

From the field to the table:

Addendum 10, application for permit to operate in the State of Louisiana

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
LABORATORY SERVICES
P.O. BOX 48128
NEW ORLEANS, LOUISIANA 70118

CHECK PROGRAM
 Feed & Drug
 Slaughter
 Dairy Producer
 Milk Plant
 Slaughter

1. OFFICE USE ONLY

PERMIT NUMBER	E Code	Other E Codes	TYPE OF PERMIT	
ENVIRONMENTAL NUMBER			Annual	Temporary

NAME OF BUSINESS _____ BUSINESS/CORPORATION NAME _____

PRINCIPAL ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ PHONE () _____

FEE Total Hrs. Payable _____ Total Fee \$ _____ (Check or Money Order Payable to DEPT. OF HEALTH)
 Total State/Local Fees Exhibit _____ TAX EXEMPT (LAW) _____ (MUST BE FURNISHED BY APPLICANT IF FEES EXEMPT)

2. BUSINESS INFORMATION (CHECK ONE) PROVIDE INFORMATION AS APPLICABLE (TO BE COMPLETED BY APPLICANT) (PRINT OR TYPE)

PROFESSIONAL SLIP PARTNERSHIP CORPORATION
 OWNER'S FULL NAME _____ LIST OF PARTNERS _____ AGENT FOR SERVICE OF PROCESS _____
 ADDRESS _____ % OWNERSHIP _____ ADDRESS OF AGENT _____
 CITY _____ STATE _____ ZIP _____ ADDRESS OF PARTNERSHIP _____ CITY _____ STATE _____
 DONOR OF CORPORATION _____

3. Application is hereby made for a Permit to Operate. Applicant agrees to comply with the provisions of the State Sanitary Code and all other applicable laws and regulations. It is hereby agreed that this establishment shall be available for inspection by the State Health Officer at all times.

SIGNATURE OF OWNER/CORPORATE OFFICER/AGENT _____ TITLE _____

PRINT NAME _____ DATE OF APPLICATION _____

COPY 1 UNIT OR PAGES FILE _____ COPY 2 TOP PERMIT UNIT WITH STAMPANCE _____ COPY 3 TEMPORARY PERMIT _____

LHS-3104 (R 1/84) _____ EXP. DATE _____

REG. NO.