

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF MEAT AND POULTRY SERVICES APPLICATION FOR STATE MEAT AND POULTRY INSPECTION	Submit the original application to the Richmond Office; VDACS-AFIS-OMPS 102 Governor Street, Suite 133 Richmond, VA 23219 Complete all sections. If a section is not applicable, enter N/A or None.
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SECTION I. APPLICANT INFORMATION

1. Date of Application		2. Type of Inspection (check all that apply) <input type="checkbox"/> Meat <input type="checkbox"/> Poultry	
3. Type of Application (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Other, specify:			
4. Form of Organization (check applicable box) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Education <input type="checkbox"/> Limited Liability <input type="checkbox"/> Other Association Institute Company (LLC)			
5. If Corporation, Name of State or Territory where Incorporated	6. Date Incorporated (mm/dd/yyyy)	7. Federal Employer ID#	
8. Name of Applicant (person, firm or corporation making application and mailing address) Name: Address: City: State & Zip Code:		9. Telephone number and email address of applicant Phone: Email:	
10. Actual Name of Company and Physical Location Address of Establishment Name: Address: City: State & Zip Code:		11. Telephone number, mailing address and email address of establishment Phone: Mailing address: Email:	

SECTION II. ESTABLISHMENT INFORMATION

12. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under State inspection. Use continuation sheet or attachment if necessary. <input type="checkbox"/> on continuation sheet <input type="checkbox"/> attached document <input type="checkbox"/> other means (mail, courier) <input type="checkbox"/> previously submitted	
13. Name and establishment number of other official establishments located in the same facility (if applicable)	
14. Other names – Doing Business As (DBA) – Use continuation sheet if necessary	
15. Estimated date when the establishment will be ready to operate under inspection (mm/dd/yyyy):	

SECTION III: TYPE OF OPERATIONS

16. Meat and Poultry Inspection Activities (check all that apply)

<p>16a. SLAUGHTER OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Calf <input type="checkbox"/> Cattle <input type="checkbox"/> Equine <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Chicken <input type="checkbox"/> Duck <input type="checkbox"/> Goose <input type="checkbox"/> Guinea <input type="checkbox"/> Ratite <input type="checkbox"/> Squab <input type="checkbox"/> Turkey 	<p>16b. PROCESSING OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Cooked – Not Shelf Stable <input type="checkbox"/> Heat Treated Not Fully Cooked – Not Shelf Stable <input type="checkbox"/> Heat Treated – Shelf Stable <input type="checkbox"/> Not Heat Treated – Shelf Stable <input type="checkbox"/> Product with Secondary Inhibitors – Not Shelf Stable <input type="checkbox"/> Raw – Intact Products <input type="checkbox"/> Raw – Non Intact Products <input type="checkbox"/> Thermally Processed Commercially Sterile 	<p>16c. EXEMPTIONS (explain separation from inspected products on continuation sheet)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custom Processing <input type="checkbox"/> Custom Slaughter <input type="checkbox"/> Retail Activities Religious Exempt Poultry <ul style="list-style-type: none"> <input type="checkbox"/> Buddhist eviscerated Poultry <input type="checkbox"/> Confucian Non-eviscerated Poultry <input type="checkbox"/> Islamic (Halal) Poultry <input type="checkbox"/> Kosher Non-eviscerated Poultry Religious Exempt Livestock <ul style="list-style-type: none"> <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Other (specify on continuation sheet)
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SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT

17. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners of 10 percent or more voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide attachment if necessary.

<p>Name and Title</p> <p>First:</p> <p>Last:</p> <p>Title:</p>	<p>Present email and home address</p> <p>Email:</p> <p>Address:</p> <p>City:</p> <p>State & Zip Code:</p>	<p>Holder of 10% or more voting stock? (if corporation)</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>
<p>Name and Title</p> <p>First:</p> <p>Last:</p> <p>Title:</p>	<p>Present email and home address</p> <p>Email:</p> <p>Address:</p> <p>City:</p> <p>State & Zip Code:</p>	<p>Holder of 10% or more voting stock? (if corporation)</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>
<p>Name and Title</p> <p>First:</p> <p>Last:</p> <p>Title:</p>	<p>Present email and home address</p> <p>Email:</p> <p>Address:</p> <p>City:</p> <p>State & Zip Code:</p>	<p>Holder of 10% or more voting stock? (if corporation)</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>

SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICATION (continued)

18. Enter the name of each person listed in Block 17 who has been convicted in any federal or state court of (1) any felony, or (2) more than one violation of any law other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction, and the court in which convicted. Use continuation sheet if necessary. (If none, write "None")

19. List each conviction against the applicant or recipient (person, firm or corporation) in any Federal or state court of (1) any felony, or (2) more than one violation of any law other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction, and the court in which convicted. Use continuation sheet if necessary. (If none, write "None")

20. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3 and 381.22 for meat and poultry inspection. Check all applicable boxes.

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| <input type="checkbox"/> Developed written recall procedures | <input type="checkbox"/> Developed written Sanitation Standard Operating Procedures (SSOP) | <input type="checkbox"/> Conducted a hazard analysis and developed a Hazard Analysis and Critical Control Point Plan (HACCP) |
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AGREEMENT AND CERTIFICATION: If inspection is granted under this application, I (We) expressly agree to conform strictly to the Virginia Meat and Poultry Products Inspection Act and all regulations promulgated there under. I CERTIFY that all statement made herein are true to the best of my knowledge and belief.

This is an EQUAL OPPORTUNITY PROGRAM. If you believe you have been discriminated against on the basis to race, gender (including sexual harassment, sexual orientation, gender identity and pregnancy), color, national origin, religion, age, veteran's status, political affiliation, or disability, write or call: Program Manager OMPS, 102 Governor Street, Suite 133, Richmond, VA 23218. Phone 804-786-4569 (voice) or Human Resource Office 804-371-7719 (voice) 800-828-1120 (TDD) email: hr.vdacs@vdacs.virginia.gov

21. Typed or printed name and title
of person signing application:

22. Signature:

SECTION V. CONTINUATION SHEET
