



Georgia Department of Agriculture  
 Gary W. Black, Commissioner  
 Premises Registration Application



**Premises Location Information**

Business/Premises Name:

Physical Address:

City: State: Zip:

County:

Premises Classification

- |                          |                 |                   |                         |
|--------------------------|-----------------|-------------------|-------------------------|
| Clinic                   | Exhibition      | Licensed Facility | Market/Collection Point |
| Non-Producer Participant |                 | Production Unit   | Rendering               |
|                          | Slaughter Plant | Tagging Site      |                         |

**Contact Information**

Name

Mailing Address

City State Zip

County

Phone number

Email Address (REQUIRED)

Contact Type	Animal Owner	Premises Owner
	Representative	Other

**Signature of Applicant  
 Or Authorized Agent**

**Date**

**Please Return Completed Form to:**

Mail:

Email:

Georgia Department of Agriculture  
 Attn: Premises ID  
 19 MLK Jr Dr SW  
 Atlanta GA, 30334

AnimalHealth@agr.georgia.gov