

Office Use Only
Date:
Receipt#
459-\$
559-\$

## APPLICATION FOR NEW COMMERCIAL FEED LICENSE

**A fee of twenty dollars (\$20.00) is enclosed for the following period**

July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_

**Please Type or Print:**

Firm or Person to Appear on License

Mailing Address

Complete Business Location

City

State

Zip Code + 4

Area Code

Phone

Area Code

Fax Number

Email Address

**PLEASE COMPLETE THE FOLLOWING:**

**CHECK ALL THAT APPLY:**

**TYPE OF OPERATION:**

MANUFACTURER

DISTRIBUTOR

**KIND OF PRODUCTS:**

COMPLETE FEEDS

INGREDIENTS

**RATIONS MANUFACTURED:**

PRIVATE LABEL FEEDS

CUSTOMER FORMULA

**RATION TYPES:**

LIVESTOCK

PET FOODS (DOG & CAT ONLY)

OTHER PET PRODUCTS

SUPPLEMENTS

VITAMINS/MINERALS

MEDICATED

LIQUID

DRY

OTHER BIRD FEED

**THIS LICENSE EXPIRES THE 30TH DAY OF JUNE OF EACH YEAR AND MUST BE RENEWED ANNUALLY.**

Signature of Applicant

Date

Typed or printed Name of Applicant

Title

**Pay by Credit Card here:** Card Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Type of Card:

Visa

MasterCard

Discover

Expiration Date (MM/YY)

Print Name on Card:

**PLEASE COMPLETE THE REVERSE SIDE OF THE APPLICATION**

**List each manufacturer/distributor owned or affiliated with your company that ships commercial feed into or within Oklahoma.**

1 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location?  Yes  No

**List each manufacturer/distributor owned or affiliated with your company that ships commercial feed into or within Oklahoma.**

2 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location?  Yes  No

**List all Companies you manufacture for, with a \*\*\*\*\* PRIVATE LABEL \*\*\*\*\***

1 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location?  Yes  No

**List all Companies you manufacture for, with a \*\*\*\*\* PRIVATE LABEL \*\*\*\*\***

2 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location?  Yes  No