



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: \_\_\_\_\_