



Florida Department of Agriculture and Consumer Services
 Division of Food Safety
 Bureau of Dairy Industry

NICOLE "NIKKI" FRIED
 COMMISSIONER

**APPLICATION FOR PERMIT
 AS A MANUFACTURER OF MILK,
 MILK PRODUCTS, CHEESE OR CONTAINERS**

Sections 502.053 and 502.165, Florida Statutes
 Rule 5K-10.002(1)(a) F.A.C.

Submit application to:

Florida Department of Agriculture and
 Consumer Services
 Bureau of Dairy Industry
 3125 Conner Boulevard C-18
 Tallahassee, Florida 32399-1650
Dairy.Plant@FDACS.gov

(850) 245-5410 – Phone

Note: All documents and attachments submitted with this
 request are subject to public review pursuant to Chapter 119, F.S.

Pursuant to the requirements of Chapter 502, Florida Statutes, and Chapter 5K-10, Florida Administrative Code, I
 hereby make application for a state permit as:

BUSINESS INFORMATION – CHECK TYPE OF BUSINESS

| | | |
|---|---|--|
| <input type="checkbox"/> Milk Plant Processor | <input type="checkbox"/> Manager/Milk & Milk Products Plant | <input type="checkbox"/> Single Service Container Manufacturer |
| <input type="checkbox"/> Wash Station | <input type="checkbox"/> Receiving Station | <input type="checkbox"/> Cheese Manufacturer |
| <input type="checkbox"/> Out of State Processor Of Milk and Milk Products** | <input type="checkbox"/> Transfer Station | <input type="checkbox"/> Imitation Milk Plant Processor |

**Separate permit is required for each processing plant providing items for shipment into the State of Florida.

| | |
|--|--|
| Legal Name of Company or Individual: | |
| Trade Name or DBA: | |
| “ “ | |
| “ “ | |
| Type of Company (Sole Proprietorship, Corp., Partnership, etc): | |
| Street Address of Facility: | |
| City, County, State, Zip: | |
| IMS Identification Number or Plant Number if Applicable: | |
| Federal Employer Identification: | |
| Telephone Number/FAX Number: | |
| Web Site/E-Mail: | |
| Name of Contact Person: (Will receive Departmental Notices) | |
| Title of Contact Person: | |
| Mailing Address: | |
| City, County, State, Zip: | |
| Telephone Number/FAX Number: | |
| Email: | |

I hereby agree that all milk, milk products, ice cream, frozen desserts, imitation milk, imitation milk products and/or containers that I offer for sale, sell or barter, will be handled, processed and/or transported strictly in accordance with all provisions of Chapter 502, Florida Statutes, and Chapter 5K-10, Florida Administrative Code.

 Company Representative Signature

 Print Name

 Title

 Date