

Application for Food Processing Plant/Warehouse License

Make check payable to:
North Central Iowa Regional Inspection Division
22 North Georgia, Suite 300
Mason City, IA 50401

Date of Application: _____
Type of application: _____ Renewal
_____ New → opening date _____
_____ Change of ownership → opening date _____

Previous owner & business name: _____

Water Source (check one)
_____ Public water supply _____ Private well

Name of Business: _____

Owner's Name: _____ Telephone: () _____

Establishment Address: _____ County: _____

City: _____ State: _____ Zip: _____

Mailing address for all correspondence if different than above:

Street: _____ Telephone: () _____

City: _____ State: _____ Zip: _____

Person-in-charge: _____ Telephone: () _____

Ownership Structure: _____ Individual _____ Partnership* _____ Corporation* *(complete next section)

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

What type of food products are being stored at this location:

License fee structure:

License fees are based on the total gross sales or value of product stored at this physical address on an annual basis.	
_____ \$67.50	Annual gross sales of less than \$50,000
_____ \$135.00	Annual gross sales of \$50,000 to \$ 250,000
_____ \$202.50	Annual gross sales of \$250,000 to \$500,000
_____ \$337.50	Annual gross sales of \$500,000 or more

Any change in location or ownership requires a new license. Licenses are **not** transferable. Currency sent at owner's risk.

Signature of Applicant: _____

For Office Use Only		
ck date _____	\$ _____	ck# _____