

**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
P. O. Box 369  
Trenton, NJ 08625-0369**

<b>FOR STATE USE ONLY</b>

**INITIAL APPLICATION FOR  
A MILK PLANT OR A BULK MILK HAULER PERMIT  
(N.J.R.S. 24:10-57.2)**

FEE SCHEDULE: 0-25 Farms = \$50.00      Over 25 Farms = \$100.00

Complete all pages. Mail original copy, with your fee, to the above address. Retain a copy for your records.  
Make Check or Money Order payable to the "NEW JERSEY DEPARTMENT OF HEALTH."

Check/Money Order No.	Date of Check/Money Order	Amount	Date of Application
<b>IDENTIFICATION</b>			
Application for: <input type="checkbox"/> Milk Plant <input type="checkbox"/> Bulk Milk Hauler	Purpose of Permit: <input type="checkbox"/> Milk, cream for manufacturing purposes only <input type="checkbox"/> Processing of fluid milk and fluid milk products	Total Number of Dairy Farms supplying milk directly to this plant: _____	
Name of Owner(s) or Corp.		Establishment Location	
Trade Name	City	State	Zip Code
Telephone Number		Telephone Number (if different)	
County Registered	If Incorporated, give Name of State	Federal ID / Social Security Number	
<b>NAMES AND ADDRESSES OF OFFICERS</b>			
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

**APPLICATION FOR A MILK PLANT OR A BULK MILK HAULER PERMIT  
(Continued)**

Name of Applicant		Date of Application	
<b>PERSONS OR COMPANIES DESIRING TO PURCHASE MILK, CREAM, OR MILK PRODUCTS FROM THIS PLANT</b>			
Name		Name	
Street Address		Street Address	
City                      State      Zip		City                      State      Zip	
Quantity		Quantity	
Does this supply have separate so called Grade "A" and Grade "B" operations?  <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, for which plant or supply is your application made?  <input type="checkbox"/> Grade A <input type="checkbox"/> Grade B	
Number of: Producers handling milk cans ..... _____ Producers handling milk in Farm Bulk Tanks .. _____ Field inspectors employed by your plant ..... _____ Is "farm separated cream" received at this plant? <input type="checkbox"/> Yes <input type="checkbox"/> No Do any other plants supply milk or fluid milk products to this plant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Products Manufactured: _____ _____ _____ _____	
Name of Supplying Plant		Name of Supplying Plant	
Street Address		Street Address	
City                      State      Zip		City                      State      Zip	
Products Received From Them		Products Received From Them	

**APPLICATION FOR A MILK PLANT OR A BULK MILK HAULER PERMIT  
(Continued)**

Name of Applicant	Date of Application
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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Does the plant operate a quality control program? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all farms inspected by operator? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Times per year:.....   | _____                        |                             |
| Is inspection form used? (Please attach a sample copy.).....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are full records of inspection and reinspection maintained at plant? .....                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Which Abnormal Milk Screening Test is run on producer milk? .....  | _____                        |                             |
| Are all cattle tuberculin tested?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How often? .....   | _____                        |                             |
| Are all herds tested for Brucellosis yearly? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all herds Ring tested for Brucellosis semi-annually? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are full records of herd examination maintained at the plant? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are tests performed by operator on each producers' milk? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are laboratory tests performed on all producers' milk?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are laboratory tests made of finished products?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is all milk and/or cream handled in plant produced under regulations of an official milk control agency? ..... | _____                        |                             |

List each agency:

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn according to law upon his(her) oath deposes and says that he(she) is (President, Vice President, Secretary, Treasurer, Owner) 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 \_\_\_\_\_.

\_\_\_\_\_ *Signature and Title of Applicant*

\_\_\_\_\_ *Notary Public Signature*

\_\_\_\_\_ *Date*