

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. To submit electronically, complete the electronically-fillable form and save the form on your hard drive. Print the form and sign it. Scan the form and e-mail the completed form to the Grant Curator in the appropriate FSIS District Office. For paper copies, send the signed application form to the Grant Curator at the District Office mailing address.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
**HOURS OF OPERATION
REQUEST/APPROVAL**

1. ESTABLISHMENT NO.: 47646
2. DATE: Jul 23, 2021

3. DISTRICT OFFICE NAME AND MAILING ADDRESS:
713 S. Pear Orchard Rd, Ste. 402 Ridgeland,

4. ESTABLISHMENT NAME, MAILING ADDRESS, AND E-MAIL ADDRESS:
Lightfoot Farm Market & Processing
7422 Ward Road
Millington, TN 38053

5. PHYSICAL LOCATION OF ESTABLISHMENT:
Same as #4.

6. TYPES OF INSPECTION: (check all that apply)
 MEAT POULTRY IMPORT EGG PRODUCTS SILURIFORMES - FISH

SCHEDULE OF OPERATIONS

FIRST SHIFT				SECOND SHIFT			
DAYS	START TIME	LUNCH	END TIME	DAYS	START TIME	LUNCH	END TIME
SUN.				SUN.			
MON.	0700	1130-12	1530	MON.			
TUES.	0700	1130-12	1530	TUES.			
WED.	0700	1130-12	1530	WED.			
THURS.	0700	1130-12	1530	THURS.			
FRI.	0700	1130-12	1530	FRI.			
SAT.				SAT.			

EXEMPT ACTIVITIES

CUSTOM SLAUGHTER (livestock only) CUSTOM EXEMPT PROCESSING (livestock only) RETAIL EXEMPT JURISDICTION
 YES NO YES NO YES NO YES NO

COMMENTS:
Lightfoot Farm Market & Processing, HOO will be 0700 to 1530 with no second shift. The lunch break will be from 1130 to 12 noon.

PRINTED NAME OF APPLICANT: Kimberly Lightfoot DATE: 7/23/21
SIGNATURE OF APPLICANT: *Kimberly Lightfoot*

FSIS USE ONLY

FRONTLINE SUPERVISOR: RECOMMENDED NOT RECOMMENDED

COMMENTS:
Lightfoot Farm Market & Processing HOO submission.

PRINTED NAME OF FRONTLINE SUPERVISOR: Willis L. Wright, III DATE: 7/23/21
SIGNATURE OF FRONTLINE SUPERVISOR: *Willis L. Wright*

DISTRICT MANAGER USE

DISTRICT MANAGER: APPROVED NOT APPROVED

The assigned inspector's tour of duty for your establishment is 0700-1530
Should you request overtime or holiday inspection service outside of the assigned inspector's tour of duty, if granted, you shall reimburse FSIS in accordance with 9 CFR 307.5(e) or 9 CFR 381.36.

DISTRICT MANAGER SIGNATURE: *John Wright* DATE: 7-28-21

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

APPLICATION FOR FEDERAL INSPECTION
(Meat, Poultry, Siluriformes Fish, Egg Products and Import Inspection)

Submit this application electronically, or by mail, to the Grant Curator at the appropriate U.S. Department of Agriculture, Food Safety and Inspection Service, District Office. Complete all sections. If a section is not applicable, enter N/A or None. If additional space is needed for any items, use the continuation sheet provided or an attachment. Number the item.

SECTION I. APPLICANT INFORMATION

1. Date of Application 1a. Existing Establishment Number (if applicable)

2. Type of Application (check all that apply)
 New Change of Location Change of Ownership Other, specify:

3. Type of Inspection (check all that apply)
 Meat Poultry Egg Products Import Siluriformes Fish

4. Form of Organization (check applicable box)
 Individual Cooperative Association Partnership Corporation Education Institution Limited Liability Company (LLC) Other

5. If Corporation, Name of State or Territory where Incorporated

6. Date Incorporated
mm/ dd/ yyyy

7. Name and Address of Corporate Headquarters
Name
Address
City
State Zip Code Country

8. Federal Employer ID#

9. Dun & Bradstreet # (if applicable)

10. Firm's Code (Import Only)

11. Name of Applicant (person, firm or corporation making application) and mailing address
Name
Address
City
State Zip Code Country

