

**STATE OF NEBRASKA**  
**DEPARTMENT OF AGRICULTURE**  
**ANIMAL AND PLANT HEALTH PROTECTION**  
P.O. Box 94668  
Lincoln, Nebraska 68509-4668  
Phone: (402) 471-2351

**APPLICATION FOR LICENSE:**      **RENDERING ESTABLISHMENT**       **PET FEED ESTABLISHMENT**

I. Name of establishment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone no.: \_\_\_\_\_

II. Is your establishment receiving federal inspection?    Yes                   No

III. Name of owner/manager: \_\_\_\_\_

IV. Names and addresses of agents, pickup, and/or collection service:

a.        Name: \_\_\_\_\_ Address: \_\_\_\_\_  
          City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
          Phone no.: \_\_\_\_\_ No. trucks: \_\_\_\_\_ Call service only: \_\_\_\_\_

b.        Name: \_\_\_\_\_ Address: \_\_\_\_\_  
          City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
          Phone no.: \_\_\_\_\_ No. trucks: \_\_\_\_\_ Call service only: \_\_\_\_\_

Please include additions on reverse side.

V. Do you operate storage facilities other than your main plant, such as rented or leased refrigeration and/or dry storage warehouse space?    Yes                   No

If yes, give location and type of storage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. Does your organization operate more than one (1) establishment? If so, please list names and addresses and describe the type of operation of each establishment. The law requires a license for each establishment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Each application shall be accompanied by the license fee of \$300, payable to the Nebraska Department of Agriculture.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Date