



TENNESSEE DEPARTMENT OF AGRICULTURE
CONSUMER AND INDUSTRY SERVICES – ATTN: AG INPUTS SECTION
BOX 40627 MELROSE STATION
NASHVILLE, TENNESSEE 37204
PHONE # 615-837-5135 FAX # 615-837-5005

APPLICATION FOR COMMERCIAL FEED LICENSE
2016 – 2017

Pursuant to T.C.A. §44-6-104, every person who manufactures, distributes, or guarantees a commercial feed in Tennessee must obtain a commercial feed license from the Department of Agriculture for each location from where commercial feed is distributed. Licensees must file with the Department an annual statement indicating the number of net tons of commercial feed distributed in the state during the previous licensure year. Fees for the license are determined according to this self-reported data.

All licenses expire on July 1 following their issuance. License fees for renewal must be remitted to the Department by July 16 following expiration of the license. Nonpayment of the license fee by July 16 will result in an additional late charge of \$25 for renewal of the license. Checks should be made payable to the Tennessee Department of Agriculture and mailed with this completed form and enclosed return envelope.

A commercial feed license is not required for any person who makes only retail sales of commercial feed that is labeled and indicates it is from a licensed manufacturer, distributor, or guarantor.

ANNUAL STATEMENT FOR COMMERCIAL FEED LICENSE
(to be completed by applicant)

Number of net tons of commercial feed distributed in TN, July 1, 2015 – June 30, 2016: _____

Divided by 350 tons = _____

Multiplied by \$50 = _____

TOTAL LICENSE FEE
(\$50 minimum)

**Note: The following are exempted from reporting requirements for a commercial feed license:*

- *Feed previously reported and calculated in a commercial feed license fee;*
- *Feed used as an ingredient in the manufacture of a registered commercial feed;*
- *Customer formula feed composed entirely of commercial feed previously reported and calculated in a commercial feed license fee;*
- *Feed distributed by a contract feeder.*

APPLICANT/COMPANY _____	OWNER/MANAGER _____
FACILITY ADDRESS _____	CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____	CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____	EMAIL ADDRESS _____

Information reported in this application is correct and complete to the best of my information and belief. I am authorized to report this information and to seek regulatory licenses on behalf of Applicant.

NAME (PRINT) _____ **PERMIT NUMBER (if applicant is seeking renewal)** _____

SIGNED _____ **DATE** _____ **AMOUNT ENCLOSED \$** _____

Pre-printed portions of this form represent information on file with the Department. Please strike and correct as appropriate.