



NICOLE "NIKKI" FRIED
COMMISSIONER

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

**APPLICATION FOR PERMIT
AS A FLORIDA MILK PRODUCER**

Section 502.053, Florida Statutes Rule 5K-10.002(4), F.A.C.

Submit completed application to:

Florida Department of Agriculture and
Consumer Services
Bureau of Dairy Industry
3125 Conner Boulevard C-18
Tallahassee, Florida 32399-1650
Dairy.Farm@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 requirement of the Milk, Milk Products and Frozen Desserts Law, Chapter 502, Florida Statutes and Chapter 5K-10, Florida Administrative Code, I hereby make application for a state permit as:	
FLORIDA MILK PRODUCER	
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:	
Milk cooperative membership (cooperative name), if applicable:	
Federal Employer Identification:	
Telephone Number/FAX Number:	
Business 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 to obey the law and all the rules set forth in Chapter 502, Florida Statutes, governing the production and handling of milk, and will not tolerate disobedience of the law by anyone in my employ.	
I recognize that this permit may be revoked or suspended for cause and agree that, upon revocation of permit or upon ceasing to do business under the name in which the permit shall be issued, no attempt will be made to use this permit. I will not lend or transfer this permit to any person of firm whatsoever.	

Company Representative Signature

Print Name

Title

Date