

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY  
CONSUMER PROTECTION SERVICES  
2800 NORTH LINCOLN BOULEVARD  
OKLAHOMA CITY OK 73105  
Phone: 405-521-3864 Fax: 405-522-4584

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

# 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 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:**       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