BRANCH ADDITION FORM FOR IOWA COMMERCIAL FEED LICENSE

Please use this form for adding branches to your current license

Business Name: ________________________________________________________________

1. ____________________________________________________________________________
   Address       City      State   Zip
   County Number (Iowa locations only): _________                 Telephone: ________________________________

   TYPE OF OPERATION (Please check all that apply)
   Manufacturer
   ☐ Customer-Formula Feed
   ☐ Branded Labeled Feed (M)
   ☐ Toll Milling/Private Label Mfr.(M)
   ☐ Mixer-Feeder (M) (Mix feed for use in feeding animals owned by your firm)
   ☐ Other (Please explain) _______________________________________________________________________

   Distributor
   ☐ Broker (B)
   ☐ Wholesale Distributor (D)
   ☐ Guarantor (D) Another firm manufactures feed product for you on which your name appears as the guarantor.
   ☐ Retail Distributor (D)
   ☐ Bulk Feed Dealer (D)

   Medicated Type
   ☐ Non-Medicated Feed (N)
   ☐ Medicated Feed/FDA Licensed(F)
   ☐ Medicated Feed/Non-FDA Licensed(I)

   Product Type
   ☐ Animal Feed (Includes ingredients, complete feeds, supplements, premixes)(T)
   ☐ Small Package Pet Food (Ten pounds or less) (P)
   ☐ Large Package Pet Food (Over ten pounds) (T)

2. ____________________________________________________________________________
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Name – Please Print ___________________________ Signature ___________________________ Date ___________________________