

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY  
CONSUMER PROTECTION SERVICES  
2800 NORTH LINCOLN BOULEVARD  
OKLAHOMA CITY OK 73105  
Phone: 405-522-5891 Fax: 405-522-0625

Office Use Only
Date:
Receipt#
459- \$
AGN
Lic. #

## APPLICATION FOR **NEW** COMMERCIAL FEED LICENSE

**A fee of fifty dollars (\$50.00) is enclosed for the following period**

July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_

**Please Type or Print:**

Business Name to Appear on License

Mailing Address

City

State

Zip Code + 4

Complete Business Location

City

State

Zip Code + 4

Area Code

Phone Number

Area Code

Fax Number

Email Address

**PLEASE COMPLETE THE FOLLOWING:**

**CHECK ALL THAT APPLY:**

**TYPE OF OPERATION:**

MANUFACTURER

DISTRIBUTOR

**KIND OF RATIONS:**

LIVESTOCK

INGREDIENTS

PET FOODS

WILDLIFE FEEDS

**THIS LICENSE EXPIRES THE 30TH DAY OF JUNE OF EACH YEAR AND MUST BE RENEWED ANNUALLY.**

Signature of Applicant

Date

Typed or printed Name of Applicant

Title

**List each manufacturer/distributor owned or affiliated with your company that ships commercial feed into or within Oklahoma.**

1 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location?  Yes  No

**List each manufacturer/distributor owned or affiliated with your company that ships commercial feed into or within Oklahoma.**

2 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location? Yes No

**List all Companies you manufacture for, with a \*\*\*\*\* PRIVATE LABEL \*\*\*\*\***

1 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location?  Yes  No

**List all Companies you manufacture for, with a \*\*\*\*\* PRIVATE LABEL \*\*\*\*\***

2 Firm Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you report and pay tonnage for this firm/location?  Yes  No

**\*\*\* USE ADDITIONAL SHEETS IF NECESSARY \*\*\***