

Mississippi Department of Agriculture and Commerce
Bureau of Plant Industry
P.O. Box 5207
Mississippi State, Mississippi 39762-5207
Phone: (662) 325-3390 Email: FFLSP@mdac.ms.gov

MISSISSIPPI FEED FACILITY REGISTRATION FORM

INSTRUCTIONS:

- Select either NEW or RENEWAL feed facility registration and complete company information. Alternatively, complete online registration at <https://agnet.mdac.ms.gov/fflsp>
- The **Federal Tax ID** is **REQUIRED**.
- **There is a \$100 fee per facility registration.** Make checks payable to: **Mississippi Department of Agriculture and Commerce** and mail to the address listed above.

CHECK ONE: **NEW Feed Facility** **RENEWAL Feed Facility**

1. Company Name _____
2. Location Name _____
(include DBA or other known names, if applicable)
3. Federal Tax ID (Required) _____
4. Company Mailing Address _____
5. Company Physical Address _____
6. Location Mailing Address _____
7. Location Physical Address _____
8. Telephone Number _____ Fax Number _____
9. Email Address _____
10. Company Representative _____
11. Location Representative _____
12. Type of Business: Manufacturer
 Distributor
 * Integrated Operator / Contract Feeder
 Other (specify) _____
 *75-45-167(f) Mississippi Commercial Feed Law, Code of 1972
13. How long has the applicant been engaged in business for which permit is requested? _____
14. Approximate number of tons sold in Mississippi in the previous 12 months _____

Mississippi Department of Agriculture and Commerce
Bureau of Plant Industry
P.O. Box 5207
Mississippi State, Mississippi 39762-5207
Phone: (662) 325-3390 Email: FFLSP@mdac.ms.gov

The undersigned applicant hereby agrees to keep such books and records as may be necessary to show accurately the tonnage and kind of Commercial Feed sold and grants the Commissioner or his duly authorized representative permission to examine such books and records for the purpose of verifying statements of tonnage and further, agrees to comply with the terms and conditions of the Mississippi Commercial Feed Law and all regulations adopted thereunder.

This, the _____ day of _____, 20____

_____ of _____
(Full name of Applicant, please print) (Company Name)

Signature _____