

Aid for Completing Your Disposing or Transporting of Dead Animals Application

The following is to aid you in completing your Disposing or Transporting of Dead Animals Application. Be sure to complete all areas. If something does not apply to you, please cross out the area or write "N/A" on the line. Be sure to complete the information on the back of the application as well. Failure to adequately complete your application may result in your application being returned to you and a delay in processing. If you have further questions regarding completion of our application, please contact the Michigan Department of Agriculture and Rural Development (MDARD) at 1-800-292-3939.

1. **License Year Ending:** This is the year your license will expire. Remember, an application expires yearly on September 30th. Therefore, you will need to write down the year whenever the next September 30th will fall.
2. **Status:** Please check "new" if the disposing or transporting of dead animals business is new (is not currently licensed with MDARD). As a license is not transferable, you must select "new" if the business has been licensed with MDARD, but the business has moved or undergone new ownership. If you are renewing a license for a disposing or transporting of dead animals business that is currently licensed with MDARD and the business has neither moved nor changed owners, please check "renewal." If you are no longer disposing or transporting dead animals, please check "no longer needed," complete the business information and corporate/owner information, sign and date the application, and return it to the department. Alternatively, you may supply a signed written letter indicating that you are no longer operating a disposing or transporting dead animals business. If choosing this option, you must site the name and address (street, city, state, zip code) of the business in your letter.
3. **If Renewal, License No. of Establishment:** If this is a renewal application, please record your license number. If you do not know your number, please refer to your most recent license as the number is displayed there.
4. **Business Name:** Please indicate the name of your business.
5. **Business Address:** This is the address (street number and name) where you do business. This is where your facility is located.
6. **City:** This is the city where your business is located.
7. **State:** This is the state where your business is located.
8. **County:** This is the county where your business is located.
9. **Zip:** Please indicate the zip code where your business is located.
10. **Business Phone:** Please indicate the phone number, including the area code, at the business.
11. **Business Fax:** Please indicate the fax number, including the area code, at the business.
12. **Business E-mail:** Please indicate the email address for the business.
13. **Mailing Address if different from above:** If mail for the business goes to a different address than the business address, please indicate this address (street Number and name, or P.O. Box). MDARD will mail all mailing, including licenses, renewals, memos, newsletters, and hearing notices to this address. If a mailing address is not indicated, all mailings will be sent to the business address.)
14. **City:** If your mail goes to a different address than the business address, please indicate the city where your mail goes.
15. **State:** If your mail goes to a different address than the business address, please indicate the state where your mail goes.
16. **County:** If your mail goes to a different address than the business address, please indicate the county where your mail goes.

17. **Zip:** If your mail goes to a different address than the business address, please indicate the zip code where your mail goes.
18. **Ownership Type:** Please mark the box indicating the type of ownership of the business.
 - a. **Corporation:** A group of persons authorized to act as an entity having privileges and liabilities distinct from those of its members.
 - b. **Sole Ownership:** Ownership of property by a single person or entity.
 - c. **Partnership:** An association of two or more partners in a business enterprise.
 - d. **L.L.C.:** A Limited Liability Company is a legal company that provides limited personal liability for business debts and claims. The owner is responsible for all taxes on their shares of the business income on their personal tax returns. It is neither a corporation nor a partnership.
 - e. **Other:** A type of business not noted above. Please indicate the specify type of ownership (e.g. cooperative, non-profit)
19. **Corporation Name:** If the type of business is a corporation, please provide the name of the corporation.
20. **Owner/President (CEO) Name:** Please indicate the name of whoever is ultimately responsible for the business, and makes the major business decisions for the business.
21. **Street Address of Corporation or Owner:** Please indicate the address (street number and name, or P.O. Box) of the owner of the business, or, if a corporation, the corporate office address.
22. **City:** Please indicate the city where the owner of the business, or, if a corporation, the corporate office resides.
23. **State:** Please indicate the state where the owner of the business, or, if a corporation, the corporate office resides.
24. **County:** Please indicate the county where the owner of the business, or, if a corporation, the corporate office resides.
25. **Zip:** Please indicate the zip code where the owner of the business, or, if a corporation, the corporate office resides.
26. **Phone:** Please indicate the phone number where the owner of the business, or, if a corporation, the corporate office resides.
27. **Fax:** Please indicate the fax number where the owner of the business, or, if a corporation, the corporate office resides.
28. **Email:** Please indicate the email address for the owner of the business, or, if a corporation, the corporate office.
29. **Emergency Contact:** Please indicate the phone number, preferably a 24-hour number for the department to call in the event of an emergency.
30. **Cell Phone:** Please indicate the cell phone number to whoever is ultimately responsible for the business.
31. **Federal/Tax ID:** Please indicate your federal tax number.
32. **License Fees:** Please select the type of license desired. If you operate a disposing or transporting of dead animals business at a separate location, you must apply for that business license separately.
 - a. **Class I (Rendering Plant):** an establishment for the reduction by cooking or processing of dead animals to tallow and meat scrap, cracklings or other items unfit for human consumption.
 - b. **Class II (Transfer Station):** an establishment for the collection of dead animals. These animals are typically collected and taken to an animal food manufacturing plant, rendering plant, or possibly another transfer station.
 - c. **Class III (Vehicle(s) to Transport Dead Animals):** Please indicate the total number of vehicles to be used to transport dead animals where indicated. All

