

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
CONSUMER PROTECTION SERVICES
2800 NORTH LINCOLN BOULEVARD
OKLAHOMA CITY OK 73105
Phone: 405-522-5976 Fax: 405-522-0625

Office Use Only
Date:
Receipt#
459- \$
AGN
Lic. #

APPLICATION FOR **NEW** COMMERCIAL FEED LICENSE

A fee of fifty dollars (\$50.00) is enclosed for the following period

July 1, _____ through June 30, _____

Please Type or Print:

Business Name to Appear on License

Mailing Address

City

State

Zip Code + 4

Complete Business Location

City

State

Zip Code + 4

Area Code

Phone Number

Area Code

Fax Number

Email Address

PLEASE COMPLETE THE FOLLOWING:

CHECK ALL THAT APPLY:

TYPE OF OPERATION:

MANUFACTURER

DISTRIBUTOR

KIND OF PRODUCTS:

MIXED FEEDS

INGREDIENTS

RATION TYPES:

LIVESTOCK

PET FOODS

WILDLIFE FEEDS

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