Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

August 15, 2025

Permit Holder
123 Main Street
Anytown, USA

Dear Permit Holder:

Your 2025 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, 2025.**

The Alabama Milk Processor Fee Bill {Act 93-718} requires that 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 and that the application includes current contact information.

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, 2025**, so that your permit application can be reviewed and processed prior to issuing your permit for the 2026 permit year.

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

Sincerely,

Audra B. Phillips

Audra B. Phillips, Director
Milk and Food Processing Branch

ABP/AL

Enclosure (1)

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, 2025, through September 30, 2026**.

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

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

(Total Number of Employees) _____

NATURE OF APPLICATION: **Please check the appropriate box and provide the plant identification number.**

☐ Grade A Pasteurization Plant – (Identification No.)_____

☐ Frozen Dessert Manufacturing Plant – (Identification No.) _____

☐ Single-Service Container or Closure Plant – (Identification No.) _____

☐ Frozen Dessert Mix for Resale – (Processing Location) _____

(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: _____

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

Name: _____ Title: _____

Business Phone: _____ Fax: _____ Email: _____

*Location of Alabama Distribution Stations: _____

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

The following regulatory agency provides sanitation evaluation of the above facility:

Agency: _____ Department: _____

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

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 along with your check in the amount of $300.00 made payable to the Bureau of Environmental Services to the following:

Audra B. Phillips, Director
Alabama Department of Public Health
RSA Tower, 201 Monroe Street, Suite 1250
Montgomery, Alabama 36104