vehicles, either trucks (specially designed container trucks) or trailers (such as when a semi-tractor and trailer are used) used to specifically carry dead animals or restaurant grease are to be licensed. Please note the total cost to license the vehicles where indicated by multiplying the number of vehicles by \$ 25.

- d. **Class IV (Animal Food Manufacturing Plant):** an establishment at which animal or pet food is produced through the slaughtering, boning, grinding, cooking, canning or freezing of dead animals.
 - e. **Class V (Dead Animal Dealer):** an individual that, for business purposes, procures and transports dead animals to or from a: transfer station for dead animals, animal food manufacturing plant, and/or rendering plant. You must also obtain a vehicle license for each vehicle which will be used to transport dead animals.
33. **Payment Method:** Please indicate the check number and/or money order number.
34. **Amount Enclosed:** Please indicate the total amount paid via check and/or money order.
35. **Signature:** The individual completing the application must sign their name.
36. **Date:** The date the application was signed.
37. **Please print your name here:** The individual completing the application must print their name.
38. **Title:** Please indicate the title or position the individual completing the application has as it relates to the business.
39. **Truck License Plate Information:** You must list all vehicles to be used commercially to transport dead animals. **Please note that only the vehicle(s) used to carry the dead animals is to be licensed (e.g. trailer if part of a tractor trailer unit, purpose built truck that itself carries deadstock.)**
- a. **Make:** Please indicate the brand of vehicle (e.g. Chevrolet).
 - b. **VIN Number:** Please indicate the vehicle identification number.
 - c. **License Plate Number:** Please indicate the license plate number of the vehicle.
 - d. **State:** Please indicate the state where the vehicle is licensed (i.e. state on the license plate).
40. **Destination of Unprocessed Materials:** If you will be transporting dead animals you must list the final destination(s) for the dead animals. If the facility is located in another state, you must also submit a current copy of that facility's license. Space is provided to list up to two locations. You may submit additional locations by listing the additional facilities, using the same format on the application, on a separate sheet of paper.
- a. **Destination Type:** Please indicate what type of facility the final destination is (Transfer Station, Animal Feed Manufacturing Plant, or Rendering Plant). If the facility is not a Transfer Station, Animal Feed Manufacturing Plant, or Rendering Plant, please check "Other" and specify the type of facility where indicated.
 - b. **Destination Phone:** Please indicate the phone number to the final destination.
 - c. **Destination Name:** Please indicate the name of the business of the final destination.
 - d. **Street Address:** Please indicate the address (street number and name) where the final destination is located.
 - e. **City:** Please indicate the city where the final destination is located.
 - f. **State:** Please indicate the state where the final destination is located.
 - g. **County:** Please indicate the county where the final destination is located.
 - h. **Zip:** Please indicate the zip code where the final destination is located.