

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Public Health and Food Protection Program
PO Box 369
Trenton, New Jersey 08625-0369
 website: www.nj.gov/health/ceohs/phfpp
 email: dairy@doh.nj.gov Phone: 609-826-4935

APPLICATION FOR A MILK PLANT OR A BULK MILK HAULER (BTU) PERMIT

Incomplete applications will be returned

License Number (if not new): _____

NEW APPLICANT
OWNERSHIP CHANGE

RENEWAL APPLICANT
RELOCATION {Previous address}

For State Use Only			
Payment Confirmation #:	Date of Confirmation:	Amount:	
Fee Schedule 0-25 Farms = \$50.00 Over 25 Farms = \$100.00			
Application for: Milk Plant Bulk Milk Hauler (BTU) IMS# _____	Purpose of Permits Milk, cream for manufacturing purposes only Processing of fluid milk and fluid milk products		
Total Number of Dairy Farms from all BTUs supplying milk at this plant:			
IDENTIFICATION			
Name of Firm		Establishment Address	
DBA	City	State	Zip Code
Telephone Number		Fax Number	
County (if other than USA)		If Incorporated, give Name of State	
Email Address		Federal ID / Social Security Number	
NAME AND ADDRESSES OF OFFICERS			
President (Full Name)	Address	City	State Zip Code
Vice-President (Full Name)	Address	City	State Zip Code
Secretary (Full Name)	Address	City	State Zip Code
Treasurer (Full Name)	Address	City	State Zip Code
Registered NJ Agent (Full Name)	Address	City	State Zip Code
Name of Plant or BTU Manager	Email Address	Direct Telephone Number	

APPLICATION FOR MILK PLANT OR A BULK HAULER (BTU) PERMIT (CONTINUED)

Name of Applicant	Date of Application
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PERSONS OR COMPANIES DESIRING TO PURCHASE MILK, CREAM, OR MILK PRODUCTS FROM THIS PLANT
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Name	Name	Name
Street Address	Street Address	Street Address
City State Zip Code	City State Zip Code	City State Zip Code
Quantity	Quantity	Quantity

Does this supply have separate Grade "A" and Non Grade "A" operations? <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	If Yes, for which plant or supply is your application made? <div style="display: flex; justify-content: space-around; width: 100%;"> Grade A Non Grade A </div>
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Name of Firm	Name of Firm
Street Address	Mailing Address
City State Zip Code	City State Zip Code

Number of:	Type of Products Manufactured / Types of Raw Milk Collected and Transported for Pasteurization:
Producers handling milk cans:	
Producers handling milk in Farm Bulk Tanks:	
Field inspectors employed by your plant or BTU:	
Is "farm separated cream" received at this plant? Yes No	
Do any other plants supply milk or fluid milk products to this plant? Yes No	
Name of Supplying Plant or BTUs	

Street Address	Street Address
City State Zip Code	City State Zip Code

Products Received From Them	Products Received From Them
Name of Supplying Plant or BTUs	Name of Supplying Plant or BTUs
Street Address	Street Address
City State Zip Code	City State Zip Code
Products Received From Them	Products Received From Them

APPLICATION FOR MILK PLANT OR A BULK HAULER (BTU) PERMIT (CONTINUED)

Name of Applicant	Date of Application	
Does the plant or BTU operate a quality control program?	Yes	No
Are all farms inspected by operator or field inspector? If yes, how many times per year?	Yes	No
Is FDA 2359 a inspection form or equivalent used? (Please attach a sample copy)	Yes	No
Are full records of inspection and reinspection maintained at plant or BTU?	Yes	No
Is an Abnormal Milk Screening Test run on producer milk?	Yes	No
Are all cattle tuberculin tested? If yes, how often?	Yes	No
Are all herds tested for Brucellosis yearly?	Yes	No
Are all herds Ring tested for Brucellosis semi-annually?	Yes	No
Are full records of herd examination maintained at the plant or BTU?	Yes	No
Which antibiotic are performed by operator on each producers' milk?		
Are other tests performed on all producers's milk? If yes, please list which tests:	Yes	No
Are laboratory tests made of finished products	Yes	No
Is all milk and/or cream handled in plant produced under regulations of an official milk control agency? If Yes, please list each agency:	Yes	No

AFFIDAVIT

State of _____

County of _____

I, _____, being duly sworn according to law upon his/her oath deposes and says that he/she is _____ and hereby certifies that the information given in this application is true and complete to the best of his/her knowledge, information and belief.

Sworn and Subscribed before me this _____ day

of _____, in the year _____

Notary Public Signature

Signature of Applicant

Title of Applicant

Date