12. Telephone number and e-mail address of applicant
phone
e-mail

13. Actual Name of Company and Physical Location Address of Establishment
Name
Address
City
State Zip Code Country

14. Telephone number, mailing address and e-mail address of establishment
phone
mailing address
e-mail

SECTION II. ESTABLISHMENT INFORMATION

15. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under Federal inspection. Use continuation sheet or attachment if necessary. (For egg product plants, submit blueprints via electronic attachment or by mail.)
 on continuation sheet attached document by other means (mail, courier) previously submitted

16. Name and establishment number of other official establishments located in the same facility (if applicable)

17. Other names - Doing Business As (DBA) - Use continuation sheet if necessary

18. Estimated date when the establishment will be ready to operate under inspection (mm/ dd/ yyyy)

SECTION III. TYPE OF OPERATIONS

19. MEAT, POULTRY, AND SILURIFORMES FISH INSPECTION ACTIVITIES (check all that apply)

<p>19A. SLAUGHTER OPERATIONS</p> <p><input type="checkbox"/> Calf</p> <p><input checked="" type="checkbox"/> Cattle</p> <p><input type="checkbox"/> Equine</p> <p><input checked="" type="checkbox"/> Goat</p> <p><input checked="" type="checkbox"/> Sheep</p> <p><input checked="" type="checkbox"/> Swine</p> <p><input type="checkbox"/> Chicken</p> <p><input type="checkbox"/> Duck</p> <p><input type="checkbox"/> Goose</p> <p><input type="checkbox"/> Guinea</p> <p><input type="checkbox"/> Ratite</p> <p><input type="checkbox"/> Squab</p> <p><input type="checkbox"/> Turkey</p> <p><input type="checkbox"/> Siluriformes Fish</p>	<p>19B. PROCESSING OPERATIONS</p> <p><input type="checkbox"/> a. Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> b. Heat Treated Not Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> c. Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> d. Not Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> e. Product with Secondary Inhibitors - Not Shelf Stable</p> <p><input checked="" type="checkbox"/> f. Raw - Intact Products</p> <p><input checked="" type="checkbox"/> g. Raw - Non Intact Products</p> <p><input type="checkbox"/> h. Thermally Processed Commercially Sterile</p>	<p>19C. EXEMPTIONS (explain separation from inspected products on continuation sheet)</p> <p><input checked="" type="checkbox"/> Custom Processing</p> <p><input checked="" type="checkbox"/> Custom Slaughter</p> <p><input checked="" type="checkbox"/> Retail Activities</p> <p><u>Religious Exempt Poultry</u></p> <p><input type="checkbox"/> Buddhist eviscerated Poultry</p> <p><input type="checkbox"/> Confucian Non-eviscerated Poultry</p> <p><input type="checkbox"/> Islamic (Halal) Poultry</p> <p><input type="checkbox"/> Kosher Non-eviscerated Poultry</p> <p><u>Religious Exempt Livestock</u></p> <p><input checked="" type="checkbox"/> Halal</p> <p><input type="checkbox"/> Kosher</p> <p><input type="checkbox"/> Other (specify on continuation sheet)</p>	<p>19D. JURISDICTION (explain separation from inspected products on continuation sheet)</p> <p><input checked="" type="checkbox"/> FSIS Inspection only</p> <p><input type="checkbox"/> State Inspection</p> <p><input type="checkbox"/> Talmadge-Aiken</p> <p><u>Multiple Agencies</u></p> <p><input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Dual Jurisdiction Establishment with Food and Drug Administration (FDA)</p> <p><input type="checkbox"/> USDA Agricultural Marketing Service (AMS) Grading/Quality Control</p> <p><input type="checkbox"/> Establishment provides products for the National School Lunch Program</p>
--	--	---	--

