



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 PASTEURIZATION PLANT PERMIT
Application is hereby made for a permit to maintain an establishment of the
PASTEURIZATION OF MILK

Fee is \$100.00 PLANT/BTU No. _____

Under the name of: _____

Located at: _____

City: _____ State: _____ Zip: _____

P.O. Box _____ Make of Pasteurization Equipment: _____

Type -Batch _____ H.T.S.T _____ U.H.T _____ Aseptic _____

Make of Flow Diversion Value _____

Type of building construction _____

Number of rooms for handling and processing milk _____

Estimated quantity of milk to be pasteurized daily _____

Name of those persons selected for the operation of pasteurization equipment _____

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 pasteurization of milk outside of the Commonwealth and otherwise in accordance with the Massachusetts General Laws Chapter 94, as amended.

(Signature of Applicant)

NOTE: A permit to be issued as result of this application, after an approved inspection has been made of the establishment.

Fee is \$100.00, Payments to be made to the **Commonwealth of Massachusetts.**
Mail To: Commonwealth of Massachusetts P. O. Box 419168 Boston, MA 02241-9168

Date: _____ Telephone Number: _____