

Pennsylvania Department Of Agriculture
Bureau Of Food Safety And Laboratory Services
Harrisburg PA 17110
Application for Permit to Sell Milk And/Or Milk Products
From September 1st, 20____ to August 31st, 20____

Facility ID _____ FIPS # _____
 Facility Name: _____

Physical Address

Mailing Address (if different)

Street

Street

City

City

State

Zip

State

Zip

Phone:
Emergency

Cell:
Emergency

Phone:
Emergency

Cell:
Emergency

Fax:

E-Mail:

Fax:

E-Mail:

Please Complete Both Sides of the Form and Sign The Reverse Side

1) Correcting an Error(s), in Name, Address, Phone(s), or E-Mail(s) Yes No

2) County in which the Business is Located. _____

3) Circle ALL that indicate the type of permit you are applying for.

1 Milk Processor Grade A

2 Milk Processor Non Grade A

3 Manufacturing Plant

4 Receiving Station

5 Transfer Station

6 Wash Station

7 Distributor

8 Bulk Tank Unit (BTU)

9 Raw Farm

10 Raw Bottler

11 Repackage MFG Dairy Products

12 Single Service Container MFG

13 Imitation / No-dairy Products

4) Are you receiving Grade A milk for pasteurization? Yes No

5) Are you receiving manufacturing grade milk or cream? Yes No

6) Laboratory Conducting your Analyses:

Name:

Address:

7) Number of farms in this Bulk Tank Unit (BTU)? _____

8) List all other sources of milk or dairy products you are receiving at this plant or location.

Name

Address

Products

COMPLETE REVERSE SIDE

(rev 5/11)

9) Please circle the number or numbers from the operation types listed below that describe your operation:

- 1) Milk for Pasteurization 2) Grade A Milk for Pasteurization 3) Pasteurized Milk and Milk Products
- 4) Pasteurized Milk 5) Grade A Pasteurized Milk and Milk Products
- 6) Raw Milk - Cows 7) Raw Milk - Goats 8) Raw Milk - Sheep
- 9) Distributor Only 10) Single Service Container MFG 11) Grade A Ultra Pasteurized Milk
- 12) Organic Milk Producer 13) Grade A Goat Milk for Pasteurization 14) Wash Station
- 15) Manufactured Dairy Products 16) Manufacturing Grade Milk for Pasteurization
- 17) Grade A Aseptically Processed & Packaged 18) Imitation / Non-Dairy Products
- 19) Pasteurized Goat Milk 20) Manufactured Dairy Products – Goat Milk
- 21) Goat Milk for Pasteurization 22) Sheep Milk for Manufacturing
- 23) Goat Milk for Manufacturing 24) Manufactured Dairy Products – Sheep Milk
- 25) Manufacturing cheese with required 60 day aging
- 26) Raw Milk Sales / On Premises 27) Raw Milk Sales / Off Premises
- 28) MFG Frozen Desserts

10) List all private brands or labels processed & packaged in this plant. Give complete name & address of distributor(s). Attach additional.

11) Water supply: _____ Sewage: _____

Owner Information

Name(s): _____ Business Type: _____
(LLC, Corporation, Sole proprietor, etc)

Address: _____ E-Mail: _____

Phone: _____ Cell: _____ Fax: _____
Emergency Emergency

The holder of a Permit to sell milk and/or milk products is subject to The Pennsylvania Milk Sanitation Law and applicable regulations.

Date Title of Authorized Agent X Signature

Return Application and Address All Correspondence to:
Pennsylvania Department of Agriculture
Division of Milk Sanitation
2301 North Cameron Street
Harrisburg, PA 17110

For Information call: (717) 787-4315