



APPLICATION FOR OR RENEWAL OF ANNUAL PERMIT FOR MANUFACTURER OF SINGLE-SERVICE PRODUCTS

PLEASE COMPLETE APPLICABLE SECTIONS AND RETURN TO:

**OFFICE OF FOOD PROTECTION-MILK SAFETY
 EDGEHILL SHOPPING CENTER
 43 S DUPONT HIGHWAY, SUITE C
 DOVER, DELAWARE 19901
 OR GWEN.WILLEY@DELAWARE.GOV**

1. Provide applicant/plant information below:

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

2. The National Uniform Code Number (FIPS) for the plant is _____

3. Products and Materials (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Containers | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Closures | <input type="checkbox"/> Paper (includes laminates) |
| <input type="checkbox"/> Other products | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Containers and closures | <input type="checkbox"/> Metal and paper |
| <input type="checkbox"/> Containers and other products | <input type="checkbox"/> Metal and plastic |
| <input type="checkbox"/> Closures and other products | <input type="checkbox"/> Paper and plastic |
| <input type="checkbox"/> Containers, closures and other products | <input type="checkbox"/> Metals, paper and plastic |
| | <input type="checkbox"/> Glass |

4. Lab Conducting Required Bacterial Examination: _____

OPERATOR'S SIGNATURE _____ DATE _____

PRINTED SIGNATURE _____

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

RECOMMENDED FOR: **ANNUAL PERMIT** _____

COMMENTS: _____

PROGRAM MANAGER: _____ DATE: _____
APPROVED _____ **DISAPPROVED** _____ **PERMIT #** _____