



Official Establishment Annual License Form

Please complete each section of this form and return with a check or money order in the amount of **\$10** made payable to **Missouri Department of Agriculture**, Meat and Poultry Inspection Program, PO Box 630, Jefferson City, MO 65102.

Establishment Name:

Owner/Manager Name:

Mailing Address of Establishment:	City:	State:	Zip Code:
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Physical Address of Establishment:	City:	State:	Zip Code:
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	County:
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Establishment Phone Number:	Alternative Phone Number:
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Email address for Establishment:

I will operate my business under the following Grant(s) of Inspection – check all that apply

Inspected Processing Red Meat Poultry
 Inspected Slaughter Red Meat Poultry

Exempted Activities I operate my business under – check all that apply

Custom Exempt Retail Exempt Religious Exemption: _____

How you would like your License distributed: Mail Email

Owner/Manager Signature:	Date:
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Comments:

This portion of the form is to be filled out by the Meat and Poultry Inspection Program Representative upon receipt of completed form and payment.

Date Received:	Form of Payment:
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Date Payment & License Processed:	License Distribution: <input type="checkbox"/> Mail <input type="checkbox"/> Email
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MPIP Representative Signature & Title:	Date:
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