



Dairy and Food Inspection, Ph: 651-201-6027, Fx: 651-201-6116

Dairy Permit Inspection Request

Please fill out all application information. **Submit this form directly to the appropriate inspector.**

| | | | | | |
|--|--------------|-----------------|--|----------------------|-----------------|
| DATE | | | REQUESTED EFFECTIVE DATE | | |
| INSPECTOR NAME | | | | | |
| REQUEST FOR <input type="checkbox"/> GRADE A <input type="checkbox"/> GRADE B | | | REQUEST TYPE <input type="checkbox"/> NEW PERMIT <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> UPGRADE | | |
| For SCC or SPC reinstatements, please provide the result of immediate response test. <input type="checkbox"/> SCC <input type="checkbox"/> SPC RESULT: | | | | | |
| PRODUCER NAME (LEGAL ENTITY NAME) | | | PATRON NUMBER | | |
| PLANT ASSOCIATION | | | BTU | | |
| FARM LOCATION ADDRESS INFORMATION | | | PRODUCER MAILING ADDRESS INFORMATION | | |
| LOCATION ADDRESS | | | PRODUCER MAILING ADDRESS | | |
| LOCATION CITY | | | PRODUCER CITY | | |
| LOCATION STATE | LOCATION ZIP | LOCATION COUNTY | PRODUCER STATE | PRODUCER ZIP | PRODUCER COUNTY |
| IS THIS A NEW PERMIT THAT IS REPLACING AN OLD PERMIT (QUIT MILKING, NEW OWNER, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| If yes, please provide the following information about the old producer permit: | | | | | |
| PRODUCER NAME | | PATRON NUMBER | | OUT OF BUSINESS DATE | |
| COMMENTS: | | | | | |
| FIELD REPRESENTATIVE, please certify the following: | | | | | |
| I have inspected this producer's operation and premises including the well construction and location, the water supply throughout the dairy facility, the dairy barn, milkroom, and the milking equipment. I have fully discussed the requirements of milk production with this producer and agree to continue to work with the producer so that farm conditions and milk quality standards are maintained. I have provided a copy of this agreement to the producer. | | | | | |
| FIELD REPRESENTATIVE NAME (PRINTED) | | | | DATE | |
| FIELD REPRESENTATIVE SIGNATURE X | | | | | |
| DAIRY REPRESENTATIVE, please certify the following: | | | | | |
| If a permit is issued, I agree to the inspection of this dairy facility by an authorized person from the MN Department of Agriculture at any reasonable hour. I understand that if the authorized person determines that the milk or dairy facility is such that it appears a public health hazard exists, this permit will be suspended. I further understand that interference or refusal to allow inspection by the authorized person will result in the suspension or revocation of this permit. | | | | | |
| DAIRY REPRESENTATIVE NAME (PRINTED) | | | | DATE | |
| DAIRY REPRESENTATIVE SIGNATURE X | | | | | |