



Hugh E. Weathers
Commissioner

State of South Carolina Department of Agriculture

Laboratory and Consumer Services

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APPLICATION TO DISTRIBUTE EGGS

APPLICATION IS HEREBY MADE FOR A LICENSE TO WHOLESALE EGGS IN SOUTH CAROLINA. (Applications must be filed for each separate place of business.)

NAME OF FIRM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: (W) _____ (H) _____ (C) _____

SOURCE OF SUPPLY:

Producer ()

Wholesaler ()

Packing Plants ()

HOW EGGS WILL BE SOLD:

Cases ()

Cartons ()

Loose ()

I have the correct equipment to refrigerate____, sanitize____, weigh____, candle____, and grade eggs to meet the quality standards for South Carolina. (Initial)_____

I will comply with the SC Egg Law (39-39) and all it provisions. (Initial)_____

PLEASE SUBMIT YOUR CARTON AND/ OR LABEL FOR COMPLAINCE. (Initial)_____

Remarks: _____

Date: _____

Signed: _____

Owner/Manager

Return to: SC Department of Agriculture, Food Safety & Compliance Section, c/o Ms. Angie Culler, PO Box 11280, Columbia, SC 29211.