



**GEORGIA DEPARTMENT OF AGRICULTURE  
LIVESTOCK/POULTRY FIELD FORCES SECTION  
AGRICULTURE BUILDING, ROOM 112  
ATLANTA, GEORGIA 30334-2001  
poultry-licensing@agr.georgia.gov  
404-656-3665**

DO NOT USE THIS SPACE  
License No. \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Amount: \_\_\_\_\_

Gary W. Black  
Commissioner

**APPLICATION FOR POULTRY SALES ESTABLISHMENT / POULTRY DEALER OR BROKER**

In compliance with Georgia law relating to the Prevention and Control of Disease in Poultry (O.C.G.A. 4-4-80, et seq) and the Department of Agriculture Registration, License and Permit Act (O.C.G.A. 2-5-1, et seq), I hereby make application for license as:  
( ) Poultry Sales Establishment ( ) Poultry Dealer or Broker (check appropriate license). I am enclosing my \$35.00 annual license fee.  
(My previous license number is \_\_\_\_\_)

**If you do not have a NAIS Premises ID go to [agr.georgia.gov](http://agr.georgia.gov) for information or to apply online.**

1) Name of Operation \_\_\_\_\_ NAIS Premise ID \_\_\_\_\_

2) Physical Address of Operation \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

3) Mailing Address of Applicant \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

4) Please indicate nature of your operation by checking appropriate block:

\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Individual \_\_\_\_ Other

Name and address of corporation officers, partners or owner of this operation.

| <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> |
|-------------|--------------|----------------|
| _____       | _____        | _____          |
| _____       | _____        | _____          |

5) If the applicant operates in more than one location, names and locations of these businesses should be listed.

\_\_\_\_\_

6) Number of fowl type on property:

Chicken \_\_\_\_ Ducks \_\_\_\_ Geese \_\_\_\_ Peacock \_\_\_\_ Quail \_\_\_\_

Other (describe) \_\_\_\_\_

As manager, owner, partner or stockholder, I am duly authorized to sign this application. I attest to the fact that the foregoing information documented on this application is true and correct. I further acknowledge that as a licensed poultry sales establishment, poultry dealer or broker, that I am subject to random and periodic testing for disease, virus, or sickness in the fowl in my possession or under my control.

\_\_\_\_\_  
Signature of Manager/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or Type Name of Signatory