

August 19, 2024

MEMORANDUM

TO: Milk, Milk Product, Frozen Dessert and Single-Service Container and/or Closure

Manufacturing Processing Plants Possessing a 2025 Alabama Permit

FROM: Audra B. Phillips, Director

Milk and Food Processing Branch

SUBJECT: 2025 Permit Renewal

Your 2024 permit to distribute milk, milk products, frozen dessert products or single-service containers and/or closure products in the State of Alabama will **expire at midnight on September 30, 2024.**

The Alabama Milk Processor Fee Bill {Act 93-718} requires each plant that processes milk, milk products, frozen dessert products or manufactures single-service containers and/or closures for sale or consignment or for remuneration of any nature in a milk plant or frozen dessert processing plant shall annually obtain a permit from the Alabama State Board of Health prior to selling or offering for sale, consignment, consigning or offering for consignment, or offering for any remuneration such milk, milk products, frozen dessert products or single-service containers and/or closures in the State of Alabama. This requirement applies to any person who processes milk, milk products, frozen dessert products, or single-service containers and/or closures within or outside of the state and whose products are distributed within the state. This Bill/Act also provides for a \$300.00 application fee to be submitted with the application. Please ensure that the check or money order is made payable for the correct amount. Per state auditor's instructions, any amount in permit fee over the listed fee will be considered a donation to the State of Alabama and will not be subject to a refund.

Please find enclosed an application for permit ADPH-FML 201a. The signed and dated permit application along with a check or money order made out to the **Bureau of Environmental Services** must be submitted to this department before **September 30, 2024**, so that your permit application can be reviewed and processed prior to issuing your permit for the 2025 permit year.

If you have any questions concerning the application form or fee, contact this office at 334-206-5375.

ABP/ Enclosure



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 PROCESSING, HANDLING, MANUFACTURING OR DISTRIBUTION OF MILK, MILK PRODUCTS, FROZEN DESSERTS OR SINGLE-SERVICE CONTAINERS AND/OR CLOSURES

Application for a permit to operate and distribute products in the State of Alabama, effective October 1, 2024 through September 30, 2025.

Corporation	Applican Limited Liability Comp	t's business structure pany Partner		Individual/So	le Proprietorship or of Employees)
NATURE OF APPLIC	CATION: Please check the app	propriate box and provi	ide the plant identi	•	i oi Empioyees)
Crada A Dagtaur	ination Dlant (Identification No	`	·		
Frozen Dessert N	ization Plant – (Identification No Manufacturing Plant – (Identificat) ion No.)			
	ontainer or Closure Plant – (Ider				
	Mix for Resale – (Processing Loc				
(PLEASE PRINT)					
Address:		City:		State: _	Zip:
Business Phone:	Fax:		Email:		
(Please complete Ol	NLY if mailing address is diffe	rent from above.)			
Address:		City:		State:	Zip:
The name of the nare	on to manage or in charge of the	nlace of business of ar	unlication:		
	on to manage or in charge of the				
Business Phone:		_Fax:	Email:		
	Distribution Stations:				
'lf partnership, corp	oration, or association, give tl	ne name of same and t	he name of officers	on the reverse s	ide of this form.
The following regulator	ory agency provides sanitation evalu	nation of the above facility:			
	by agency provided samitation evalu				
, tadi 666.		Sig			
Production, Processing Health Officer, or their r	above statements are true and corr, Handling or Distribution of Milk, M representatives, to enter upon the propertinent to grading of the milk supp	ilk Products, Frozen Desse emises of the above-name	erts, and Single-Serviced establishment for in	ce Containers/Closur spection purposes, a	es and hereby authorize the sand further promise that I shall
				·	
Signature of Applicant:		Title:			Date:
	ALABAMA	DEPARTMENT OF PU	JBLIC HEALTH (C	ONLY)	
Application Appro				-	abama Department of
Public Health)				,	•
Please return this fo	orm along with your check in the	amount of \$300.00 made	payable to the Burea	au of Environmenta	I Services to the following:

Audra B. Phillips, Director

Alabama Department of Public Health RSA Tower, 201 Monroe Street, Suite 1250 Montgomery, Alabama 36104