

Illinois Department of Agriculture Food Safety and Animal Protection - Egg Inspection Program

P.O. Box 19281 Springfield, IL 62794-9281

217/524-1550 - Fax 217/524-7801 TDD/TTY: 866.287.2999 Website-www.agr.state.il.us - Egg email - AGR.Eggs@illinois.gov

APPLICATION FOR ILLINOIS EGG LICENSE

ALL QUESTIONS AND SIGNATURES IN THIS APPLICATION MUST BE COMPLETED - IF NOT, YOUR APPLICATION WILL BE RETURNED

The licensing year for an egg license is July 1 through June 30. The egg license shall expire on June 30. Licenses not renewed by July 1 shall be assessed a \$50 penalty. The undersigned hereby makes application to the Illinois Department of Agriculture under the provisions of the Illinois E and Egg Products Act, approved September 3, 1975, as amended. Remit license fees with this form to the address listed above.

Business Name to appear on license		License Number (if known)
Business Address (where eggs are located)		State, Zip Code
County (Illinois State Only)		or SSN# Residence (Please check if applicable)
Mailing Address (if different from business address)		State, Zip Code
Business Telephone Number		umber Cell Phone Number
Contact Person Co	ontact Phone Number	Email Address
NEW APPLICATION (including new ownership) FOR ADDRESS CHANGES use the Change of Address Form ANNUAL RENEWAL APPLICATION (same ownership and location as the previous year) REACTIVATE INACTIVE LICENSE (a location that has had a license with us before, but was deactivated for a period of time) CLASSIFICATION OF LICENSES TYPE OF LICENSE REQUESTED (PLEASE CHECK ONE) 1. □ EGG BREAKERS LICENSE Fee \$200.00 - A facility that breaks eggs and separates contents from the shell. *Must have birds in order to be licensed in this category. 2. □ LIMITED LICENSE		3. FULL LICENSE. Fee \$50.00 □ PRODUCER-DEALER - sells graded eggs produced by own flock AND eggs from other producer-dealers. ***(Please indicate) TOTAL FLOCK SIZE □ GRADING STATION - candles and grades nest run eggs without any chickens on site. □ JOBBER (a handler whose primary place of business is a truck or vehicle).
		☐ BROKER ☐ DISTRIBUTOR
		PLEASE CIRCLE OR CHECK TYPE(S) OF EGGS BEING SOLD Chicken Turkey Duck Goose Guinea
TOTAL FLOCK(S) SIZE		4. Applicant is (circle one):
PLEASE CIRCLE OR CHECK TYPE(S) OF EGGS BEING SOLD Chicken Turkey Duck Goose Guinea		Association Partnership Corporation

SEE BACK



IDOA USE ONLY: CC: ____ Check #____ Amt: ____ Rev Code 411 412 413 415

**Please note: If you are a new licensee, please enter zero on the question below regarding cases sold unle you are able to provide documentation otherwise from the previous calendar year. Program staff will work with new applicants to determine whether you will be on quarterly or annual inspection fee reporting.	SS
☐ Producers-Dealers – How many 30 dozen cases did you sell in IL during the previous calendar year?	
□ <u>Distributors/Brokers/Jobbers/Grading Stations</u> —	
Name of business providing eggs	
Is the business you purchase eggs from licensed to do business in Illinois? YES NO DON'T KNOW	
How many 30 dozen cases did you sell in IL during the previous calendar year?	
*An inspection fee of 11 cents per 30 dozen case is assessed on all candled and graded eggs sold in Illinois. The fi handler in Illinois who packed and sold the eggs shall pay the prescribed inspection fee. In the event that the eggs shipped into Illinois, the handler who invoiced the eggs to Illinois shall pay the fee. Inspection fees shall be paid on quarterly basis, except those persons selling less than 600 cases of eggs per year will be paying annually.	are
*Please enclose a current copy of the invoice from the business you purchase your eggs from with your license application or renewal.	
6. Has there been a change in ownership at this location in the last 12 months? YES NO	
7. <u>CERTIFICATIONS</u> : Failure to check one of the boxes below and sign the application may result in The Department refusing to process your application:	
a. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify following: "I hereby certify, under penalty of perjury, that (Please check only one)	the
☐ I am <u>not</u> subject to a child support order"	
☐ I am not more than 30 days delinquent in complying with a child support order"	
☐ I am more than 30 days delinquent in complying with a child support order"	
Failure to so certify may result in denial of the application/renewal; and making a false statement may subject the licensee to contempt of court (5ILCS 10/1 0-65 c)	
b. I hereby certify that if a license is granted under this application, I agree to conform and conduct my Business in accordance with the provisions set forth in the Illinois Egg & Egg Products Rules & Regulations and the regulations pursuant, thereto.	
c. I hereby certify that the information contained herein is true and accurate to the best of my knowledge.	
Name of the Owner (Please Print or Type)	
Signature of Owner, Partner, Officer of Corporation	
Date	

5. <u>INSPECTION FEE INFORMATION</u> (*Please check one*) –

(This application must be signed by the Owner, if an individual, by one of the partners, if a partnership, or by an officer of the corporation if incorporated. Please return to address listed on top of application.)