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
Hoover Building
1305 E. Walnut St.
Des Moines, IA 50319
Tel: 515-281-8597

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: