



THIS FORM SHOULD BE FILLED IN ON-LINE, SAVED, PRINTED AND MAILED WITH YOUR PAYMENT TO THE ABOVE ADDRESS.

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. Remit license fees with this form to the address listed above.

| | | |
|--|----------------------|---|
| Business Name to appear on license | | License Number (if known) |
| 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 |

NEW APPLICATION (including new ownership) FOR ADDRESS CHANGES use the [Change of Address Form](#)

ANNUAL RENEWAL APPLICATION (same ownership and location as the previous year)

REACTIVATE INACTIVE LICENSE (a location that has had a license with us before, but was deactivated for a period of time)

LICENSE DELIVERY

Mail physical copy to my address Email digital copy

1. APPLICANT IS:

Association Partnership Corporation

LLC Individual Other _____

2. PLEASE CIRCLE OR CHECK TYPE(S) OF EGGS BEING SOLD

Chicken Turkey Duck Goose Guinea

3. HAS THERE BEEN A CHANGE IN OWNERSHIP AT THIS LOCATION IN THE LAST 12 MONTHS?

Yes No

4. CLASSIFICATION OF LICENSES

TYPE OF LICENSE REQUESTED (PLEASE CHECK ONE)

LIMITED LICENSE Fee \$15.00

PRODUCER-DEALER - sells ONLY graded eggs produced by own flock.
TOTAL FLOCK(S) SIZE _____

FULL LICENSE Fee \$50.00

PRODUCER-DEALER - sells graded eggs produced by own flock AND eggs from other producer-dealers.
TOTAL FLOCK SIZE _____

GRADING STATION - candles and grades nest run eggs without any chickens on site

JOBBER - a handler whose primary place of business is a truck or vehicle

BROKER - transfers ownership of eggs or eggs products from one entity to another without necessarily taking possession

DISTRIBUTOR - entity supplying eggs to stores or other businesses not counting hauling only

EGG BREAKERS LICENSE Fee \$200.00

A facility that breaks eggs and separates contents from the shell.

Please see 410 ILCS 615 and 8 IAC 65 for more detailed licensee definitions

SEE BACK



IDOA USE ONLY: CC: _____ Check # _____ Amt: _____ Rev 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. 2019)

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

****Please note: If you are a new licensee, please enter zero on the question below regarding cases sold unless you are able to provide documentation otherwise from the previous calendar year. Program staff will work with new applicants to determine whether you will be on quarterly or annual inspection fee reporting.**

Producers-Dealers – How many 30 dozen cases did you sell in IL during the previous calendar year? _____

Distributors/Brokers/Jobbers/Grading Stations –

Name of business providing eggs (who is supplying eggs to you?) _____

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

If you are an out-of-state distributor, how many 30 dozen cases did you sell in IL during the previous calendar year? _____

*An inspection fee of 11 cents per 30 dozen case is assessed on all candled and graded eggs sold in Illinois. The firsthandler 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 do NOT include inspection fees with this application – you will receive the inspection fee report in a separate mailing either on a quarterly or annual basis based on your response above.**

***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 only 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.)

SAVE FORM

PRINT FORM

CLEAR FORM