

# State Inspection Permit Application

## Nevada State Meat and Poultry Inspection Program



Per the requirements of [Nevada Administrative Code \(NAC\) 583](#), the Nevada Department of Agriculture (NDA) has the authority to enforce the requirements and standards that apply to meat and poultry establishments. Information provided in this application will be used to establish and record business and representative identity to determine eligibility to receive a Grant of Inspection.

INSPECTION INFORMATION			
<b>Species to be processed:</b> <i>Check all that apply</i> <input type="checkbox"/> Beef <input type="checkbox"/> Lamb <input type="checkbox"/> Goat <input type="checkbox"/> Pork <input type="checkbox"/> Poultry			
<b>Note:</b> If the time or day of slaughter changes after the application is submitted, the applicant must submit a written notification to the Department and obtain approval prior to implementation to ensure accurate scheduling for inspection.			
<b>Days of Slaughter:</b> <i>Check all that apply</i> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
<b>Times of Slaughter:</b> <i>Check all that apply</i> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 5:00 am - 7:00 am</div> <div><input type="checkbox"/> 7:00 am - 9:00 am</div> <div><input type="checkbox"/> 9:00 am - 11 am</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 11:00 am - 1:00 pm</div> <div><input type="checkbox"/> 1:00 pm - 3:00 pm</div> <div><input type="checkbox"/> 3:00 pm - 5:00 pm</div> </div>			
<b>Days of Processing:</b> <i>Check all that apply</i> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
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APPLICANT INFORMATION			
Name of Applicant		Telephone Number	
Mailing Address	City	State	Zip Code
E-mail Address			
<p><i>NOTICE: The 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.</i></p> <p><input type="checkbox"/> <i>Select here if you do NOT want to receive industry updates and notice of items that could impact your business.</i></p>			

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	
<b>Form of Organization</b> <input type="checkbox"/> Natural Person <input type="checkbox"/> Partnership <input type="checkbox"/> Firm or Corporation			
Additional Colleagues (required if a partnership, if not optional)			
Name		Position	
Address		City	State Zip Code
Email		Phone	
Name		Position	
Address		City	State Zip Code
Email		Phone	
FEES			
<b>Application fee \$500 at the time of application submission.</b> This will also be your permit fee for this year. It will expire on December 31 of the year you receive the permit. <b>A \$500 permit renewal fee will be required every year thereafter.</b>			
<b>Type of Application</b> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> New License</span> <span><input type="checkbox"/> Renewal of License</span> <span><input type="checkbox"/> Change of Location</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Remodel, Renovation, or Alteration</span> <span><input type="checkbox"/> Change of Ownership</span> </div>			
<i>If it is a new license, a change of location, or a remodel/renovation/alteration proposal, there is a \$750 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.</i>			

## Plans for Construction

Please provide a statement outlining all plans for the current facility, with the intention of obtaining a license. If you are remodeling or renovating, please indicate that. If necessary, attach, email, or mail any pertinent information.

1. The layout, arrangement, and construction materials of processing areas in the official establishment.
2. The location, size, and types of equipment used in and around the official establishment.
3. The surrounding areas of the official establishment, including, without limitation, other businesses, streets, outside equipment, animal pens, wells, and septic tanks.

I hereby request an inspection of my facility by a representative of the NDA. To the best of my knowledge and understanding, the facility 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 permit and to determine continued compliance with requirements for such a permit.

I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

Signature of Applicant	Date ( <i>Month, Day, Year</i> )
<b>FOR OFFICIAL USE</b>	
Payment Received By: _____	
Date: _____	
Authorization Number: _____	