

2024 POULTRY DEALER PERMIT APPLICATION

Business Name: _____ MN LID: _____

Mailing Address, City, Zip: _____ NPIP #: _____

Physical Address, City, Zip: _____ County: _____

Business Phone: _____ Business Fax: _____

Primary Contact: _____ Title: _____

Phone: _____ Email: _____

Other Contacts: _____ Title: _____

Phone: _____ Email: _____

1. List source/s from which you obtain poultry, including contact information and type of poultry offered.
(Please use the reverse side if more space is needed)

Source Company Name	Address, City, State, Zip/Phone	Type of Poultry Supplied

2. Poultry are offered for sale during: _____ (month) to _____ (month)

3. Do you anticipate this facility may sell poultry to out-state buyers? Yes No

4. Indicate how you would like your permit sent: Mail Email: _____

I am familiar with and agree to comply with the Minnesota Board of Animal Health Rules that pertain to poultry dealers. The information listed is correct to the best of my knowledge.

Owner/Manager Signature

Date

Rev
(10/2023)

OFFICE USE ONLY	
Permit Approved	
MPTL Initials	