

COMMERCIAL FEED LICENSE APPLICATION

- Fee is \$20. Payable to Secretary of Agriculture.
- License renewal is July 1 every odd-numbered year: 2019, 2021, 2023, etc.
- Notification will be sent prior to renewal.



- Return entire form with \$20 to:
IDALS / Feed Bureau / License
Wallace Bldg 502 E 9th St
Des Moines, IA 50319-0051

Branch <input type="checkbox"/> Company Information		Type of Operation	
Company Name			<input type="checkbox"/> Customer-Formula Feed <input type="checkbox"/> Branded Labeled Feed <input type="checkbox"/> Toll Milling / Private Label Mfr <input type="checkbox"/> Mixer-Feeder. Feed to animals it owns or under its control. <input type="checkbox"/> Other:
Secondary Name			
Site Address PO Box / Street City / State / Zip+4 Iowa County Name / #			
Mailing Address PO Box / Street if NOT site. City / State / Zip+4 Iowa County Name / #		Distributor	<input type="checkbox"/> Broker <input type="checkbox"/> Guarantor / Different firm mfrs feed. Your firm is label guarantor.
		Medicated	<input type="checkbox"/> Nonmedicated Feed <input type="checkbox"/> Medicated Feed / FDA License <input type="checkbox"/> Medicated Feed / No FDA License
Name of Contact		Product Type	<input type="checkbox"/> Animal feed supplements, ingredients, premixes, complete feeds. <input type="checkbox"/> Pet Food / Specialty Pet Food packages 10 pounds or less. <input type="checkbox"/> Pet Food / Specialty Pet Food packages over 10 pounds.
Job Title			
Email			
Direct Phone			
Fax		Your firm does NOT need a license, if it only sells commercial feed AND the manufacturer, guarantor, or distributor of that feed has an Iowa Commercial Feed License and pays the related tonnage and registration fees. Example: hardware store selling pet food. Iowa does not have a remedy law.	
Complete, if business is new because of a name change.	List (1) previous business name, (2) license number, and (3) effective date of name termination.		

The undersigned declares all information provided is true and correct. Undersigned acknowledges its responsibility to update its information with the Iowa Commercial Feed Bureau and to have all related financial obligations current as per Chapter §198 of the *Iowa Code*. Undersigned acknowledges failure to do so render its license null and void.

Applicant's Signature _____ Applicant's Name (Print) _____ Date _____

If signatory is not the contact, provide direct phone and email. Mailing address if different –OR– include a business card.

Submissions not complete and legible cannot be processed and will be returned for correction.

Email updated information or questions to sherry.roberts@iowaagriculture.gov / Phone 515-281-8603 / Hours: 7 – 3:30 M-F