



APPLICATION FOR PERMIT TO HANDLE MILK OR MILK PRODUCTS

State Form 36560 (R4 / 4-12)

INDIANA STATE BOARD OF ANIMAL HEALTH

DAIRY DIVISION

Discovery Hall

1202 East 38th Street, Suite 100

Indianapolis, IN 46205-2898

Telephone number: (317) 544-2400

Fax number: (317) 974-2011

Pursuant to the provisions of IC 15-18-1-3, the following is an application form for a permit to handle, process, store, pasteurize, package, or prepare for distribution of milk or milk products. Such permits remain valid, pursuant to compliance with provisions of law and regulations of the Board of Animal Health, until December 30th of each year, and must be renewed at that time.

- INSTRUCTIONS:**
1. Please print or type.
 2. Please complete this form and return it to the address above.
 3. Please list name and location of each manufacturer of finished products supplied to you, and/or list names and locations of all distribution points in Indiana on reverse side. (if applicable)
 4. Please list name and location of each Grade A dairy manufacturer you supply on reverse side.

INFORMATION FOR PERMIT

To operate as: (please check one)

- Grade A milk / milk products processor
 Manufactured milk products processor
 Transfer station
 Receiving station
 Milk / milk products distributor
 Single service container manufacture
 Wash station

Indiana permit number		Home state permit number (if outside of Indiana)		Date (month, day, year)	
Name of establishment			Telephone number ()		Fax number ()
Address of establishment (number and street, city, state, and ZIP code)					
Name of responsible party making application			Legal status of firm (corporation, privately owned)		
Name of subsidiary or related firms					
Type of products handled, processed and/or manufactured					
APPLICANT AFFIRMATION					
This is to affirm under penalty of perjury that the above facts are true and that I am complying with, and will continue to comply with, all laws and rules pertaining to my business.					
Signature of applicant / responsible party				Date of signature (month, day, year)	
Name of applicant (please print or type)			Title of applicant		

DO NOT WRITE BELOW THIS LINE

This is to certify that said premises have been found to be in compliance with applicable rules and regulations either by direct examination or certification by a legally constituted health jurisdiction or official agency. The issuance of a permit is hereby requested.

State milk regulatory agency	Date (month, day, year)
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SOURCE OF FINISHED PRODUCTS ACQUIRED FOR DISTRIBUTION IN INDIANA

Does manufacturer, processor, or his agent deliver product to you, or do you pick it up on his premises? *(Please check one)*

PRODUCT	NAME OF MANUFACTURER	ADDRESS OF MANUFACTURER <i>(number and street, city, state and ZIP code)</i>	DELIVERS	PICK UP
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

LIST NAME AND LOCATION OF EACH DISTRIBUTION POINT WHICH YOU OWN IN INDIANA

NAME OF DISTRUBUTION POINT	ADDRESS OF DISTRIBUTION POINT <i>(number and street, city, state and ZIP code)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

LIST NAME AND LOCATION OF EACH DAIRY MANUFACTURER YOU SUPPLY

NAME OF MANUFACTURER	ADDRESS OF MANUFACTURER <i>(number and street, city, state and ZIP code)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	