

BROKER

ILLINOIS DEPARTMENT OF AGRICULTURE

Bureau of Meat and Poultry Inspection

AGR Loc #

Type of Application

State Fairgrounds

AGR Lic #

801 E. Sangamon Ave.

Region

P.O. Box 19281

C/O

New

Springfield, Illinois 62794-9281

Check #

Renewal

Phone 217/782-6684 TDD 217/524-6858

Check Amt

Addition of Owner

Application for License Under

Rev Code

Change of Location

Change of Establishment Name "The Meat & Poultry Inspection Act" 225 ILCS 650 et seq.

Name

****All sections of application must be completed in full to be accepted by the Department****

Other

CURRENT INFORMATION

AGR License #

Name of Establishment

Physical Address

Physical City/State/Zip

Physical County

Contact Name

Email Address

Telephone

FEIN/Tax ID

Mailing Address

Mailing City, State/Zip

Association State Incorporated

Do you store product at your location?

Yes

Corporation

If No, where is product stored prior to sale (name, address, city, state, zip)

No

LLC

Partnership

Individual

Other

Business name, address, phone, & other contact information may be published on the IDOA website.

PREVIOUS INFORMATION (if reporting a change in location or establishment name -leave blank if no changes)

AGR License #

Name of Establishment

Physical Address

Physical City/State/Zip

Physical County

Contact Name

Email Address

Telephone

Mailing Address

Mailing City/State/Zip

Legal Owner #1 Last 4 Digits of SSN

Legal Owner #2 Last 4 Digits of SSN

Legal Owner #3 Last 4 Digits of SSN

Legal Owner #4 Last 4 Digits of SSN

Has any owner(s) or corporate officer(s) been convicted of a felony in any Federal or State court? Yes No

If any owner(s) or corporate officer(s) have been convicted of a felony in any Federal or State court, please attach a separate sheet and describe the nature of the crime, the date of conviction, and the court where convicted.

CERTIFICATIONS: Failure to check ONE of the boxes below may result in the Department refusing to process your application:

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following: I hereby certify, under penalty of perjury, that:
(please check **ONLY ONE** box)

I am **not subject** to a child support order.

I am **in compliance** with a child support order.

I am **more than 30 days delinquent** in complying with a child support order.

Failure to certify may result in denial of the application/renewal, and making a false statement may subject the licensee to contempt of court (5ILCS 10/10-65(c)).

2. I hereby certify that if a license is granted under this application, I agree to conform to the Illinois Meat and Poultry Inspection Act and the Regulations pursuant thereto.

3. I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Name of owner/Agent (please print or type)

Signature of Owner/Agent

Date

Licensing fee & Instructions for Submittal:

The annual non-refundable license fee of \$50.00 must be submitted with this application. The license is valid from July 1-June 30. A penalty of \$50.00 in addition to the annual fee will be assessed if renewal applications are not received by July 1. Please make check, draft, or money order payable to the Illinois Department of Agriculture and mail application and payment to the address on the front of this form. Do not remit currency. Applications may also be faxed to 217-558-6033 or emailed to AGR.ASK.BMPI@illinois.gov and payment can be made via credit card by calling the Compliance Office at 217-782-6684. Incomplete applications may result in the Department refusing to process your request. Please contact the Compliance Office if you have any questions.

IMPORTANT NOTICE: Any person who believes he or she or any specific class of individuals has been subjected to discrimination by the Illinois Meat & Poultry Inspection Program or believes that the Illinois Meat & Poultry Inspection Program is otherwise in noncompliance with the provisions of an applicable civil rights requirement may file a complaint with the USDA Office of Civil Rights. A complainant has 180 days from the date of alleged discriminatory action, or the time that they became aware of it, to file a program discrimination complaint with USDA.

Director, Office of Civil Rights, U.S. Department of Agriculture, Room 316-W Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410; Telephone: 202-720-5964 (voice & TDD)