

APPLICATION FOR EGG HANDLER'S LICENSE

Date of Application: _____
 Type of Application: NEW RENEWAL
 If new applicant, business opening date: _____
 Has ownership changed since last license issued? YES NO
 If yes: Previous Owner: _____
 Business Name: _____
 Last License #: _____
 Water Source (check one) Public water supply Private Well

Iowa Dept. of Agriculture &
 Land Stewardship
 Wallace Building 502 E 9th St.
 Des Moines, IA 50319
 Tel: 515-281-8597
 Fax: 515-281-6236

License#: _____
 Exp. Date: _____

Company Info

Name of Business: _____
 Owner's Name: _____
 Address: _____
 City: _____
 State & Zip: _____
 Phone: _____
 County: _____
 Email (Required): _____

Mailing address for all correspondence if different

Address: _____
 City: _____
 State & Zip: _____
 Phone: _____
 County: _____
 Person in charge: _____
 Title: _____
 Ownership structure:
 Individual Partnership* Corporation*

*(Complete for partners or corporate offices)

Name: _____ Title: _____	Name: _____ Title: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

License Fee Structure

As provided in Iowa Code Chapter 196, any change in location or ownership requires a new license. The license is not transferable. The license expires two years from the date of issue. Check the applicable license fee based on the total number of cases of eggs purchased or handled during the month of April. Thirty dozen eggs shall constitute a case

\$40.40 ED 0-124 Cases
 \$94.50 ED 125-249 Cases
 \$135.00 ED 250-999 Cases
 \$270.00 ED 1000-4999 Cases
 \$472.50 ED 5000-9999 Cases
 \$675.00 ED 10,000 + Cases

Any change in ownership requires a new license. Licenses are NOT transferrable. Make checks payable to IDALS.

Signature of Applicant: _____
 Title of Applicant: _____ Date: _____

For Office Use Only

CK#: _____
 \$: _____
 CK Date: _____