

**2301 North Cameron Street, Room 112  
Harrisburg, PA 17110**

## **APPLICATION FOR PERMIT TO Sell Milk and/or Milk Products**

From September 1, 20\_\_\_\_ to August 31, 20\_\_\_\_

Please complete pages 1 through 3 of this form and sign and date the bottom of the third page and return it to the address listed

Facility ID Number : \_\_\_\_\_ ( to be completed by PA Dept. of Ag)

FIPS Number : \_\_\_\_\_

**Company Name and Physical Address:**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Mailing Address (If Different than Physical Address)**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

County in which Facility is located: \_\_\_\_\_

**Check ALL that indicate the type of permit you are applying for:**

Raw Farm (plan to sell raw milk on Farm it was produced)

Raw Bottler (plan to bottle raw milk and sell off farm)

Milk Processor Grade A (plan to pasteurize grade A milk/milk products))

Milk processor Non Grade A (plan to pasteurize Non-grade A Milk, milk products)

Manufacturing Plant (plan to manufacture dairy products)

Receiving Station

Transfer Station

Wash Station

Single service Container Manufacturer

Distributor

Bulk Tank Unit (BTU)\*

Organic (must attach copy of organic certification)

\*Number of farms in the Bulk Tank Unit (BTU): \_\_\_\_\_

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

<u>Name</u>	<u>Address</u>	<u>Products</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please check all the operation type(s) that describe your operation does:**

Produce Raw Milk-Cows

Produce Raw Milk- Goats

Produce Raw Milk-Sheep

Raw milk Sales/on premises

Raw Milk sales/Off Premises

MFG Frozen desserts

Manufacturing Grade Milk for Pasteurization(BTU)

Grade A Milk for Pasteurization (BTU)

Pasteurizes Grade A-Cow

Pasteurizes Grade A Milk-Goats

Pasteurizes Grade A Milk-Sheep

Grade A UltraPasteurized Milk

Grade A Aseptically Processed & Packaged products

Pasteurizes Milk-Cows (Non-A)

Pasteurizes Milk – Goats (Non-A)

Pasteurizes Milk-Sheep (Non-A)

Raw aged hard Cheese(Cow)	Raw aged hard Cheese (Goat)	Raw aged hard Cheese(sheep)
Pasteurized Cheese (cow)	Pasteurized Cheese (Goat)	Pasteurized Cheese (Sheep)
Grade A Yogurt	Non-Grade A Yogurt	Grade A Kefir
Non Grade A Kefir	Cream	Ice Cream
Butter	Cream Cheese	Wash Station
		Distributor Only

**Other Dairy products (List):** \_\_\_\_\_

**Water Supply for facility (Check One):**    **Private**            **Public Water**

**If Public water is checked, name the water authority (name of township, etc.):** \_\_\_\_\_

**Sewage for facility (Check One):**    **Public Sewer**            **Septic**

**Owner Information**

Owner name(s): \_\_\_\_\_

Business Type (LLC, Corporation, Sole proprietor, etc.) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

The Holder of a Permit to sell milk and/or milk products is subject to the Pennsylvania Milk sanitation law and applicable regulations.

_____	_____	x _____
Date	Title of Authorized Agent	Signature

**Return the completed permit application and any other correspondence to:**

RA-AGPLANREVIEW@pa.gov

or mail / fax to:

Pennsylvania Department of Agriculture  
 Bureau of Food Safety and Laboratory Services  
 Attn: Plan Review  
 2301 N. Cameron St, Room 112  
 Harrisburg, PA 17110  
 FAX: (717) 787-1873