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: ____________________________
City: ____________________________
State: _______ Zip: _______

Phone: _______ Cell: _______
Emergency: _______

Fax: _______ E-Mail: _______

Street: ____________________________
City: ____________________________
State: _______ Zip: _______

Phone: _______ Cell: _______
Emergency: _______

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.

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<th>Name</th>
<th>Address</th>
<th>Products</th>
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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
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:
Emergency

Cell:
Emergency

Fax:

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