



**APPLICATION FOR OR RENEWAL OF ANNUAL PERMIT FOR THE  
PRODUCTION AND SALE OF MILK AND MILK PRODUCTS**

PLEASE COMPLETE APPLICABLE SECTIONS OF BOTH PAGES AND RETURN TO:  
**OFFICE OF FOOD PROTECTION, 417 FEDERAL ST, DOVER DE 19901-3635**

1. Provide applicant/plant information below:

<u>APPLICANT</u>	<u>PLANT</u>
Name _____	_____
Address _____	_____
City, State, Zip _____	_____
Phone _____	_____
Contact Person _____	_____

2. Application for: \_\_\_\_\_ milk \_\_\_\_\_ milk products \_\_\_\_\_ frozen desserts

3. Check one or more to indicate type of operation:

Processor/Distributor   
  Processor (only)   
  Distributor (only)  
 Receiving Station   
  Other (describe) \_\_\_\_\_

4. Provide the name, address, and phone number for the following:

a. <u>DISTRIBUTOR (if processor only)</u>	b. <u>PROCESSOR (if distributor only)</u>
Name _____	_____
Address _____	_____
City, St. Zip _____	_____
Phone _____	_____

**OFFICIAL USE ONLY. . . DO NOT WRITE BELOW THIS LINE**

RECOMMENDED FOR:    **ANNUAL** \_\_\_\_\_    COMMENTS: \_\_\_\_\_

PROGRAM MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPROVED** \_\_\_\_\_    **DISAPPROVED** \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMIT #** \_\_\_\_\_    **DATE ISSUED:** \_\_\_\_\_

**(COMPLETE AND SIGN PAGE 2)**

c. Source of Single-Service Container

d. Lab Conducting Required Analysis

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, St. Zip \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

5. Does this plant have an Interstate Milk Shipper's rating? \_\_\_\_\_ YES \_\_\_\_\_ NO (Enclose a copy of the rating report if done within the last three months. Non-IMS Rated plants, please forward a statement from the state regulatory authority certifying that your facility is in compliance with applicable state regulations and a copy of your most recent inspection report.)

6. The National Uniform Code Number (FIPS) for the plant is \_\_\_\_\_

7. Check areas in Delaware where products will be sold:

\_\_\_\_\_ Statewide

\_\_\_\_\_ New Castle County

\_\_\_\_\_ Kent County

\_\_\_\_\_ Sussex County

8. List all sources of milk or dairy products received by this plant:

<u>NAME AND ADDRESS OF SUPPLIER</u>	<u>PRODUCT</u>	<u>ANNUAL VOLUME (lbs)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List products to be sold in Delaware. Attach additional sheets if necessary:

<u>PRODUCT</u>	<u>LABEL OR BRAND</u>	<u>ANNUAL VOLUME (lbs)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OPERATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED SIGNATURE \_\_\_\_\_