



APPLICATION FOR INEDIBLES (SCRAPS) PERMIT

APPLICANT	
Name:	Premise ID#:
Address:	
City/State/Zip Code:	County:
Telephone Number: Home:	Cell:
Email:	

LOCATION OF ANIMALS RECEIVING SCRAPS (if different from above)	
Contact Person:	
Address:	
City/State/Zip Code:	
Telephone Number: Home:	Cell:
County:	

PLACE WHERE SCRAPS WILL BE PICKED UP	
Business Name:	
Contact Person:	
Address:	
City/State/Zip Code:	
County:	
Telephone Number: Home:	Cell:

TYPE OF SCRAPS TO BE PICKED UP AND INTENDED USE	
I certify that the the inedible products described above will not be fed to swine. I do not have swine on the premises where these products are to be kept or fed to animals. I also agree to comply with all other local, State or Federal inspection regulations that may be applicable.	
_____	_____
Applicant's Signature	Date

Please return to: **NCDA&CS, Veterinary Division**
1030 Mail Service Center
Raleigh, NC 27699-1030
Phone: 919-707-3250

SOURCE OF INEDIBLE (SCRAPS) PRODUCTS

MUST BE SIGNED AND COMPLETED BY PLACE OF BUSINESS SUPPLYING
SCRAPS

Establishment Name: _____

Contact Person: _____

Address: _____

Phone Number: Home: (_____) Cell: _____

We are requesting permission for _____
(Name/Address)

to pick up scraps _____ from our place of business for the
(Type of Scraps)

purpose of: Feeding Dogs Exotic Animals

Signature/Date

Business Contact: APPROVED DISAPPROVED

FOR OFFICE USE ONLY:

NCD&CS: Approved Disapproved

Verified By: _____ Date: _____

Premise ID No. _____

Inspection Date: _____ Inspected By: _____

GPS Coordinates: N: _____ W: _____

Swine located on premise: Yes No

Comments: