DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Food Protection

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

PLEASE COMPLETE APPLICABLE SECTIONS OF **BOTH PAGES** AND RETURN TO:
OFFICE OF FOOD PROTECTION-MILK SAFETY
EDGEHILL SHOPPING CENTER
43 S DUPONT HWY, SUITE C
DOVER, DELAWARE 19901
GWEN.WILLEY@DELAWARE.GOV

1. Provide applicant/plant information below: **APPLICATION** or **RENEWAL** (please circle)

   <u>APPLICANT</u>   <u>PLANT</u>

   Name_____   _____

   Address_____   _____

   City, State, Zip_____   _____

   Phone_____   _____

   Contact Person_____   _____

   Email Address_____   Permit # (if applicable): _____

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_____   _____

   c. <u>Source of Single-Service Container</u>   d. <u>Lab Conducting Required Analysis</u>

   Name_____   _____

   Address_____   _____

   City, St. Zip_____   _____

   Phone_____   _____

(COMPLETE AND SIGN ON PAGE 2)

5. Does this plant have an Interstate Milk Shipper's rating? _____YES _____NO <mark>**(Enclose a copy of the rating report if done within the last three months. Non-IMS Rated plants, please forward a copy of your operating permit issued by the state regulatory authority and a copy of your most recent inspection report to show that your facility is in compliance with applicable state regulations.)**</mark>

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:

    NAME AND ADDRESS OF SUPPLIER   PRODUCT   ANNUAL VOLUME (lbs)

    _____   _____   _____

    _____   _____   _____

    _____   _____   _____

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

    PRODUCT   LABEL OR BRAND   ANNUAL VOLUME (lbs)

    _____   _____   _____

    _____   _____   _____

    _____   _____   _____

    _____   _____   _____

SIGNATURE _____   **DATE** _____

PRINTED SIGNATURE _____

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

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RECOMMENDED FOR: **ANNUAL**_____   COMMENTS: _____

_____

PROGRAM MANAGER: _____ DATE: _____

   APPROVED _____   **DISAPPROVED** _____

   PERMIT #_____   **DATE ISSUED:**_____