ALABAMA DEPARTMENT OF PUBLIC HEALTH
Bureau of Environmental Services
RSA Tower, 201 Monroe Street, Suite 1250 • Montgomery, Alabama 36104 • 334.206.5375

APPLICATION FOR PERMIT FOR OPERATION OF A GRADE A OR MANUFACTURING MILK DAIRY FARM

Applicant's business structure is a (please check one):

☐ **Corporation** ☐ **Limited Liability Company** ☐ **Partnership** ☐ **Individual/Sole Proprietorship**

(Total Number of Employees) _____

The undersigned hereby makes application for a permit to operate a Grade A or Manufacturing Milk Dairy Farm in _____ County, State of Alabama.

***Milk sold to:** _____ Alabama Permit No._____

(PLEASE PRINT)

Legal Name of Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

(Please complete ONLY if mailing address is different from above.)

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

The name of the person to manage or in charge of the place of business of application:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

*If partnership, corporation, or association, give the name of same and the name of officers on the reverse side of this form.

I hereby certify that the above statements are true and correct, and I agree to comply with all provisions of the Alabama State Board of Health Rules governing the Production, Processing, Handling or Distribution of Milk, Milk Products, Frozen Desserts, and Single-Service Containers/Closures and hereby authorize the State Health Officer, or their representatives, to enter upon the premises of the above-named establishment for inspection purposes, and further promise that I shall give them such information pertinent to grading of the milk supply and the enforcement of the Rules as they may request.

Signature of Applicant: _____ Title: _____ Date: _____

ALABAMA DEPARTMENT OF PUBLIC HEALTH (ONLY)

Application Approved By: _____(Alabama Department of Public Health)

Date: _____ Permit Number: _____ Date Issued: _____

Please return this form to:
G.M. Gallaspy, Director
Alabama Department of Public Health
RSA Tower, 201 Monroe Street, Suite 1250
Montgomery, Alabama 36104