



**APPLICATION FOR OR RENEWAL OF ANNUAL PERMIT FOR
BULK TANK WASH CLEANING FACILITY**

**PLEASE COMPLETE APPLICABLE SECTIONS AND RETURN TO THE
OFFICE OF FOOD PROTECTION- MILK SAFETY, EDGEHILL SHOPPING CENTER,
43 S DUPONT HWY, SUITE C, DOVER, DE 19901 OR EMAIL THE COMPLETED APPLICATION TO
GWEN.WILLEY@DELAWARE.GOV**

1. Provide applicant/plant information below:

<u>APPLICANT</u>	<u>CLEANING FACILITY</u>
Name _____	_____
Address _____	_____
City, State, Zip _____	_____
Phone _____	_____
Contact Person _____	_____
Contact Person Email: _____	_____

2. Have you submitted a current wash ticket? Yes No

OPERATOR'S SIGNATURE _____ DATE _____

PRINTED SIGNATURE _____

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

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RECOMMENDED FOR: **ANNUAL PERMIT** _____

COMMENTS: _____

PROGRAM MANAGER: _____ DATE: _____

APPROVED _____ **DISAPPROVED** _____

PERMIT # _____ **DATE ISSUED:** _____