

SECTION III: TYPE OF OPERATIONS

16. Meat and Poultry Inspection Activities (check all that apply)

<p>16a. SLAUGHTER OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Calf <input type="checkbox"/> Cattle <input type="checkbox"/> Equine <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Chicken <input type="checkbox"/> Duck <input type="checkbox"/> Goose <input type="checkbox"/> Guinea <input type="checkbox"/> Ratite <input type="checkbox"/> Squab <input type="checkbox"/> Turkey 	<p>16b. PROCESSING OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully Cooked – Not Shelf Stable <input type="checkbox"/> Heat Treated Not Fully Cooked – Not Shelf Stable <input type="checkbox"/> Heat Treated – Shelf Stable <input type="checkbox"/> Not Heat Treated – Shelf Stable <input type="checkbox"/> Product with Secondary Inhibitors – Not Shelf Stable <input type="checkbox"/> Raw – Intact Products <input type="checkbox"/> Raw – Non Intact Products <input type="checkbox"/> Thermally Processed Commercially Sterile 	<p>16c. EXEMPTIONS (explain separation from inspected products on continuation sheet)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custom Processing <input type="checkbox"/> Custom Slaughter <input type="checkbox"/> Retail Activities Religious Exempt Poultry <ul style="list-style-type: none"> <input type="checkbox"/> Buddhist eviscerated Poultry <input type="checkbox"/> Confucian Non-eviscerated Poultry <input type="checkbox"/> Islamic (Halal) Poultry <input type="checkbox"/> Kosher Non-eviscerated Poultry Religious Exempt Livestock <ul style="list-style-type: none"> <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Other (specify on continuation sheet)
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SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT

17. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners of 10 percent or more voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide attachment if necessary.

<p>Name and Title</p> <p>First:</p> <p>Last:</p> <p>Title:</p>	<p>Present email and home address</p> <p>Email:</p> <p>Address:</p> <p>City:</p> <p>State & Zip Code:</p>	<p>Holder of 10% or more voting stock? (if corporation)</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>
<p>Name and Title</p> <p>First:</p> <p>Last:</p> <p>Title:</p>	<p>Present email and home address</p> <p>Email:</p> <p>Address:</p> <p>City:</p> <p>State & Zip Code:</p>	<p>Holder of 10% or more voting stock? (if corporation)</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>
<p>Name and Title</p> <p>First:</p> <p>Last:</p> <p>Title:</p>	<p>Present email and home address</p> <p>Email:</p> <p>Address:</p> <p>City:</p> <p>State & Zip Code:</p>	<p>Holder of 10% or more voting stock? (if corporation)</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>

SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICATION (continued)

18. Enter the name of each person listed in Block 17 who has been convicted in any federal or state court of (1) any felony, or (2) more than one violation of any law other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction, and the court in which convicted. Use continuation sheet if necessary. (If none, write "None")

19. List each conviction against the applicant or recipient (person, firm or corporation) in any Federal or state court of (1) any felony, or (2) more than one violation of any law other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction, and the court in which convicted. Use continuation sheet if necessary. (If none, write "None")

20. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3 and 381.22 for meat and poultry inspection. Check all applicable boxes.

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| <input type="checkbox"/> Developed written recall procedures | <input type="checkbox"/> Developed written Sanitation Standard Operating Procedures (SSOP) | <input type="checkbox"/> Conducted a hazard analysis and developed a Hazard Analysis and Critical Control Point Plan (HACCP) |
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AGREEMENT AND CERTIFICATION: If inspection is granted under this application, I (We) expressly agree to conform strictly to the Virginia Meat and Poultry Products Inspection Act and all regulations promulgated there under. I CERTIFY that all statement made herein are true to the best of my knowledge and belief.

This is an EQUAL OPPORTUNITY PROGRAM. If you believe you have been discriminated against on the basis to race, gender (including sexual harassment, sexual orientation, gender identity and pregnancy), color, national origin, religion, age, veteran's status, political affiliation, or disability, write or call: Program Manager OMPS, 102 Governor Street, Suite 133, Richmond, VA 23218. Phone 804-786-4569 (voice) or Human Resource Office 804-371-7719 (voice) 800-828-1120 (TDD) email: hr.vdacs@vdacs.virginia.gov

21. Typed or printed name and title
of person signing application:

22. Signature:

SECTION V. CONTINUATION SHEET
