



# ZABIHA MONITORING COMMITTEE

A Branch of Rahmat-e-Alam Foundation, a Non-Profit Organization, State of Illinois Registered, IRS 501 (c)(3)

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## ZABIHA MONITORING & CERTIFICATION APPLICATION FORM

### APPLICATION FOR

- A. Slaughter House       B. Processor       C. Distributor  
 D. Retailer       E. Restaurant

### APPLICANT'S INFORMATION

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS / P.O.BOX / APT # CITY STATE ZIP CODE

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Are you an authorized decision maker?  Yes  No If No, then please provide the name of authorized decision maker

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS / P.O.BOX / APT # CITY STATE ZIP CODE

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### BUSINESS INFORMATION

Name of Business Entity: \_\_\_\_\_

Business Type:  "C" Corporation  "S" Corporation  LLC  Sole Proprietor

Name of CEO: \_\_\_\_\_

DBA (if different from above): \_\_\_\_\_

Business physical address:

Address: \_\_\_\_\_  
STREET ADDRESS / P.O.BOX / APT # CITY STATE ZIP CODE

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Zabiha Monitoring and Certification services are free for the benefit of Muslim Ummah

1. Shariah Board New York (“SBNY”) and the undersigned business agree as follows.
2. This agreement expires one year after it is executed. The agreement will also terminate, immediately, in the event: (a) the owner of the business at the time the agreement was executed is no longer the owner; or (b) SBNY sends written notice to the business. For purposes of this provision, SBNY’s written notice shall be deemed sent on the day SBNY places it into the Certified Mail for the United States Postal Service for delivery to both the business and the owner listed on this agreement.
3. As used in this agreement, the term “halal meat products” refers to chicken, goat, lamb, veal or beef, as well as any other type of meat or poultry, in either whole or processed form.
4. SBNY grants, for as long as this agreement is effective, the business the right to use SBNY’s known and valuable trademarks, including but not limited to the terms ‘SBNY Certified’, ‘Shariah Board Certified’, ‘Shariah Board Approved’, to advertise the business as meeting the standard for SBNY’s certification for halal meat products. Upon expiration or any termination of this agreement, the business agrees to immediately cease using SBNY’s trademarks. Furthermore, upon expiration or any termination of this agreement, the business shall immediately destroy all products, signage or other materials that refer to SBNY in any way.
5. SBNY will provide a certificate bearing SBNY’s seal and representing that the business meets SBNY’s halal meet certification standard. The business and/or its owner must relinquish this certificate to SBNY immediately upon expiration or any termination of this agreement. The business may not dispose of or destroy this certificate on its own accord.
6. The business agrees that it will not sell any meat products, except products sourced from suppliers approved by SBNY in writing, as per SBNY’s Certified and Monitored Listing. If at any point SBNY discovers the business sold or offered for sale a meat product sourced from elsewhere, SBNY may terminate this agreement immediately upon giving either verbal or written notice to the business.
7. The business grants SBNY representatives unfettered access to inspect the entire business premises (including any and all business premises used by the business) at any time. Further as part of such inspection, SBNY representatives have the right to search for and seize any invoices that are present on the business premises. And, the business must respond to any request from SBNY to provide all records concerning all halal meat purchases and sales, by providing all such records within 10 days of the request.
8. The business agrees to inform SBNY within 30 days if any of the following occurs: (a) the business employs a new butcher or slaughterer; (b) the ownership of the business is changed in any way; or (c) the physical location of the business changes or the business adds a new physical location for doing business.
9. The business consents to SBNY listing the business on SBNY’s website.
10. If the business is a slaughterhouse or engages in slaughtering meat or poultry, it agrees to: use only Muslim slaughterers or butchers that have been trained to meet SBNY’s halal meet certification standards; grant SBNY representatives the right to question slaughterers or butchers at the business premises at any time; complete and return to SBNY within 7 days forms SBNY provides titled “Production Record”.
11. This agreement can be renewed for an additional effective date of one year. In order to renew, SBNY must receive a renewal application 15 days prior to the expiration of the agreement. Fifteen days after the expiration of the agreement, and immediately upon any termination of this agreement, SBNY may publicize, including but not limited to using a widely disseminated press release and conspicuous statements on its own website, that SBNY no longer certifies the business.
12. The business may not assign this agreement without SBNY’s written consent. This agreement may not be modified, altered or amended without written agreement of all parties. If any term is illegal or unenforceable, the legality and enforceability of the remaining provisions shall not be affected or impaired.
13. There is no joint venture, partnership, agency or fiduciary relationship existing between the parties, and the parties do not intend to create any such relationship by this agreement.
14. A 90 day notice is required in case of voluntary withdrawal from this agreement by the business.

