



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENERGY AND
 ENVIRONMENTAL AFFAIRS
Department of Agricultural Resources
 251 Causeway Street, Suite 500, Boston, MA 02114
 617-626-1700 fax 617-626-1850 www.Mass.gov/AGR



APPLICATION FOR A MILK PLANT PERMIT

Application is hereby made for a permit to maintain an establishment for the Processing of Milk.

Under the name of: _____

Located at: _____ P.O. _____

City: _____ State: _____ Zip: _____

Owned by: _____

Plant manager's name: _____

Field person's name: _____

Number of producers: _____

Amount of milk handled daily: _____

Location of producer quality records: _____

Proposed purchaser: _____

Location: _____

Do producers meet Massachusetts's requirements? _____

List of sources of milk other than producers: _____

PLEASE ENCLOSE A LIST OF PRODUCERS AND THEIR ADDRESSES WITH THIS APPLICATION:

THIS IS TO CERTIFY that this establishment is in compliance with the regulations of the Massachusetts Department of Agricultural Resources relative to establishments for the processing of milk and otherwise in accordance with the Massachusetts General Laws Chapter 94, as amended.

 (Signature of Applicant)

Date: _____ Telephone Number: _____