

Collection of this information is voluntary. It is needed before Federal inspection of meat and poultry is granted. It is used by FSIS to determine whether the applicant should be issued a grant of inspection. (9 CFR 304.1 and 9 CFR 381.16) FORM APPROVED OMB 0583-0082

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE  
**APPLICATION FOR FEDERAL MEAT,  
POULTRY, OR IMPORT INSPECTION**

**INSTRUCTIONS:**

Submit this application to the District Manager, Food Safety and Inspection Service, U.S. Department of Agriculture for applicable inspection requests. Complete all sections. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

**SECTION I (to be completed for Import or Domestic Inspection Activities)**

1. DATE OF APPLICATION <b>04/08/2004</b>	2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input checked="" type="checkbox"/> OTHER (Specify) <b>ADDING d.b.a. (block B)</b>	3. TYPE OF INSPECTION REQUIRED <input checked="" type="checkbox"/> MEAT <input type="checkbox"/> IMPORT <input checked="" type="checkbox"/> POULTRY	4. EXEMPTED ACTIVITIES (specify) <b>CUSTOM SLAUGHTER CUSTOM PROCESSING RETAIL EXEMPT</b>
5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (specify)	6. IF CORPORATION; NAME OF STATE WHERE INCORPORATED <b>MISSOURI</b>		
8. NAME OF APPLICANT (Company Name) AND MAILING ADDRESS (Include Zip Code) <b>RAINS NATURAL MEATS DIVISION OF PRO SHOW ENTERPRISES 23795 260<sup>TH</sup> STREET GALLATIN, MO 64640</b>		7. DATE INCORPORATED (Month and Year) <b>4-90</b>	9. AREA CODE TELEPHONE NUMBER <b>660-663-3674 660-663-4153</b>
10a. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (Include Zip Code) <b>SAME AS #8</b>		11. AREA CODE TELEPHONE NUMBER <b>Same as #9</b>	
10b. ATTACH A DESCRIPTION OF THE LIMITS OF THE ESTABLISHMENT PREMISES THAT IS REQUESTED TO BE UNDER FEDERAL INSPECTION (e.g., Diagram, written narrative, or schematic)		12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY <b>N/A</b>	
12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY <b>N/A</b>		13. OTHER NAMES (if any) UNDER WHICH BUSINESS WILL BE CONDUCTED <b>D AND S COUNTRY MEATS</b>	

14. DAYS PER YEAR PLANT WILL OPERATE		15. HOURS PER WEEK PLANT WILL OPERATE		16. HOURS PER DAY PLANT WILL OPERATE		17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM	
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT

**SECTION II (to be completed for Domestic Inspection Activities)**

<b>SLAUGHTER</b>	18. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED							
	<input checked="" type="checkbox"/> CATTLE	<input checked="" type="checkbox"/> CALVES	<input checked="" type="checkbox"/> SHEEP	<input checked="" type="checkbox"/> GOATS	<input checked="" type="checkbox"/> SWINE	<input type="checkbox"/> EQUINES		
<b>COMMERCE ONLY</b>	19. FRESH MEAT OR READY-TO-COOK POULTRY TO BE DISPOSED OF IN COMMERCE 1/							
	<input checked="" type="checkbox"/> BEEF	<input checked="" type="checkbox"/> VEAL	<input checked="" type="checkbox"/> LAMB OR MUTTON	<input checked="" type="checkbox"/> GOAT MEAT	<input checked="" type="checkbox"/> PORK	<input type="checkbox"/> EQUINE MEAT		
<b>PROCESSING</b>	20. PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED							
	<input type="checkbox"/> MEAT	<input checked="" type="checkbox"/> BREAKING/CUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.)	<input type="checkbox"/> CANNING (Shelf stable, perishable, cans, pouches, glass)					
<input type="checkbox"/> POULTRY	<input checked="" type="checkbox"/> BONING (manual boning meat/poultry)	<input type="checkbox"/> DRYING (pork cuts, beef cuts, sausage, dehydrated products)						
<input checked="" type="checkbox"/> BOTH	<input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry)	<input type="checkbox"/> CONVENIENCE ITEMS (entrees, dinners, pies, pizzas etc.)						
	<input checked="" type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger etc.)	<input checked="" type="checkbox"/> SLICING (bacon, luncheon meats, sausage etc.)						
	<input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.)	<input type="checkbox"/> FAT/SOILS (lard, tallow, shortening, margarine etc.)						
	<input checked="" type="checkbox"/> FORMULATING (fresh/cured sausages, loaves, poultry rolls, pattie mix etc.)	<input type="checkbox"/> OTHER (specify)						
	<input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.)							