20. EGG PRODUCTS INSPECTION (check all that apply)

a. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg product)

b. Heat Treated - Shelf Stable (dried egg product, 50% Sugar Yolk)

c. Not Heat Treated - unpasteurized egg product only

d. Egg Breaking

21. IMPORT INSPECTION (check all that apply)

<p>21A. Species</p> <p><input type="checkbox"/> Meat</p> <p><input type="checkbox"/> Poultry</p> <p><input type="checkbox"/> Egg Products</p> <p><input type="checkbox"/> Siluriformes Fish</p>	<p>21C. Types of Products (egg products)</p> <p><input type="checkbox"/> Egg /Egg Products</p> <p><input type="checkbox"/> Shell Eggs</p> <p><input type="checkbox"/> Liquid Eggs</p> <p><input type="checkbox"/> Frozen Eggs</p> <p><input type="checkbox"/> Dried Eggs</p>	<p>21D. Types of Products (meat and poultry only)</p> <p><input type="checkbox"/> Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> Frozen from an APHIS restricted country 9 CFR 94.4 (b)</p> <p><input type="checkbox"/> Frozen</p> <p><input type="checkbox"/> Perishable</p> <p><input type="checkbox"/> Heat Treated - Not Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> Not Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable</p> <p><input type="checkbox"/> Raw - Non-Intact</p> <p><input type="checkbox"/> Ground product</p> <p><input type="checkbox"/> Other Non-intact</p> <p><input type="checkbox"/> Raw - Intact</p> <p><input type="checkbox"/> Cuts (including bone-in and boneless meats)</p> <p><input type="checkbox"/> Boneless and/or skinless parts</p> <p><input type="checkbox"/> Other Intact</p> <p><input type="checkbox"/> Carcasses</p> <p><input type="checkbox"/> Beef</p> <p><input type="checkbox"/> Goat</p> <p><input type="checkbox"/> Mutton</p> <p><input type="checkbox"/> Poultry</p> <p><input type="checkbox"/> Veal</p> <p><input type="checkbox"/> Thermally Processed/Commercially Sterile</p> <p><input type="checkbox"/> Soups</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Equine</p> <p><input type="checkbox"/> Lamb</p> <p><input type="checkbox"/> Pork</p> <p><input type="checkbox"/> Ratite</p> <p><input type="checkbox"/> Veal-hide on</p> <p><input type="checkbox"/> Corned (species)</p> <p><input type="checkbox"/> Ham</p>
<p>21B. Mode of Transportation</p> <p><input type="checkbox"/> Rail Cars</p> <p><input type="checkbox"/> Ocean Vessel</p> <p><input type="checkbox"/> Trucks</p> <p><input type="checkbox"/> Airline</p> <p><input type="checkbox"/> Other, specify: <input type="text"/></p>		

SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT

22. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners of 10 percent or more of voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide an attachment if necessary.

Name and Title		Present e-mail and home address			Holder of 10% or more voting stock? (if corporation)
First	Neil	e-mail	lightfootfarmstn@gmail.com		<input checked="" type="checkbox"/> yes
Last	Lightfoot	Address	7420 Ward Road		<input type="checkbox"/> no
Title	Owner	City	Millington		
		State	TN	Zip Code 38053	Country USA
First	Wesley	e-mail	lightfootfarmstn@gmail.com		<input checked="" type="checkbox"/> yes
Last	Lightfoot	Address	7625 Ward Road		<input type="checkbox"/> no
Title	Owner	City	Millington		
		State	TN	Zip Code 38053	Country USA
First	Alexandria	e-mail	lightfootfarmstn@gmail.com		<input checked="" type="checkbox"/> yes
Last	Lightfoot	Address	7625 Ward Road		<input type="checkbox"/> no
Title	Owner	City	Millington		
		State	TN	Zip Code 38053	Country USA
First	Kimberly	e-mail	lightfootfarmstn@gmail.com		<input checked="" type="checkbox"/> yes
Last	Lightfoot	Address	7420 Ward Road		<input type="checkbox"/> no
Title	Owner	City	Millington		
		State	TN	Zip Code 380523	Country USA
First		e-mail			<input type="checkbox"/> yes
Last		Address			<input type="checkbox"/> no
Title		City			
		State		Zip Code	Country
First		e-mail			<input type="checkbox"/> yes
Last		Address			<input type="checkbox"/> no
Title		City			
		State		Zip Code	Country

SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT (continued)

23. Enter the name of each person listed in Block 22 who has been convicted in any Federal or state court of (1) any felony, or (2) 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 fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of the conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

None Yes, explain

24. List each conviction against the applicant or recipient (person, firm or corporation) in any Federal or state court of any (1) felony, or (2) 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(s), indicate felony/misdemeanor, the date of conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

None Yes, explain

25. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3 and 381.22 for meat and poultry inspection only. Check all applicable boxes. (Does not apply to egg product inspection.)

