

PET FOOD PROCESSOR LICENSE/REGISTRATION APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED
See page 2 for instructions.

NEW APPLICANT RENEWAL APPLICANT OWNERSHIP CHANGE RELOCATION PREVIOUS ADDRESS: _____

1. Name of Firm			9. Business Operator (name and title)		
2. DBA (List additional DBA's on separate sheet if necessary.)			10. Business Telephone Number ()	11. Business FAX Number ()	
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ()	13. E-mail Address	
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number ()	16. Correspondent FAX Number ()	
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)		
7. Mailing Address (continued)			18. Website (URL)		
8. City	State	ZIP Code	19. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A		
20. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other: _____					
21. Owner's Name / Corporate Name (if applicable)			State of Incorporation		
22. Owners' or Officers' Names and Titles			Owners' or Officers' Names and Titles		
23. Type of Activity (check all that apply) <input type="checkbox"/> M—Manufacturing <input type="checkbox"/> R—Repacking <input type="checkbox"/> W—Warehousing <input type="checkbox"/> Y—Labeling					

24. Pet Food Products Processed for Sale in the State of California:

Complete and Balanced Diet Products: Dog Cat Bird Fish Other: _____

Treat / Snack Products: Dog Cat Bird Fish Other: _____

Nutritional Supplement Products: Dog Cat Bird Fish Other: _____

*** Other (describe): **Please submit labels for any product sold in California with your application.** ***
Product labels are required to complete application processing.

LICENSE FEE: \$254.00 (Fee is Non-Refundable)	MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH <i>See page 2 for mailing address.</i>
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By signature, I declare under penalty of perjury that all information provided herein is true and correct.

25. Signature of Applicant		Date
Print Name	Print Title	

PLEASE DO NOT WRITE BELOW THIS LINE.

License Number	Expiration Date	Date Received	Payment Type	Amount
				\$

Pet Food Processor License/Registration Application Instructions

PLEASE PRINT OR TYPE YOUR APPLICATION.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Pet Food Processor License or Registration at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Pet Food Processor License or Registration for this location, and you are renewing that license or registration. If this firm has changed location or ownership, please submit a new application for licensure of the facility.

1. **Name of Firm:** Enter the full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6–8. **Mailing Address:** Enter the full mailing address if different from the facility address.
9. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
10. **Business Telephone Number:** Enter the daytime business telephone number for your business.
11. **Business FAX Number:** Enter your business FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **Website:** Enter the website address for your business if applicable.
19. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
20. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
21. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
22. **Owners' or Officers' Names:** List the business owners' or officers' names and titles.
23. **Type of Activity:** Place an (X) in the boxes next to each activity that occurs at this facility. Mark all that apply.
24. **Pet Food Products Processed For Sale:** Place an (X) in the box adjacent to each type of pet food processed in this facility that is offered for sale in California, **and submit labels for each product with your application.**
25. **Sign the application, enter date signed, print your name and title.**

** LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO OTHER LOCATIONS OR ENTITIES

MAKE CHECK PAYABLE TO: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAIL APPLICATION AND CHECK TO:

Regular Mail: California Department of Public Health
Food and Drug Branch - Cashier
MS 7602
P.O. Box 997435
Sacramento, CA 95899-7435

Overnight Mail: California Department of Public Health
Food and Drug Branch - Cashier
1500 Capitol Avenue, MS-7602
Sacramento, CA 95814

Call the Food and Drug Branch at (916) 324-2170 if you have additional questions about this application.