Custom Processing License Application Nevada's Meat & Poultry Inspection Program



Questions regarding the application? Contact the Program Manager at (775) 710-1723

Per the requirements of NAC 583, the Nevada Department of Agriculture (NDA) has the authority to enforce the requirements and standards that apply to custom meat and poultry establishments. This information is being requested to establish and record your identity as a responsible official of the business and to determine your eligibility to receive a Grant of Inspection.

INSPECTION INFORMATION				
Species to be processed: Check all that apply □ Beef □ Lamb □ Goat □ Pout	ltry 🗆 Pork			
Days of Slaughter: Check all that apply □ Monday □ Tuesday □ Wednesd	ay 🗆 Thursday	🗆 Frida	У	
APPLICANT IN Name of Applicant		DRMATION Telephone Number		
Mailing Address	City	State	Zip Code	
E-mail Address				
NOTICE: The Nevada Department of Agriculture (NDA) requires an email address for business communications and notice of important industry updates. By providing your email address, you agree to receive communications from the NDA. ☐ Select here if you do NOT want to receive industry updates and notice of items that could impact your business. BUSINESS INFORMATION				
Business/Organization Name on Business License	NV Business License Number			
Primary Contact Name	Position			
Email	Phone Number			
Physical Address of Establishment	City	State	Zip Code	
Name of Facility (if different than name of business)	Website			
Form of Organization □ Natural Person □ Partnership	☐ Firm or Corporat	tion		
If partnership, Partner's Name	Position			

Email		Phone		
FIDDS				
Application fee \$250 at the time of application submission. This will also be your license fee for this year. It will expire on December 31 of the year you receive the license. A \$250 license renewal fee will be required every year thereafter.				
Type of Application				
□ New L	icense	nse \Box Change of Location		
🗆 Remod	lel, Renovation, or alteration	□ Change of Ownership		
If it is a new license, a change of location, or remodel/renovation/alteration proposal there is a \$600 plan review fee that is due at the time of submission. If it is a change of ownership application or a renewal, the plan review fee is not required.				
renovating, please indicate t	that. If necessary, attach, email, or	cility intending to be licensed. If you are remodeling or r mail any pertinent information. s of processing areas in the official establishment.		
2. The location, size	and types of equipment used in a	and around the official establishment.		
	areas of the official establishment, nt, animal pens, wells and septic ta	, including, without limitation, other businesses, streets, anks.		

I hereby request an inspection of my facility by a representative of the Nevada Department of Agriculture. To the best of my knowledge and understanding, it is in compliance with all requirements of the State of Nevada. I further understand that I shall be expected to remain in compliance with these requirements.

Permission is hereby granted to authorized personnel to enter upon these premises at all reasonable times for the purpose of inspecting this facility for the issuance of a license and to determine continued compliance with requirements to such license.

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. If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et. seq.), and the regulations governing the inspection of the meat, poultry of the United States Department of Agriculture (9 CFR Part 301 et. seq.). I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

Persons knowingly and willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years, or both, as prescribed by Title 18 U.S.C. 1001. This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, DC 20250.

Signature of Applicant	Date (Month, Day, Year)		
FFOR OFFICIAL USE			
Payment Received By:			
Date:			
Authorization Number:			