



Washington
State Department of
Agriculture

OFFICE USE ONLY
ISSUED _____
LICENSE NO. _____
CFS WA LIC. NO. _____

CASHIER USE ONLY

4004

APPLICATION FOR LICENSE UNDER THE WASHINGTON CUSTOM SLAUGHTERING ACT (Chapter 16.49 RCW)

APPLICANT INFORMATION

APPLICANT NAME	TELEPHONE NUMBER ()	SLAUGHTERING FACILITY TO BE USED IS: <input type="checkbox"/> AN EXISTING FACILITY <input type="checkbox"/> TO BE CONSTRUCTED
BUSINESS LOCATION STREET ADDRESS	DISTANCE TO CLOSEST OFFICIAL ESTABLISHMENT	
BUSINESS LOCATION CITY, STATE, ZIP	DAY(S) OF INTENDED OPERATION (EXAMPLE: MONDAY, WEDNESDAY, FRIDAY)	
MAILING ADDRESS	NAME OF WASHINGTON STATE PROCESS AGENT (Out-of-State Firms ONLY)	
MAILING CITY, STATE, ZIP	COMPLETE ADDRESS OF PROCESS AGENT (Out-of-State Firms ONLY)	

BUSINESS STRUCTURE INFORMATION

Check Business Type: ☐ INDIVIDUAL ☐ PARTNERSHIP (attach copy of partnership agreement) ☐ CORPORATION

BUSINESS NAME (Individual OR Partnership ONLY)	NAME PREVIOUSLY OPERATED UNDER (Any Firm previously licensed under the WA Custom Slaughtering Act)	
NAME OF PARTNER/OFFICER #1 (Partnership OR Corporation ONLY)	COMPLETE ADDRESS OF PARTNER/OFFICER #1 (Partnership OR Corporation ONLY)	
NAME OF PARTNER/OFFICER #2 (Partnership OR Corporation ONLY)	COMPLETE ADDRESS OF PARTNER/OFFICER #2 (Partnership OR Corporation ONLY)	
NAME OF PARTNER/OFFICER #3 (Partnership OR Corporation ONLY)	COMPLETE ADDRESS OF PARTNER/OFFICER #3 (Partnership OR Corporation ONLY)	
STATE OF INCORPORATION (Corporation ONLY)	DATE OF INCORPORATION (Corporation ONLY)	
COMPLETE HOME OFFICE ADDRESS (Corporation ONLY)		

LICENSE CATEGORIES/FEEES (Check All That Apply)

<input type="checkbox"/> Custom Farm Slaughterer (Fee: \$25.00)	\$ _____
<input type="checkbox"/> Custom Slaughtering Establishment (Fee: \$25.00)	\$ _____
<input type="checkbox"/> Custom Meat Facility (Fee: \$25.00)	\$ _____

TOTAL FEES* _____ \$ _____

*Checks returned by the bank will be charged a handling fee of \$25.00 (RCW 62A.3.515 and 62A.3.520).

INSTRUCTIONS

Make check or money order payable to:
WSDA

Mail completed application with remittance to:
Washington State Department of Agriculture
PO Box 42591
Olympia WA 98504-2591

NO REFUNDS after ten (10) business days

SIGNATURE OF APPLICANT

DATE SIGNED