



# APPLICATION FOR PERMIT TO HANDLE MILK OR MILK PRODUCTS

State Form 36560 (R5 / 11-18)

## 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: <i>(Please check one.)</i>		
<input type="checkbox"/> Grade A milk / milk products processor	<input type="checkbox"/> Manufactured milk products processor	<input type="checkbox"/> Transfer station
<input type="checkbox"/> Milk / milk products distributor	<input type="checkbox"/> Single service container manufacture	<input type="checkbox"/> Wash station
Indiana permit number	Home state permit number <i>(if outside Indiana)</i>	Date <i>(month, day, year)</i>
Name of establishment		
Telephone number (     )	Fax number (     )	E-mail address
Address of establishment <i>(number and street, city, state, and ZIP code)</i>		
Mailing address <i>(if different) number and street, city, state, and ZIP code)</i>		
Name of responsible party making application	Legal status of firm <i>(corporation, privately owned)</i>	
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 signed <i>(month, day, year)</i>
Name of applicant <i>(Please print or type.)</i>	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 signed <i>(month, day, year)</i>

**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>	DELIVER	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 DISTRIBUTION 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.	