

GEORGIA DEPARTMENT OF AGRICULTURE

19 MLK Jr Dr. SW Attn: Licensing ATLANTA, GEORGIA 30334 855-424-5423

DO NOT USE THIS SPACE
License No
Date Issued:
Amount:

Commissioner

APPLICATION FOR POULTRY SALES ESTABLISHMENT / POULTRY DEALER OR BROKER

	In compliance with Georgia law relating to the Prevention and Control of Disease in Poultry (O.C.G.A. 4-4-80, et seq) and
the	Department of Agriculture Registration, License and Permit Act (O.C.G.A. 2-5-1, et seq), I hereby make application for license as:
()	Poultry Sales Establishment () Poultry Dealer or Broker (check appropriate license). I am enclosing my \$35.00 annual license fee.
(M	y previous license number is)
	If you do not have a National Premises ID go to http://agr.georgia.gov/animal-disease-traceability.aspx to apply.
1)	Name of OperationNAIS Premise ID
2)	Physical Address of Operation
	Town:State:ZipCounty:
	Telephone Number () Fax Number () E-Mail
3)	Mailing Address of Applicant
	Town: State: Zip County:
4)	Please indicate nature of your operation by checking appropriate block:
	Corporation PartnershipIndividualOther
	Name and address of corporation officers, partners or owner of this operation.
	NAME TITLE ADDRESS
5)	If the applicant operates in more than one location, names and locations of these businesses should be listed.
5)	Number of fowl type on property: Chicken Ducks Geese Peacock Quail Other (describe)
	As manager, owner, partner or stockholder, I am duly authorized to sign this application. I attest to the fact that the foregoing
	information documented on this application is true and correct. I further acknowledge that as a licensed poultry sales
	establishment, poultry dealer or broker, that I am subject to random and periodic testing for disease, virus, or sickness in the fowl
	in my possession or under my control.
	Signature of Manager/Owner Date
	Title
	Print or Type Name of Signatory