

APPLICATION FOR PERMIT TO HANDLE MILK OR MILK PRODUCTS

Nevada Department of Agriculture / Food & Nutrition Division / Food Safety 405 S. 21st, Sparks NV 89431 Telephone: (775) 353-3758 Fax number: (775) 353-3749

| APPLICANT INFORMATION FOR PERMIT | | | | | |
|--|---|--|------------------------|---|--|
| To operate as: (please check one) | | | | | |
| Grade A milk / milk products processor | Manufactured milk products processor Single service container manufacturer Wash station | | | | |
| Name of establishment | Telephone number | | Fax number | Fax number | |
| | () | | () | | |
| Address of establishment (number and street, city, state and ZIP code) | | | | | |
| | | | | | |
| Name of applicant | | Legal status of firm (corporation, privately owned, etc) | | | |
| Type of products handled, processed and/or manufactured | | | | | |
| Nevada State Business License ID Number (required) | | Name on business license | | Expiration date on business license | |
| Annual permit fees: | | | | | |
| Milk plant producing: < than 2,000 gal/day \$150.00 2,000 to 10,000 gal/day \$300.00 > than 10,000 gal/day \$500.00 | Dairy manufacturing plant: < 1,000 sq feet | | Single ser \$115.00 | Single service container manufacturing plant: \$115.00 | |
| Plan review fees: New facility \$200.00 plus the amount equal to an annual permit fee Remodeled facility \$50.00 plus an amount equal to half the annual permit fee I hereby request an inspection of my facility by a representative of the Nevada Department of Agriculture. To the best of my knowledge and understanding, it is in compliance with requirements of the State of Nevada. Permission is hereby granted to authorized personnel to enter upon these premises at all reasonable times for the purpose of inspecting this facility for the issuance of a permit to determine continued compliance with requirements to such permit. | | | | | |
| Signature of applicant | | Date (month, day, y | • | · | |

FOR OFFICE / INSPECTOR USE ONLY

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

 Signature of authorized representative of the Nevada Department of Agriculture

 Permit Number
 Expiration Date