

# 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 9<sup>th</sup> 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: \_\_\_\_\_

**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: \_\_\_\_\_