

Commercial Feed License Application

Iowa Code §198

EFFECTIVE 2 Years. July 1 Through June 30. **RENEWAL** July 1 Each Odd-Numbered Year.

FEE \$20. License Fee is Not Prorated.

RETURN Signed Form, Labels & Fee to:

IDALS / Feed Bureau / License Wallace Bldg / 502 E 9[™] St Des Moines IA 50319

An Iowa commercial feed license is required for a person who manufacturers commercial feed in Iowa, whose name appears on the label of a commercial feed as guarantor, or who distributes a commercial feed into Iowa. *Distribute* means to offer for sale, sell, exchange, or barter of commercial feed from a site located in Iowa or from the internet.

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			newal of License No					
	□ Ownership Change of Current Iowa-Licensed CompanyLicense No Date of Transfer//							
	☐ Ownership and Name Change of Iowa-Licensed CompanyLicense No Date of Transfer/_							
	☐ License Cancellation of License No Reason is ☐ Out of Business ☐ No Longer Manufactures Feed ☐ Bankruptcy							
any	□ Other. Explain							
Company	License Holder / Legal Name + Doing Business As (DBA)		Company Name of Maili	ing Address, if Different				
	Physical Street Address (No PO Box)		Mailing Address					
	Town / State / Zip Code + 4		Town / State / Zip + 4					
Only one contact is accepted in the database. It is the responsibility of the licensee to notify the bureau of changes in contact information. Failure to receive notifications of fees or enforcement from IDALS because of outdated contact information will not be an accepted justification. (Suggestion: Create a nonspecific email address to avoid interruption caused by personnel changes, i.e., regulatory@ourcompany.com.)								
Contact	Contact Name Job Title			Email				
	Direct Phone + Ext Alternate Phon	Alternate Phone + Ext			e)			
ŏ	Cell □		Cell □		,			
	Landline Landline Landline							
	Check All That Apply	anufacture		1 Feed or Feed Ingredient Broker				
ity	☐ Name Appears on the Label of a ☐ Medicated Feed Manufacture			•				
f Facility	Commercial Feed as Guarantor.	irantor. Nonmedicated Feed Manufacture Nonmedicated Feed Manufac		Feed or Feed Ingredient Transporter				
	☐ Supplement Manufacturer			☐ Retail Distributor of Feed or Supplements				
e of	(Iowa Has No Remedy Law) ☐ Pet Food & Special	No Remedy Law)						
Туре	□ Do You Distribute Any Pet Food/Supplements and/or Specialty Pet Food/Supplements Under Your Label? Check One Yes □ No □							
	If Yes, Check One							
Iowa tonnage reports are filed January 1 and July 1 each year. Tonnage is paid on pet food and specialty pet food in package weight that exceeds 10 pounds and on all other commercial feed. Tonnage is paid on the net tons of commercial feed distributed in Iowa the previous six months. Tonnage rate is 12 cents per ton with a minimum payment of \$20.								
Pet food or specialty pet food including supplements in package weight of 10 pounds or less have a registration fee of \$50 per product.								
New products may be registered anytime throughout the calendar year. Registration is paid on products 10 pounds and less that are <i>offered</i> for sale via internet or a physical location in Iowa. Registration renewal is January 1 of each calendar.								
Penalty is the GREATER amount: 10 percent of total OR \$50. Penalty applies to tonnage reports postmarked February 16 th and later or August 16 th or later, as applicable. The late fee for pet food registration is applicable to products <i>renewed</i> and postmarked February 16 th or later. Failure to pay tonnage and/or or registration fees for pet or specialty pet 10 pounds or less will result in immediate cancellation of the commercial feed license. Any commercial feed found in the state will be placed on Immediate Stop Sale & Removal Order.								
	NOTE The minimum tonnage fee is \$20 and paid twice a year	ar. The lic	cense fee is \$20 for two	o years and paid every odd-numbered yea	r.			
	On behalf the company herein, the undersigned certifies the information on this Iowa commercial feed license application is true and correct. I understand financial requirements must be met before the license is valid. I understand and acknowledge that the submission of incomplete or false information may result in the denial of authorization.							
Signature	A signature is required on this application. If signatory is same as in CONTACT section, signature and date are the only information needed below.							
Sig	Signature Print Name		Job Title	Date				
	Email Direct Phone + Ex	t	Al	Iternate Phone + Ext	Fax			

Submissions not complete, not legible, and/or not signed will be returned.

