MINNESOTA BOARD of ANIMAL HEALTH

Minnesota Poultry Testing Laboratory
P.O. Box 126 • 622 Business Hwy 71 NE
Willmar, MN • 56201-0126
320-231-5170 • Fax 320-231-6071
poultry@state.mn.us • www.mn.gov/bah

2017 POULTRY DEALER PERMIT APPLICATION

Business Name: _____

Business Address, City, Zip Code: _____ County: _____

Mailing Address, City, Zip Code: _____ County: _____

Business Phone: _____ Fax: _____

Primary Contact: _____ ☐ Owner ☐ Manager

Phone: _____ Email: _____

Other Contacts: _____ Title: _____

Phone: _____ Email: _____

1. List source/s from which you obtain poultry, including contact information and type of poultry offered.
(Please use the reverse side if more space is needed.)

Source Company Name	Address, City, State Zip/Phone#	Type of Poultry Supplied

2. Poultry are offered for sale from: _____ to _____
month month

3. Poultry are held overnight on dealer premises: ☐ Yes ☐ No

I am familiar with and agree to comply with the Minnesota Board of Animal Health Rules that pertain to poultry dealers. The information listed is correct to the best of my knowledge.

_____ _____
Owner/Manager Signature Date

OFFICE USE ONLY	
PREM ID	
NPIP	
Permit Appvd	
MPTL Initials	

Rev (10/16)

In accordance with the Americans with Disabilities Act, this information is available in alternative formats of communication upon request by calling 651-296-2942. TTY users car call the Minnesota Relay Service at 711 or 1-800-627-3529. The Board of Animal Health is an equal opportunity employer and provider.