-3272 (voice)</b> <b>(202) 720-6382 (TDD)</b></p>
---	-----------	--

The following Web addresses can be accessed for more information :

<b>Georgia Department of Agriculture</b>	<a href="http://agr.georgia.gov/">http://agr.georgia.gov/</a>
<b>Filing Complaints USDA:</b> <a href="https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer">https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer</a>	

### Directions for Completion of Application for Inspection Form

Please complete all sections. If a section is not applicable, enter "N/A" or "none". If additional space is needed for any item, attach a sheet and number the item.

**1. Date of Application:** Shall be the date on which the form is executed

**2. Type of Application:** Check applicable box

- NEW** -for previously unlicensed facility
- CHANGE OF OWNER** - licensed facility when any change in ownership is made regarding 10 percent or more of the business
- CHANGE OF LOCATION** - licensed facility when any change in physical or mailing address is made ownership
- OTHER (Specify)** - when any other Updates or corrections need to be made in the official application

**3. Type of License Required:** Check applicable block

- MEAT** if the species is cattle, swine, sheep or goats
- VOLUNTARY** if reimbursable inspection of species non-amenable to the Meat Act are intended
- POULTRY** (Poultry Exempt Only)

**This institution is an equal opportunity employer and service provider**

**4. Exempted Activities: There are several possible entries:**

- |                           |                      |
|---------------------------|----------------------|
| a. Custom Slaughter (CS)  | d. Islamic (IS)      |
| b. Custom Processing (CP) | e. Buddhist (BU)     |
| c. Kosher (KO)            | f. Confucianist (CO) |

An applicant can show one or any combination of the six, if needed.

**5. Form of Company Organization: Check applicable block**

**6. State Where Incorporated: Self-explanatory.**

**7. Date Incorporated: Self-explanatory- Show month and year.**

**8. Name and address of Applicant: Show official firm name and address. Enter Federal Employee identification number assigned by the Internal Revenue Service in the space provided.**

**9. Area Code and Telephone Number: Self-explanatory.**

**10. Location of Plant and Mailing Address if Different From Item 8: If the mailing address of Item 8 is a P. O. Box number or the physical address is not at the facility, then show location of the plant by street, number, miles from town or highway, etc.**

**11. Area Code and Telephone Number: Show plant's actual telephone number(s).**

**12. Name and Establishment Number(s) of Other Establishments Located in the Same Facility: Name of person(s) or firm name(s) and establishment number(s) which prepare products within the same facilities of the applicant identified in Item 8.**

**13. Other Names Under Which Business Will Be Conducted: This refers to subsidiaries doing business under a different name than the applicant requesting inspection.**

**14. Day/Year Plant Will Operate: Includes both exempt and Inspected processes.**

**15. Hours/Week Plant Will Operate: Includes both exempt and Inspected processes.**

**16. Hours/Day Plant Will Operate: Includes both exempt and Inspected processes.**

**17. Month and Year Plant Will Be Ready to Operate Under Inspection Program: A facility could start with non-exempt activities and intend to engage in inspected activities later. Self-explanatory. There can be overlapping exempt and non-exempt reporting, e.g., an applicant may have in Section 16, 8 hours exempt and 8 hours non-exempt. This does not necessary mean the plant is scheduled to work 16 hours.**

**18. Animals Slaughtered: Check applicable block(s). (For CE and Inspected Establishments Only) (*\*Do not include hunter killed swine in the section*)**

**19. Fresh or processed product to be produced: Check applicable block(s). (For CE and Inspected Establishments Only) (*\*Include hunter killed swine in this section*)**

**20. Prepared or Processed activities: Check applicable block(s) if Meat/Custom Exempt/Poultry Exempt products are processed.**

**21. List of Responsible Persons: Shall include person signing the application, owners, officers, directors, managers, or others in an executive capacity or holding more than 10% of voting stock. Be sure to show name, title, social security number, date and place of birth, home address and check in the space provided concerning holding of stock. This must be completed prior to issuance of license.**

**22. Person(s) Convicted of a Felony: Self-explanatory, if none, write none.**

**23. Convictions Against the Applicants: Self-explanatory.**

**24. Person Signing Application: Applicant's name should be typed or legibly printed.**

**25. Signature: Applicant needs to sign in ink.**

**26. Title: Title of applicant whose name appears in Blocks 24 and 25**

**Submit application.**

**Section 3. Including Blocks 27 through 42 are to be completed by Georgia Department of Agriculture personnel only.**



## GEORGIA DEPARTMENT OF AGRICULTURE

### APPLICATION FOR LICENSE TO OPERATE AN ABATTOIR AND/OR MEAT PROCESSING PLANT

**INSTRUCTIONS: Completely fill out all parts of the applicant's section and submit this application to:**

Director: Meat Inspection Section  
Georgia Department of Agriculture, Room 122  
19 Martin Luther King, Jr. Drive, SW  
Atlanta, Georgia 30334-4201

For facilities not previously providing such services, you must also attach and submit three sets of blueprints/drawings of the plant. Complete all sections. If a section is not applicable, you may enter N/A or NONE. If additional space is needed for any item, please attach an additional sheet with the information appropriately labeled to the number of the corresponding item.