**TERMS AND CONDITIONS -- SIGNATURE PAGE**

|                            |   |                      |
|----------------------------|---|----------------------|
| Business Name              |   |                      |
| Address of Business        |   |                      |
| Business Owner's Signature | <p align="center"><u>X</u> _____</p> <p>Print Name and Title: _____</p> | <b><u>Dated:</u></b> |
| Business Owner's Address   |   |                      |
| SBNY Signature             | <p align="center"><u>X</u> _____</p> <p>Print Name and Title: _____</p> | <b><u>Dated:</u></b> |

## SECTION C : DISTRIBUTOR

Is this plant currently Zabīha Certified by any organization?  Yes  No if yes, then state the name and address of the organization.

PLEASE TYPE FULL NAME OF THE CERTIFYING ENTITY

Address: \_\_\_\_\_

STREET ADDRESS / P.O.BOX / APT #

CITY

STATE

ZIP CODE

**Business Hours:** Please state business working days and hours in the chart below. Enter hours of all the shifts this plant runs in a week

| DAYS  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| HOURS |        |         |           |          |        |          |        |

**Plant Capacity:**

Maximum quantity of meat (in pounds) this plant can distribute in a day: \_\_\_\_\_

Total quantity of meat (in pounds) this plant distribute per day: \_\_\_\_\_

**Distributor Supply Line (Product Procured Detail):** (For additional list , please ask for additional chart)

| S/N | SUPPLIER<br><small>(State all the Slaughter House, Distributor, Processors)</small> | PLANT ID | CONTACT NAME & PHONE NO. | MEAT TYPE | QUANTITY RECEIVED/DAY |
|-----|---|----------|--------------------------|-----------|-----------------------|
| 1   |   |          |                          |           |                       |
| 2   |   |          |                          |           |                       |
| 3   |   |          |                          |           |                       |
| 4   |   |          |                          |           |                       |
| 5   |   |          |                          |           |                       |
| 6   |   |          |                          |           |                       |
| 7   |   |          |                          |           |                       |
| 8   |   |          |                          |           |                       |
| 9   |   |          |                          |           |                       |
| 10  |   |          |                          |           |                       |

**Strictly Confidential:**

**Islamic Social Services**, undertakes to treat all information supplied by or obtained from the application in respect of its processes, trade secrets, and operations in the strictest confidence and will not divulge such information for the benefit of any other person or company.

## SECTION C : DISTRIBUTOR

**Distributor Client Detail:** (For additional list, please ask for additional chart)

| S/N | CLIENT NAME<br><small>(Write the name of Distributor, retailer, or restaurant)</small> | PRODUCT CODE<br>& PRODUCT DESCRIPTION | CONTACT NAME & PHONE NO. | QUANTITY<br>SUPPLY / DAY |
|-----|--|---------------------------------------|--------------------------|--------------------------|
| 1   |  |                                       |                          |                          |
| 2   |  |                                       |                          |                          |
| 3   |  |                                       |                          |                          |
| 4   |  |                                       |                          |                          |
| 5   |  |                                       |                          |                          |
| 6   |  |                                       |                          |                          |
| 7   |  |                                       |                          |                          |
| 8   |  |                                       |                          |                          |
| 9   |  |                                       |                          |                          |
| 10  |  |                                       |                          |                          |
| 11  |  |                                       |                          |                          |
| 12  |  |                                       |                          |                          |
| 13  |  |                                       |                          |                          |
| 14  |  |                                       |                          |                          |
| 15  |  |                                       |                          |                          |
| 16  |  |                                       |                          |                          |
| 17  |  |                                       |                          |                          |
| 18  |  |                                       |                          |                          |

Applicant Name

Position

Signature / Date