



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Aquaculture

**SHELLFISH PROCESSING PLANT
CERTIFICATION LICENSE APPLICATION**

Section 597.020, F.S.

Wholesale or Retail Saltwater
Products Dealer's License No.: _____
Date Issued.: _____

Applicant _____
(Name of Firm, Corporation or Establishment)

Address _____
(Street & Number) (Town)(County) (Zip)

Registered Agent Address _____
(This is the owner or the person that the owner designates to legally represent the firm and will be served by the Department.)

TO: Florida Department of Agriculture and Consumer Services
DIVISION OF AQUACULTURE
1203 Governors Square Boulevard
5th Floor, Mail Station GS47
Tallahassee, Florida 32301

Applicant Statement:

Pursuant to Chapter 5L, Florida Administrative Code, this application is hereby submitted for approval and certification to operate as a shellfish processing establishment as designated below:

- | | |
|--|-----------------------------------|
| A. Plant Classification | B. Type of Product |
| Shellstock Shipper Only <input type="checkbox"/> | Oysters <input type="checkbox"/> |
| Shucker-Packer-Shellstock <input type="checkbox"/> | Clams <input type="checkbox"/> |
| Repacker <input type="checkbox"/> | Mussels <input type="checkbox"/> |
| Depuration Processor <input type="checkbox"/> | Scallops <input type="checkbox"/> |

I, as Applicant or Registered Agent, have hereby been provided a copy of Chapter 5L, Florida Administrative Code, for review as it relates to shellfish processing plant operations.

Respectfully submitted,

(Signature of Owner and/or Registered Agent) (Date)

Official Business Address or Registered Agent's Address:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

Telephone Numbers: Business _____ Home _____