|  |  |  |  |
| --- | --- | --- | --- |
| **Permit No.:** | **AFIN:** | **SIC Code:** | **NAICS Code:** |

(Office Use Only) (Office Use Only)

* 1. **Permit Action and Type** *(Please check one of the following)*:

|  |
| --- |
| Operator Type:  Corporation (State of Incorporation:\_\_\_\_\_\_\_\_\_\_\_\_\_)  Limited Liability Company (State of LLC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Partnership  Sole Proprietorship/Private  Public Entity (Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|
| New Permit  Renewal  Modification of Permit, Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cattle Feedlot  Swine  Dairy  Poultry  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* 1. **Permittee Legal Name and Mailing Address:** *(Must Match Arkansas’s Secretary of State)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner Name: | | | | |  | | | |
| Address: |  | | | | Phone Number: | | |  |
| City: |  | | State: | | | | Zip Code: | |
| Contact Person: *(Mr. / Mrs. / Ms.)* | | | | Email: | | | | |
| Title: | | Phone Number: | | | | Cell Number: | | |

* 1. **Facility Location** *(physical address is required; NO P.O. BOX)*:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name: | | | | | | | |
| Address *(911 Address)*: | | | | | Phone Number: | | |
| City: | | | | State: | | | Zip Code: |
| 1/4 Sec.: | Section: | | | Township: | | | Range: |
| Latitude: \_\_\_\_Deg \_\_\_\_\_Min \_\_\_\_\_Sec. | | Longitude\_\_\_\_Deg \_\_\_\_\_Min \_\_\_\_\_Sec. | | | | | Source Datum: |
| County: | | | Nearest Town: | | | | |
| Nearest Stream: | | | Distance: (ft) | | | Stream Segment: | |

* 1. **Consultant Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Consulting Firm: | |
| Email: | | Phone Number: | |
| Address: | | Cell Number: | |
| City: | State: | | Zip Code: |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Please read the following carefully and sign below.** | | | | | | | | | | | | | | | | | | | | **I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, which may include fines and/or imprisonment.** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **SIGNATORY REQUIREMENTS:**  The information contained in this form must be certified by a **responsible official** as defined below:  **Corporation:** principal officer at least the level of vice president (must be an officer or register agent with the secretary of state)  **Partnership:** a general partner  **Sole Proprietorship:** the proprietor/owner  **Municipal, state, federal, or other public facility:** principal executive officer, or ranking elected official  Responsible Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Responsible Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Responsible Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Cognizant Official** is an individual that is given signature authority from the Responsible Official  Cognizant Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cognizant Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cognizant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |

**PERMIT REQUIREMENT VERIFICATION (**Please check the following to verify the completion of permit requirements.)

Yes No

Submittal of Complete Application

Does the Organization name match the Secretary of State (Corporation or Limited Liability Company)?

Does the Responsible Official match the Secretary of State?

Submittal of Nutrient Management Plan

Submittal of Disclosure Statement (completed and executed)

Not required for public entity

Submittal of Land use Contract/Deed/Lease

Arkansas Department of Health notification letter (letter transmitting documents to ADH)

(New permits or modified permits)

Adjacent Landowner Notifications

Provide Certificate of Good Standings with the Arkansas Secretary of State

(If foreign corporation, provide Certificate of Good Standings from the state of Origin)