

**2025 APPLICATION FOR WHOLESALE CERTIFICATE OF REGISTRATION
AND REPORTING CASE VOLUME**

**For licensing year
July 1, 2025 - June 30, 2026**

Return application to:
INDIANA STATE EGG BOARD
Purdue University
Creighton Hall of Animal Science
270 S. Russell Street
West Lafayette, IN 47907-2041
Ph:765-494-8510

FOR OFFICE USE ONLY
Certificate No. _____
Check/M.O. _____
(payable to Indiana State Egg Board)
Cash (not responsible): _____

- Registrants are required to obtain the wholesale permit, and pay a deposit, which will be required to be held to in the active account.
- The deposit amount is determined by estimating the 30-dozen case volume sold at wholesale in a 13-week period multiplied by \$.11 per case.
- A request for the refund of deposit monies can be made upon the cease of distribution of eggs in Indiana, providing the account is current in reporting and payment.
- Farm Market Retail/Wholesale Combination accounts and accounts distributing less than 5 cases per week are exempt from the deposit monies.

Average Number of <u>30 dozen</u> cases sold weekly	Registration Fee	<input checked="" type="checkbox"/>
Farm Market Retail/Wholesale*	\$ 50.00	
Less than 5 cases	\$ 50.00	
>5 - 250 cases	\$ 90.00	
>250 – 500 cases	\$ 120.00	
>500 – 1000 cases	\$ 150.00	
More than 1000 cases	\$ 200.00	

Please check the appropriate category above
Registration Fee Due \$ _____

Deposit Due \$ _____

(13 weeks x # of 30 dozen cases/week x \$.11)

***Farm Market Retail/Wholesale accounts and accounts distributing less than 5 cases per week are exempt from paying deposit monies**

TOTAL DUE \$ _____

The undersigned hereby applies for a wholesale certificate of registration granting authority to sell eggs in the State of Indiana and a permit to report case (nearest whole number of 30-dozen cases) volume of shell eggs sold at wholesale in the State of Indiana under the provision of IC 16-42-11.

BUSINESS NAME: _____ *If Farm Market/Wholesale - # of Hens: _____

*Each distribution facility storing and shipping eggs in Indiana must be registered separately.

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ TELEPHONE: _____ FAX: _____

Contact Person: _____ Email: _____

Mailing Address:(if different than street address) _____

Distributing eggs to: _____ Retail (grocery store) _____ Food Service (restaurant) _____ Other _____

When this permit is granted, it is agreed that the above named registrant shall:

1. Keep such records as the board may consider necessary to indicate accurately the case volume of shell eggs sold in Indiana; these records will include:
 - a. Invoices showing purchases and sales of shell eggs
 - b. A sales ledger showing all egg sales made at wholesale in Indiana to any retailer, hotel, restaurant, hospital, nursing home, school, state or federal institution.
 - c. A cumulative summary of sales made in Indiana.
2. Grant the State Egg Board or its duly authorized representative permission to examine such records and verify the statement of the number and grade of eggs reported.
3. Report, under oath or affirmation, to the Board on forms furnished by the Board, the number of 30-dozen cases of eggs wholesaled during the period covered. (370 IAC 1-12-2)

Sign _____ Date _____

(Signature required by law)