

2026 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. I have also read and acknowledge the MN Board of Animal Health Tennessee Warning. The information listed is correct to the best of my knowledge:

Owner/Manager Signature

Date

Revised (11/2025)

OFFICE USE ONLY	
Permit Approved	_____
MPTL Initials	_____