Developed written recall procedures
 Developed written Sanitation Standard Operating Procedures (SSOP)
 Conducted a hazard analysis and developed a Hazard Analysis and Critical Control Point Plan (HACCP)

26. Applicant has been provided with a copy of the Privacy Act Notice?

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.), or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.), or the Egg Products Inspection Act, (21 U.S.C. 1031 et seq.), and the regulations governing the inspection of the meat, poultry or egg product inspection of the United States Department of Agriculture (9 CFR Part 301 et. seq.). I CERTIFY that all statements made herein are true to the best of my knowledge and belief.
WARNING: Persons knowingly and 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.C. 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, DC 20250.

27. Typed or written name and title of person signing application: Kumbery Lightfoot

28. Signature: *Kumbery Lightfoot*

TO BE COMPLETED BY USDA FSIS OFO DISTRICT OFFICE ONLY

29. Is this establishment: (check all that apply)

under State Inspection?
 in the Cooperative Interstate Shipment (CIS) Program?
 to be under the Talmadge-Aiken Act?

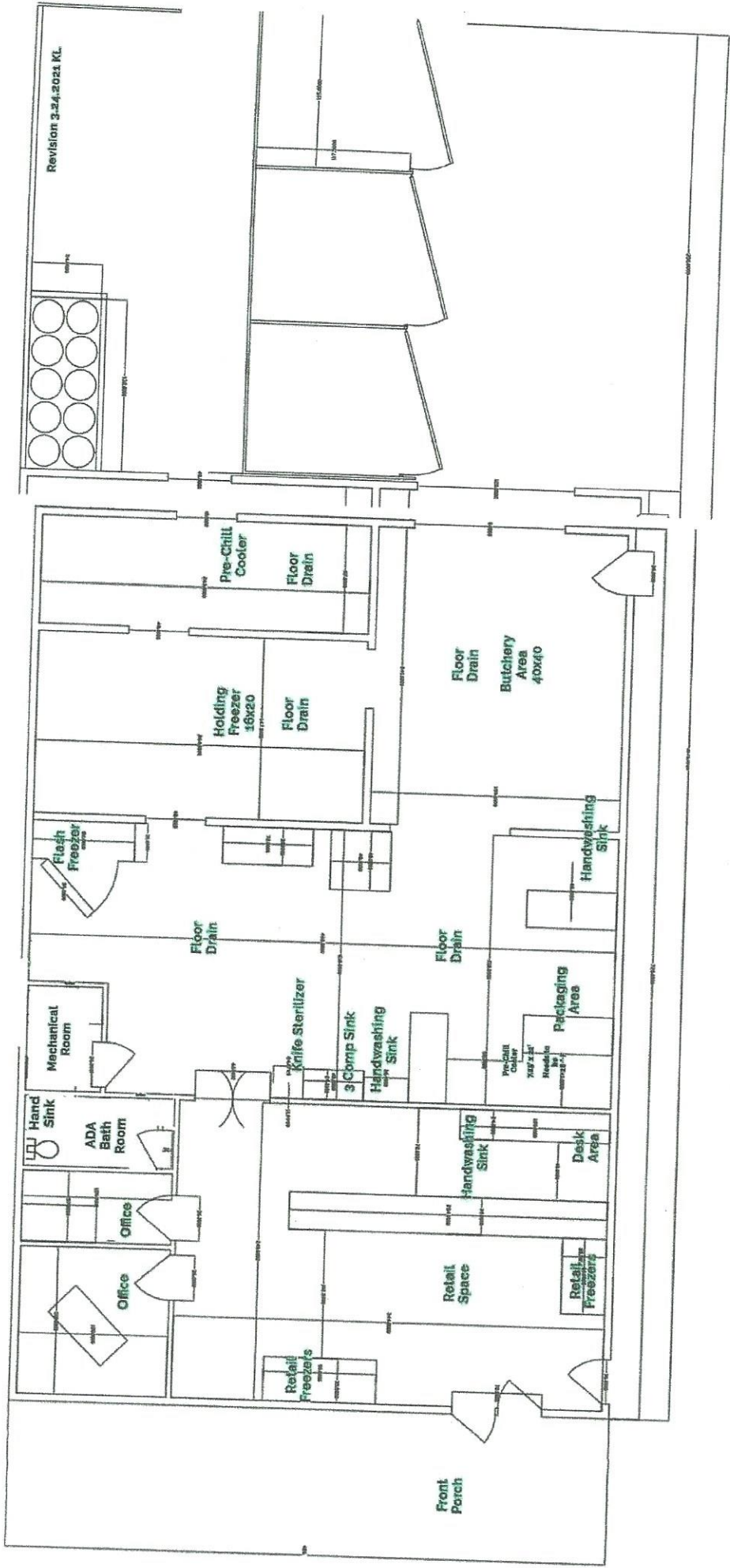
30. Date application received by District Office: 3/30/21