**SECTION III (to be completed for Import Inspection Activities)**

21. IMPORT INSPECTION ACTIVITIES **N/A**

<b>a. CARCASSES</b> <input type="checkbox"/> BEEF <input type="checkbox"/> VENISON <input type="checkbox"/> VEAL <input type="checkbox"/> OTHER (describe) <input type="checkbox"/> SWINE <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> EQUINE		<b>b. FRESH</b> <input type="checkbox"/> CUTS <input type="checkbox"/> BONELESS MFG MEAT		<b>d. COOKED BEEF</b> <input type="checkbox"/> RESTRICTED <input type="checkbox"/> UNRESTRICTED		<b>f. PROCESSED PRODUCTS</b> <input type="checkbox"/> FRESH/FROZEN <input type="checkbox"/> HEATED <input type="checkbox"/> DRIED/SEMI-DRIED		<b>h. POULTRY (Parts)</b> <input type="checkbox"/> RAW <input type="checkbox"/> COOKED <input type="checkbox"/> OTHER POULTRY (describe)	
		<b>c. FROZEN MFG. MEATS</b> <input type="checkbox"/> CUTS <input type="checkbox"/> BONELESS MFG MEAT		<b>e. CONTAINERS</b> <input type="checkbox"/> PERISHABLE <input type="checkbox"/> SHELF STABLE		<b>g. POULTRY (Whole Carcass)</b> <input type="checkbox"/> RAW <input type="checkbox"/> COOKED			

**SECTION IV (to be completed for Import and Domestic Inspection Activities)**

22. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the District Manager of any changes in the listing given.

NAME TITLE (Indicate if partner, manager)	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH (City and State)	PRESENT HOME ADDRESS (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp)	
					YES	NO
DAVID RAINS MANAGER			MARSHALL, MO	23500 260TH STREET GALLATIN, MO 64640	(S) X	(V) NO
STEVE RAINS PARTNER			BETHANY, MO	25505 ST. HWY 6 GALLATIN, MO 64640	X	
DONALD RAINS PARTNER			BARNETT, MO	307 S. CLAY GALLATIN, MO 64640	X	

23. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

24. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

25. SANITATION STANDARD OPERATING PROCEDURES HAVE BEEN DEVELOPED FOR THE ESTABLISHMENT IN ACCORDANCE WITH 5416.12 OF THE REGULATIONS. (Check)  YES  NO

26. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE (Check)  YES  NO

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), the Regulations Governing the Meat Inspection of the United States Department of Agriculture (9 CFR Part 301 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.), and the Poultry Products Inspection Regulations (9 CFR 381 et seq.), or both I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years or both as prescribed by Title 18 U.S. Code 1001.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, D.C. 20250.

27. TYPED NAME OF PERSON SIGNING APPLICATION SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION

David Rains

28. SIGNATURE  
*David Rains*

29. TITLE  
MANAGER

30. OFFICIAL NUMBER ASSIGNED/RESERVED  
EST 20575 IP 20575

31. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION (Completed by District Office)  
 YES  NO

TO BE COMPLETED BY USDA

32. DATE RECEIVED 04/16/04 33. DATE REVIEWED 04/22/04 34. THIS PLANT TO BE UNDER TALMADGE-AIKEN ACT  YES  NO

35. SIGNATURE OF DISTRICT MANAGER

*Wm M Walker*

36. DATE 4/22/04