**APPLICATION FOR INSPECTION**

**Form BC-1**

1. DATE OF APPLICATION: 

2. TYPE OF APPLICATION: 
   - [ ] NEW
   - [ ] CHANGE OF OWNER
   - [ ] CHANGE OF LOCATION
   - [ ] NAME CHANGE/ADDITION OF "d.b.a."
   - [ ] OTHER (Specify Here)

3. MONTH & YEAR BUSINESS, PLANT OR ESTABLISHMENT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM.

4. TYPE OF INSPECTION REQUESTED:
   - [ ] OFFICIAL RED MEAT SLAUGHTER
   - [ ] OFFICIAL PROCESSING (RED MEAT AND POULTRY)
   - [ ] CUSTOM RED MEAT SLAUGHTER/PROCESSING
   - [ ] OFFICIAL POULTRY SLAUGHTER
   - [ ] EXEMPT POULTRY

5. FORM OF ORGANIZATION:
   - [ ] INDIVIDUAL
   - [ ] CORPORATION
   - [ ] PARTNERSHIP
   - [ ] COOPERATIVE ASSOCIATION
   - [ ] OTHER (Specify Here)

6. IF CORPORATION, NAME OF STATE WHERE INCORPORATED

7. DATE OF INCORPORATION (Month and Year)

8. NAME AND ADDRESS OF APPLICANT

9. TELEPHONE NUMBER OF APPLICANT (Include Area Code)

10. TELEPHONE NUMBER OF BUSINESS (Include Area Code)

11. NAME, STREET LOCATION AND MAILING ADDRESS OF BUSINESS

12. COUNTY WHERE BUSINESS IS LOCATED

13. HOURS OF OPERATIONS

<table>
<thead>
<tr>
<th>DAY</th>
<th>OPERATION START TIME</th>
<th>OPERATION STOP TIME</th>
<th>OFFICIAL (CHECK)</th>
<th>CUSTOM/EXEMPT (CHECK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
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<tr>
<td>TUESDAY</td>
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<td>WEDNESDAY</td>
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<td>THURSDAY</td>
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<td>FRIDAY</td>
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<td>SATURDAY</td>
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<tr>
<td>SUNDAY</td>
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14. OTHER NAMES (if any) UNDER WHICH BUSINESS WILL BE CONDUCTED (Doing Business As "d.b.a.")

**Note:** Official Operations Monday- Friday 6:00am-6:00pm

This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex, religion or handicap, write immediately to the Secretary of Agriculture, or Administrator, FSIS, Washington, D.C. 20250.
**15. CUSTOM OPERATIONS**

15a. **SPECIES**—CHECK ALL THAT APPLY

- [ ] RED MEAT
- [ ] POULTRY
- [ ] VOLUNTARY SPECIES

15b. **PROCESSES**—CHECK ALL THAT APPLY

- [ ] Custom Exempt Slaughter
- [ ] Custom Exempt Processing
- [ ] Retail Sales

**16. OFFICIAL OPERATIONS**

16a. **SPECIES**—CHECK ALL THAT APPLY

- [ ] RED MEAT
- [ ] POULTRY
- [ ] VOLUNTARY SPECIES

16b. **PROCESSES**—CHECK ALL THAT APPLY

- [ ] 1. SLAUGHTER--all species
- [ ] 2. RAW PRODUCT--ground
- [ ] 3. RAW PRODUCT--not ground
- [ ] 4. THERMALLY PROCESSED--commercially sterile
- [ ] 5. NOT HEAT-TREATED--shelf-stable
- [ ] 6. HEAT-TREATED--shelf-stable
- [ ] 7. FULLY COOKED--not shelf-stable
- [ ] 8. HEAT-TREATED BUT NOT FULLY COOKED--not shelf-stable
- [ ] 9. PRODUCT WITH SECONDARY INHIBITORS--not shelf-stable

16c. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with 416.12 of the regulations. (check) [ ] Yes [ ] No

16d. HACCP Plans have been developed for all official procedures for the establishment in accordance with 417 of the regulations. (check) [ ] Yes [ ] No

17. List all persons responsible in connection with this application. Include all partners, directors, holders or owners of 10 per centum or more of voting stock, also employees in a managerial or executive capacity in the business. Notify the Director of the Iowa Meat and Poultry Inspection Bureau of any changes in the listing given.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Holder of more than 10% of voting stock? (check)</th>
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<tbody>
<tr>
<td></td>
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<td>YES NO</td>
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18. Name if each person listed under Item 17 who has been convicted in any federal or state court of (1) any felony or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transaction in food. Include the nature of the crime, date of conviction, and the court in which convicted.

19. AGREEMENT AND CERTIFICATION: IF inspection is granted under this application, I (we) expressly agree to conform strictly to the Iowa Meat and Poultry Inspection Act, Chapter 189A of the Code of Iowa, as amended, and also to the Regulations governing meat and poultry inspection promulgated under this Act. I certify that all statements made herein are true to the best of my knowledge.

<table>
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<tr>
<th>Typed/Printed Name of Person Signing Application</th>
<th>Signature and Title of Owner or Authorized Official Making this Application</th>
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<tbody>
<tr>
<td></td>
<td>Signature/Date</td>
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11/29/01 -rev. 8/02