MINNESOTA
BOARD OF ANIMAL HEALTH

Minnesota Poultry Testing Laboratory
P.O. Box 126
622 Business Hwy 71 NE
Willmar, Minnesota 56201
320-231-5170
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2018 POULTRY DEALER PERMIT APPLICATION

Business Name: _____

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

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

Business Phone: _____ Fax: _____

Primary Contact: _____ Title: _____

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: _____ (month) to _____ (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 (10/17)

The Board of Animal Health is an equal opportunity employer and provider.