



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					