31. Official Inspection number(s) assigned by District Office: 47646

32. Signature of the District Manager: *Danmore R. Lightfoot, DVM, MS*

33. Date: 4/14/2021

Revision 3.24.2021 KL



GRANT OF INSPECTION

1. DATE 07/27/2021	2. ESTABLISHMENT NO. M-47646
3. DISTRICT CODE 90 23	
4. NAME AND MAILING ADDRESS OF APPLICANT (Use 9 Digit Zip Code if Known) Kimberly Lightfoot 7420 Ward Road Millington, TN 38053	
5. DISTRICT OFFICE CONTACT INFORMATION (mailing address, e-mail, phone number) Jackson District Office Plaza II, 713 S. Pear Orchard Rd., Suite 402 Ridgeland, MS 39157 E-Mail Address: Jackson.GrantCurator@usda.gov	
6. LOCATION OF ESTABLISHMENT (PHYSICAL STREET ADDRESS) 7420 Ward Road Millington, TN 38053	
7. TYPE OF GRANT <input checked="" type="checkbox"/> CONDITIONAL (VALIDATE HACCP PLAN) <input type="checkbox"/> REGULAR	
8. TYPE OF INSPECTION (Check all that apply) <input checked="" type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> EGG <input type="checkbox"/> IMPORT <input type="checkbox"/> SILURIFORMES FISH	
9. DATE OF INAUGURATION OF SERVICE August 6, 2021	

AGREEMENT AND CERTIFICATION: A survey of your establishment at the location shown above indicates compliance with the applicable requirements in Title 9 CHAPTER III -- FOOD SAFETY AND INSPECTION SERVICE, DEPARTMENT OF AGRICULTURE regulations promulgated under the authority of the Federal Meat Inspection Act, the Poultry Products Inspection Act, or the Egg Products Inspection Act. Accordingly, inspection service is granted.

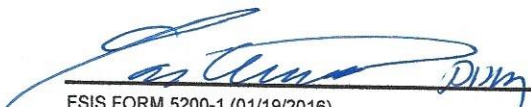
A copy of FSIS Form 5200-2, *Application for Federal Inspection*, is enclosed or attached. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations pertaining to the inspection of meat, poultry, Siluriformes fish or egg product or the importation of meat, poultry, Siluriformes fish or egg product.

Your establishment is under the supervision of the District Office. Contact the District Office if you need help in interpreting the provisions of the regulations

REMARKS:

CONDITIONAL GRANT OF INSPECTION: In accordance with Part 9 CFR 304.3(b), this conditional grant of inspection is issued (not to exceed 90-days - October 27, 2021), during which time you must validate the Hazard Analysis and Critical Control Point (HACCP) Plan for (meat inspection services). Upon successful validation, inspection will be granted.

cc:
District Office Staff - Ridgeland, MS
Frontline Supervisor - Memphis, TN
U.S. Government Office File
FSIS Billing Department
FSIS Printing
Official Est. File

DISTRICT MANAGER SIGNATURE 	PRINT NAME Mr. Larry A. Davis, District Manager
--	--