



APPLICATION FOR ILLINOIS EGG LICENSE

ALL QUESTIONS AND SIGNATURES IN THIS APPLICATION MUST BE COMPLETED - IF NOT, YOUR APPLICATION WILL BE RETURNED

The licensing year for an egg license is July 1 through June 30. The egg license shall expire on June 30. Licenses not renewed by July 1 shall be assessed a \$50 penalty. The undersigned hereby makes application to the Illinois Department of Agriculture under the provisions of the Illinois E and Egg Products Act, approved September 3, 1975, as amended.

Business Name to appear on license		
Business Address (where eggs are located)	City	State, Zip Code
County (Illinois State Only)	FEIN # or SSN#	<input type="checkbox"/> Residence (Please check if applicable)
Mailing Address (if different from business address)	City	State, Zip Code
Business Telephone Number	Fax Number	Cell Phone Number
Contact Person	Contact Phone Number	Email Address

<p align="center">CLASSIFICATION OF LICENSES</p> <p>Check Type of License Requested (PLEASE CHECK ONE)</p> <p>1. <input type="checkbox"/> EGG BREAKERS LICENSE, Fee \$200.00 - A facility that breaks eggs and separates the yolk from the white.</p> <p>Must have birds in order to be licensed in this category.</p> <p>2. <input type="checkbox"/> LIMITED LICENSE, Fee \$15.00 PRODUCER-DEALER - sells ONLY graded eggs produced by his own flock of 3,000 or less.</p> <p>TOTAL FLOCK(S) SIZE _____ ** (Please indicate) **TYPE(S) OF EGGS BEING SOLD Chicken Turkey Guinea Balut Duck Goose Quail Ostrich</p>	<p>3. FULL LICENSE, Fee \$50.00</p> <p><input type="checkbox"/> PRODUCER-DEALER - sells graded eggs produced by his own flock of 3,001 or more. ** (Please indicate) TOTAL FLOCK SIZE _____</p> <p><input type="checkbox"/> GRADING STATION - candles and grades nest run eggs.</p> <p><input type="checkbox"/> JOBBER (a handler whose primary place of business is a truck or vehicle).</p> <p><input type="checkbox"/> BROKER</p> <p><input type="checkbox"/> DISTRIBUTOR</p> <p>** (Please indicate) **TYPE(S) OF EGGS BEING SOLD Chicken Turkey Guinea Balut Duck Goose Quail Ostrich</p> <p><input type="checkbox"/> 600 Cases or more (30 doz. Cases) <input type="checkbox"/> Less than 600 Cases (30 doz. Cases) <input type="checkbox"/> N/A</p>
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SEE BACK



IDOA USE ONLY: Check # _____ Check Amt _____ Revenue Code 411 412 413 415

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Revised Statutes, Chapter 56 1/2, Paragraph 55-1 through 55-21. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-0039 (Rev. 2016)

Applicant is: Association Corporation Individual Partnership N/A

5. INSPECTION FEE INFORMATION (**Please check one**) –

Producers-Dealers – Estimate the number of cases you will **sell** per year in Illinois _____.

Distributors/Brokers/Jobbers –

Name of business providing eggs _____.

Estimate the number of cases you **purchase** per year and sell in Illinois _____.

Is the business you purchase eggs from licensed to do business in Illinois? YES ___ NO ___ DON'T KNOW ___

*An inspection fee of 11 cents per 30 dozen case is assessed on all candled and graded eggs sold in Illinois. The first handler in Illinois who packed and sold the eggs shall pay the prescribed inspection fee. In the event that the eggs are shipped into Illinois, the handler who invoiced the eggs to Illinois shall pay the fee. Inspection fees shall be paid on a quarterly basis, except those persons selling less than 600 cases of eggs per year will be paying annually.

***Please enclose a current copy of the invoice from the business you purchase your eggs from with your license application or renewal.**

6. CERTIFICATIONS: **Failure** to check one of the boxes below and sign the application may result in The Department refusing to process your application:

a. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following: **“I hereby certify, under penalty of perjury, that (Please check one)**

I am not subject to a child support order”

I am not more than 30 days delinquent in complying with a child support order”

I am more than 30 days delinquent in complying with a child support order”

Failure to so certify may result in denial of the application/renewal; and making a false statement may subject the licensee to contempt of court (5ILCS 10/1 0-65 c)

b. I hereby certify that if a license is granted under this application, I agree to conform and conduct my Business in accordance with the provisions set forth in the Illinois Egg & Egg Products Rules & Regulations and the regulations pursuant, thereto.

c. I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Name of the Owner (**Please Print or Type**)

Signature of Owner, Partner, Officer of Corporation

Date

(This application must be signed by the Owner, if an individual, by one of the partners, if a partnership, or by an officer of the corporation if incorporated. Please return to address listed on top of application.)