



TENNESSEE DEPARTMENT OF AGRICULTURE
 Regulatory Services - Animal Health
 P. O. Box 40627
 Nashville, Tennessee 37204
 615/837-5120 Phone, 615/837-5250 Fax

APPLICATION FOR
TENNESSEE BABY CHICK SALE LICENSE

Person* to Whom License is to be Issued: _____
 (Must be an individual, corporation, limited liability company, partnership, or other duly formed and recognized legal entity.)

Located at: _____
 Street, Route or P.O. Box

 City State Zip Code County

Mailing Address: _____
 Street, Route or P.O. Box

 City State Zip Code County

Phone Numbers: _____
 Business

This kind of business engaged in is:

COMMERCIAL HATCHERY _____ RETAIL _____ WHOLESALE _____

LICENSE MUST BE SECURED AND PROMINENTLY DISPLAYED BEFORE ENGAGING IN SPECIFIED BUSINESS

Licenses are valid from July 1 through June 30

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

 Name and Title of Applicant (Please Print)

 Signature of Applicant Date

THE FOLLOWING MUST BE ENCLOSED BEFORE A LICENSE WILL BE ISSUED:

Annual fee of \$10.00,
 made payable to the Tennessee Dept. of Agriculture and sent to the address at top of form.