

Iowa Department of Agriculture and Land Stewardship
Wallace Building-502 E. 9th St.
Des Moines, Iowa 50319
515-281-8597
515-281-4185 (fax) ******PLEASE SEND LABELING******

Office Use Only
Record Type:
H-000-Home Office
 (one or more branches)
S-000-Site-no branches
M-000-Mailing Address
B-001-Separate Mailing
Address

COMMERCIAL FEED LICENSE APPLICATION

Chapter 198, Code of Iowa

License Fee: \$10.00. Make check payable to: Secretary of Agriculture

Business Name: _____

Secondary Name (DBA, C/O, etc.): _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

County No. (Iowa locations only): _____ **Tel. Number:** _____

MAILING ADDRESS if different from the above address:

Address: _____

City: _____ **State:** _____ **Zip code:** _____

County No. (Iowa locations only): _____ **Tel. Number:** _____

If doing business under new name, list previous business name and previous feed license number below:

Previous name: _____ **Previous lic. No.** _____

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- Customer-Formula Feed
- Branded Labeled Feed (M)
- Toll Milling/Private Label Mfr. (M)
- Mixer-Feeder (M) (Mix feed for use in feeding animals owned by your firm)
- Other (Please explain) _____

Distributor

- Broker (B)
- Guarantor (D) Another firm manufactures feed product for you on which your name appears as the guarantor.

Medicated Type

- Non-Medicated Feed (N)
- Medicated Feed/FDA Licensed (F)
- Medicated Feed/Non-FDA Licensed (I)

Product Type:

- Animal Feed (Includes ingredients, complete feeds, supplements, premixes) (T)
- Small Package Pet Food (Ten pounds or less) (P)
- Large Package Pet Food (Over ten pounds) (T)

Name – Please Print

Signature

Date

SEE REVERSE SIDE FOR LISTING OTHER BRANCHES OWNED OR OPERATED BY YOUR FIRM UNDER THE SAME NAME.

List all other branches owned or operated by your firm under the same name.

1. _____
Address City State Zip

County Number (Iowa locations only): _____ Telephone: _____

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- Customer-Formula Feed
 Branded Labeled Feed (M)
 Toll Milling/Private Label Mfr.(M)
 Mixer-Feeder (M) (Mix feed for use in feeding animals owned by your firm)
 Other (Please explain)

Distributor

- Broker (B)
 Wholesale Distributor (D)
 Guarantor (D) Another firm manufactures feed product for you on which your name appears as the guarantor.
 Retail Distributor (D)
 Bulk Feed Dealer (D)

Medicated Type

- Non-Medicated Feed (N)
 Medicated Feed/FDA Licensed(F)
 Medicated Feed/Non-FDA Licensed(I)

Product Type

- Animal Feed (Includes ingredients, complete feeds, supplements, premixes)(T)
 Small Package Pet Food (Ten pounds or less) (P)
 Large Package Pet Food (Over ten pounds) (T)

2. _____
Address City State Zip

County Number (Iowa locations only): _____ Telephone: _____

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- Customer-Formula Feed
 Branded Labeled Feed (M)
 Toll Milling/Private Label Mfr.(M)
 Mixer-Feeder (M) (Mix feed for use in feeding animals owned by your firm)
 Other (Please explain)

Distributor

- Broker (B)
 Wholesale Distributor (D)
 Guarantor (D) Another firm manufactures feed product for you on which your name appears as the guarantor.
 Retail Distributor (D)
 Bulk Feed Dealer (D)

TYPE OF OPERATION (Please check all that apply)

Medicated Type

- Non-Medicated Feed (N)
 Medicated Feed/FDA Licensed(F)
 Medicated Feed/Non-FDA Licensed(I)

Product Type

- Animal Feed (Includes ingredients, complete feeds, supplements, premixes)(T)
 Small Package Pet Food (Ten pounds or less) (P)
 Large Package Pet Food (Over ten pounds) (T)

3. _____
Address City State Zip

County Number (Iowa locations only): _____ Telephone: _____

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- Customer-Formula Feed
 Branded Labeled Feed (M)
 Toll Milling/Private Label Mfr.(M)
 Mixer-Feeder (M) (Mix feed for use in feeding animals owned by your firm)
 Other (Please explain)

Distributor

- Broker (B)
 Wholesale Distributor (D)
 Guarantor (D) Another firm manufactures feed product for you on which your name appears as the guarantor.
 Retail Distributor (D)
 Bulk Feed Dealer (D)

Medicated Type

- Non-Medicated Feed (N)
 Medicated Feed/FDA Licensed(F)
 Medicated Feed/Non-FDA Licensed(I)

Product Type

- Animal Feed (Includes ingredients, complete feeds, supplements, premixes)(T)
 Small Package Pet Food (Ten pounds or less) (P)
 Large Package Pet Food (Over ten pounds) (T)

Note: If additional space is needed attach a separate sheet in the same format.

