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

PLEASE COMPLETE APPLICABLE SECTIONS AND RETURN TO THE
DE DIVISION OF PUBLIC HEALTH, OFFICE OF FOOD PROTECTION
417 FEDERAL STREET, DOVER, DE 19901

1. Provide applicant/plant information below:

   APPLICANT

   Name__________________________________________
   Address________________________________________
   City, State, Zip__________________________________
   Phone__________________________________________
   Contact Person____________________________________

   PLANT


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

3. Products and Materials (check all that apply):
   _____ Containers                _____ Metal
   _____ Closures                  _____ Paper (includes laminates)
   _____ Other products            _____ Plastic
   _____ Containers and closures   _____ Metal and paper
   _____ Containers and other products _____ Metal and plastic
   _____ Closures and other products _____ Paper and plastic
   _____ Containers, closures and other products _____ Metals, paper and plastic
   _____ 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_________ COMMENTS: _____________________________

PROGRAM MANAGER:________________________ DATE:_________________________

   APPROVED ________ DISAPPROVED __________

ADMINISTRATOR:____________________________ DATE:_________________________

   PERMIT #__________ DATE ISSUED:____________