



APPLICATION FOR PERMIT TO HANDLE MILK OR MILK PRODUCTS

Nevada Department of Agriculture
Department of Food & Nutrition - Dairy

405 S. 21st, Sparks NV 89431 Telephone: (775) 353-3758 Fax number: (775) 353-3749

APPLICANT INFORMATION FOR PERMIT		
To operate as: <i>(please check one)</i>		
<input type="checkbox"/> Grade A milk / milk products processor	<input type="checkbox"/> Manufactured milk products processor	<input type="checkbox"/> Transfer station
<input type="checkbox"/> Receiving station	<input type="checkbox"/> Single service container manufacturer	<input type="checkbox"/> Wash station
Name of establishment	Telephone number ()	Fax number ()
Address of establishment <i>(number and street, city, state and ZIP code)</i>		
Name of applicant	Legal status of firm <i>(corporation, privately owned, etc)</i>	
Type of products handled, processed and/or manufactured		
Nevada State Business License ID Number <i>(required)</i>	Name on business license	Expiration date on business license
Annual permit fees:		
Milk plant producing: < than 2,000 gal/day \$150.00 2,000 to 10,000 gal/day \$300.00 > than 10,000 gal/day \$500.00	Dairy manufacturing plant: < 1,000 sq feet \$150.00 1,001 to 3,000 sq feet \$180.00 3,001 to 5,000 sq feet \$230.00 > 5,000 sq feet \$280.00	Single service container manufacturing plant: \$115.00
Plan review fees: New facility \$200.00 plus the amount equal to an annual permit fee Remodeled facility \$50.00 plus an amount equal to half the annual permit fee		
I hereby request an inspection of my facility by a representative of the Nevada Department of Agriculture. To the best of my knowledge and understanding, it is in compliance with requirements of the State of Nevada. Permission is hereby granted to authorized personnel to enter upon these premises at all reasonable times for the purpose of inspecting this facility for the issuance of a permit to determine continued compliance with requirements to such permit.		
Signature of applicant	Date <i>(month, day, year)</i>	

FOR OFFICE / INSPECTOR USE ONLY

This is to certify that such premises have been found to be in compliance with the applicable rules and regulations by direct examination or certification by a legally constituted health jurisdiction or official agency. The issuance of a permit is hereby requested.

Signature of authorized representative of the Nevada Department of Agriculture

Permit Number

Expiration Date