#### SECTION 1: (to be completed by APPLICANT for State Inspection Activities)

1. DATE OF APPLICATION	2. TYPE OF APPLICATION NEW CHANGE OF OWNER CHANGE OF LOCATION OTHER (Specify)	3. TYPE OF INSPECTION REQUIRED MEAT VOLUNTARY POULTRY (Poultry Exempt Only)	4. EXEMPT ACTIVITIES CUSTOM POULTRY RETAIL OTHER (Specify)
5. FORM OF ORGANIZATION: INDIVIDUAL COOPERATIVE ASSOCIATION CORPORATION OTHER (Specify)			
IF CORPORATION	6. NAME OF STATE WHERE INCORPORATED	7. DATE INCORPORATED (Month and Year)	
8. NAME OF APPLICANT (Company Name) AND BILLING ADDRESS (Include Zip Code)		FEDERAL EMPLOYER IDENTIFICATION NO. (Assigned by IRS)	9. AREA CODE TELEPHONE NUMBER
10a. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (Include Zip Code)			11. AREA CODE TELEPHONE NUMBER
12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY		13. OTHER NAMES (If any) UNDER WHICH APPLICANT WILL ALSO CONDUCT BUSINESS	
14. DAYS PER YEAR PLANT WILL OPERATE	15. HOURS PER WEEK PLANT WILL OPERATE	16. HOURS PER DAY PLANT WILL OPERATE	17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION
EXEMPT    NON-EXEMPT	EXEMPT    NON-EXEMPT	EXEMPT    NON-EXEMPT	EXEMPT    NON-EXEMPT
18. ANIMALS TO BE SLAUGHTERED (For Custom Exempt and Inspected Establishments Only)			
CATTLE	CALVES	SHEEP	GOATS    SWINE    FERAL SWINE    OTHER (Specify)
19. FRESH OR PROCESSED PRODUCTS TO BE PRODUCED (For Custom Exempt and Inspected Establishments Only)			
BEEF	VEAL	LAMB OR MUTTON	GOAT MEAT    PORK    FERAL SWINE    OTHER (Specify)
20. PREPARED OR PROCESSED ACTIVITIES			
TYPE OF PRODUCT	a. BREAKING/CUTTING (carcasses, primal cuts, etc.) b. BONING (manual boning meat) c. MECHANICAL DEBONING (mechanical deboning meat) d. FABRICATING (roast, chops, ground beef, hamburger, etc.) e. CURING (port cuts, beef cuts, ham, etc.) f. FORMULATION (fresh/cured sausages, loaves, patties mix, etc.) g. COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves, etc.)		h. CANNING (shelf stable, perishable, cans, pouches, glass) i. DRYING (pork cuts, beef cuts, sausage, dehydrated) j. CONVENIENCE ITEMS (entrees, dinners, pies, pizzas, etc.) k. SLICING (bacon, luncheon meats, sausage, etc.) l. FATSOILS (lard, tallow, shorting, margarines, etc.) m. OTHER (specify)
MEAT			
CUSTOM EXEMPT	a. BREAKING/CUTTING (carcasses, primal cuts, etc.) b. BONING (manual boning meat) c. MECHANICAL DEBONING (mechanical deboning meat) d. FABRICATING (roast, chops, ground beef, hamburger, etc.) e. CURING (port cuts, beef cuts, ham, etc.) f. FORMULATION (fresh/cured sausages, loaves, patties mix, etc.) g. COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves, etc.)		h. CANNING (shelf stable, perishable, cans, pouches, glass) i. DRYING (pork cuts, beef cuts, sausage, dehydrated) j. CONVENIENCE ITEMS (entrees, dinners, pies, pizzas, etc.) k. SLICING (bacon, luncheon meats, sausage, etc.) l. FATSOILS (lard, tallow, shorting, margarines, etc.) m. OTHER (specify)
POULTRY EXEMPT	Chicken	Turkeys    Ducks    Guineas    Rattles    Squabs	Processing: Whole birds    Parts