	Check One ☐ New Ownership of Curren	t IA Licensed Company	License No	Date of Transfer//				
	□ New Ownership & Name Change of Current IA Licensed Company License No Date of Transfer// □ License Cancellation of License No Reason is □ Out of Business □ No Longer Manufactures Feed □ Bankruptcy							
	☐ License Cancellation of License	cense No Reason is D	Out of Business	□ No Longer Manufactures Feed □ Bankruptcy				
			Other. Explain					
	Physical Street Address (No PO Box)		Mailing Address					
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Branch 001	Town / State / Zip Code + 4	Iowa County Name & Number	Town / State / Zip +	- 4				
and								
Ä	The Feed Ingredient Manufacture		er	☐ Feed or Feed Ingredient Broker				
	☐ Name Appears on the Label of a Commercial Feed as Guarantor. ☐ Medicated Feed Manufacture		er	☐ Feed or Feed Ingredient Transporter				
	☐ Supplement Manufacturer (Iowa Has No Remedy Law) ☐ Nonmedicated Feed Manufa		cturer	☐ Retail Distributor of Feed or Supplements				
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	Do Vou Distribute Any Bet Food or Supplements or Specialty Bet Food or Supplements Under Vous Label? Cheek One							
	□ Do You Distribute Any Pet Food or Supplements or Specialty Pet Food or Supplements Under Your Label? Check One							
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	□ New Ownership & Name Change of Current IA Licensed Company License No Date of Transfer// □ License Cancellation of License No Reason is □ Out of Business □ No Longer Manufactures Feed □ Bankruptcy							
	1 *,		Other. Explain					
	Physical Street Address (No PO Box)		Mailing Address					
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00	Town / State / Zip Code + 4	Iowa County Name & Number	Town / State / Zip +	- 4				
anch	Town / State / Zip Code + 4 Iowa County Name & Number Town Check All That Apply							
Bra	Check All That Apply	☐ Feed Ingredient Manufacture	er	□ Feed or Feed Ingredient Broker				
	☐ Name Appears on the Label of a	☐ Medicated Feed Manufacture	•					
	Commercial Feed as Guarantor. □ Nonmedicated Feed Manufacture □ Nonmedicated Feed Manufacture							
	☐ Supplement Manufacturer (Iowa Has No Remedy Law)	☐ Pet Food & Specialty Pet Food Manufacturer		☐ Wholesale Distributor of Feed or Supplements				
	☐ Do You Distribute Any Pet Food or Supplements or Specialty Pet Food or Supplements Under Your Label? Check One							
	If Yes, Check OneExclusively in Containers of 10 Pounds or Less Exclusively in Containers Over 10 Pounds Both							
	Check One ☐ New Ownership of Curren	t IA Licensed Company	License No	Date of Transfer//				
	New Ownership & Name Change of Current IA Licensed Company License No Date of Transfer//							
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9			Other. Explain					
	Physical Street Address (No PO Box)		Mailing Address					
Branch 003	Town / State / Zip Code + 4	Iowa County Name & Number	Town / State / Zip +	- 4				
and								
Br	Check All That Apply ☐ Feed Ingredient Manufactur		er	☐ Feed or Feed Ingredient Broker				
	□ Name Appears on the Label of a □ Medicated Feed Manufactur			☐ Feed or Feed Ingredient Transporter				
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			od Manufacturer	☐ Wholesale Distributor of Feed or Supplements				
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	If Yes, Check One							