



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Animal Industry  
Bureau of Animal Disease Control

APPLICATION FOR  
PERMIT TO FEED GARBAGE TO SWINE

585.51, Florida Statutes  
5C-11, Florida Administrative Code  
Contact: Swine Programs Coordinator Phone (850) 410-0900 Fax: 410-0946 or 0919

Remit Non-Refundable  
Application Fee of \$50.00-  
\$200.00 by Check or Money  
Order made payable to FDACS  
and remit to:

Florida Department of  
Agriculture and Consumer  
Services  
P.O. Box 6710  
Tallahassee, FL 32314-6710

[www.freshfromflorida.com/ai](http://www.freshfromflorida.com/ai)

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

COMPLETE ALL ITEMS

Owner's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Facility Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ County/District \_\_\_\_\_

Premises ID#: \_\_\_\_\_ Facility GPS: Latitude (5 Digit Decimal) \_\_\_\_\_ Facility GPS: Longitude (5 Digit Decimal) \_\_\_\_\_

Permit/Renewal Fee:  \$50 (1-25 Swine)  \$100 (26-50 Swine)  \$150 (51-100 Swine)  \$200 (More than 100) Swine

In accordance with the provisions of Section 585.48-585.59, Florida Statutes and the rules of the Florida Department of Agriculture and Consumer Services, I hereby make application to the Department for a permit to feed garbage to swine. I agree to comply with the Florida Statutes and rules of the Department relating to the feeding of garbage to swine.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

INSPECTORS USE ONLY Basic Requirements

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Cooker is adequate in capacity and ability to raise temperature of material to 212° F and to hold it at that temperature for 30 minutes.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Firebox is enclosed (if direct fire cooker is used).
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Cooking area is covered.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Fencing around premises and cooker is adequate.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Containers are adequate in number and are leakproof.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Separate containers are used for treated/untreated garbage or adequately cleaned between use.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Adequate control of insects, rodents, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Adequate provisions for disposal of excess or untreated garbage.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Assurance of cleanliness of vehicles, equipment and facilities used in garbage feeding operation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Raw garbage handling areas can be properly cleaned.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Adequate records kept on raw garbage. List all garbage sources on reverse.

Following is a brief description of the equipment and method to be used in the cooking or treating of garbage.  
(If additional space is needed, complete on back).

**Inspector's certification:** I hereby certify that all the basic requirements have been met and that the requirements and methods to be used are adequate. I also recommend that the permit be issued/renewed.

\_\_\_\_\_  
(Inspector's Signature)

\_\_\_\_\_  
(Date)

For Office Use Only

First Issue  Renewal

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

Org. Code: 42090201000  
EO: A2  
Object Code: 002058 \$50-\$200

**INSPECTION/APPLICATION FOR PERMIT TO FEED GARBAGE TO SWINE**

I collect garbage from the following locations (List names and addresses of all individuals, hotels, restaurants or other institutions from which you obtain surplus food waste):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_