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C. 552a) requires that certain information be given to you when you are requested to furnish personal information to a Government agency. The required information is provided in this notice. The Act does not apply, however, to business information about your firm. AUTHORITY FOR REQUESTING INFORMATION: Authority for requesting both personal and business information is contained in the Federal Meat Inspection Act (21 U.S.C. 601 et seq.). Under this Act, the Secretary of Agriculture is authorized to determine the fitness of applicants for or recipients of inspection service to engage in business requiring inspection. Your disclosure of personal information to aid in this determination is mandatory. The Act also requires full and complete disclosure of records and information showing the transactions of your business. PURPOSE FOR WHICH THE INFORMATION WILL BE USED: This information is being requested to establish and record your identity as a responsible official of the business and to determine your fitness to receive a grant of inspection. ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION: In appropriate situations, a report containing the information you furnish may be referred to other Federal, State, local or foreign agencies charged with law enforcement or the investigation or prosecution of law violations. EFFECTS OF FAILURE TO FURNISH INFORMATION: Failure to provide requested information may delay or interfere with your receiving inspection service and may result in civil penalties of \$100 per day against you or your business, as prescribed by 15 U.S.C. 50. In addition, persons making false, fictitious, or fraudulent statements or entries are subject to up to \$20,000 fine or 5 years imprisonment.

21. List all persons responsibly connected with the applicant. Include all owners, officers, or directors. Include holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. **Any change** in ownership resulting in an additional party or person(s) controlling 10 per centum or more of the voting stock **must be reported** on an updated application for review and approval by the Director of Meat Inspection or their designee within 30 days. Attach additional sheet listing all required information if needed.

NAME TITLE (indicate if partner, manager)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (City and State)	PRESENT HOME ADDRESS (Street and Number City, State, Zip code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp)	
					YES (X)	NO (X)
_____						
_____						
_____						
_____						
_____						
_____						

22. Enter the name of each person listed under Item 21 who has been **convicted** in any Federal or State court of **any felony**. Enter the name of each person listed under Item 21 who has been **convicted** in any Federal or State court of more than one **violation of any law**, other than a felony, based upon the **acquiring, handling, or distribution of wholesale, mislabeled, or deceptively packaged food** or upon **fraud in connection with transactions in food**. Include the nature of the crime, the date of conviction and the court in which convicted. **If none write "None"**

23. List each **conviction** against the applicant (person, firm, or corporation) in any Federal or State court of **any felony**. List each conviction against the applicant (person, firm, or corporation) in any Federal or State court of 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 transactions in food**. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None"

**SECTION 2. (To be completed by OWNER, PARTNER, or AUTHORIZED OFFICER making the Application.)**

**AGREEMENT AND CERTIFICATION:** In compliance with O.C.G.A 26 - 2 - 200, et seq. and O.C.G.A. 4 - 4 - 40, et seq., I (We) hereby make application to the Georgia Department of Agriculture for an Abattoir and/or Meat Processing Plant License. I (We) expressly agree if inspection is granted under this application, to conform strictly with all applicable rules and regulations including: the "Georgia Meat Inspection Act" (O.C.G.A. § 26-2-60); the "Federal Meat Inspection Act" (21 U.S.C 601 et seq.); and humane slaughter requirements (OCGA O.C.G.A. § 26-2-110 and the "Humane Methods of Slaughter Act" - 7 U.S.C 19601 et seq.) . I (We) agree to: cooperate fully with the inspection personnel of the Georgia Department of Agriculture; to adjust slaughter schedules as required; and adequately maintain sanitation site, facilities and equipment. I (We) understand that the Georgia Department of Agriculture may withdraw or suspend the license for failure to abide by all rules and regulations or failure to operate as scheduled. **I (We) understand that compliance is additionally required with all other applicable federal, state, and local laws, rules, and ordinances, whether or not administered by the Georgia Department of Agriculture.** I (We) understand the license is not transferable. I (We) understand that any person(s) willfully making false, factitious, or fraudulent statements of entries on this form may be subject to **fines up to \$ 20,000, imprisonment for up to five years or both.** **I (We) agree to all requirements above and certify that all statements made herein or true to the best of my knowledge.**

24. TYPED NAME of PERSON SIGNING APPLICATION	SIGNATURE AND TITLE	
	25. SIGNATURE	26. TITLE

**SECTION 3. TO BE COMPLETED BY GEORGIA DEPARTMENT OF AGRICULTURE PERSONNEL ONLY**

ACTION	SIGNATURE /INITIALS	DATE COMPLETE	ACTION- ENTER INTO	SIGNATURE /INITIALS	DATE COMPLETE
27. APPLICATION DATE RECEIVED			34. ADD to SAMPLING DATABASE		
28. ESTABLISH FILE			35. ADD to SLAUGHTER DATABASE		
29. RESERVE NUMBER			36. ADD to/ UPDATE ESTABLISHMENT DIRECTORY		
30. NOTIFY SUPERVISOR			37. NOTIFY SUPERVISOR – ARRANGE STAFFING		
31. RECEIVE SUPERVISOR'S SURVEY RECOMMENDATION			38. APPLICATION PROCESSED		
32. REVIEW AND APPROVE LABELS			39. LICENSE MAILED		
33. ADD to PHIS			40. COMPLETED/ VERIFIED		
41. SIGNATURE : DIRECTOR OF MEAT INSPECTION OR PROGRAM MANAGER				42. DATE	