



DAIRY PERMIT APPLICATION

Before applying for one of the following permits, if located within Illinois, facility construction (or any modifications to existing facilities) should be completed in its entirety and be inspection ready. However please note, **BEFORE** any construction begins, **construction and equipment plans** must be submitted to IDPH for approval. Failure to obtain IDPH plan approval before construction may result in a significant monetary loss. This is applicable to the following permits:

- Grade A and Manufactured dairy plant (if located within Illinois),
- Receiving station,
- Transfer station,
- Milk Tank Truck Cleaning Facility,
- Single service plant, or
- Grade A or Manufactured Dairy farm (producer)

You may want to call the IDPH regional office in your area to discuss plan requirements and plan submittal. The regional office telephone numbers are the following:

Bellwood	708-544-5300
Champaign	217-278-5900
Edwardsville	618-656-6680
Peoria	309-693-5360
Marion	618-993-7010
Rockford	815-987-7511
West Chicago	630-293-6800

If you are not sure in which region you are located, please call our central office at 217-785-2439.

Once facilities are built and/or modifications of existing facilities are complete, you are then ready to submit the application that follows this page.

If you are applying for a Milk Tank Truck or Raw Milk Dairy Farm (Raw Milk for Sale on Farm) permit, you may submit the application that follows this page at any time.

If you wish to apply for a Bulk Milk Hauler/Sampler or Bulk Milk Sampler, you may do so online. Please email dph.dairy@illinois.gov any instruction requests. Currently, these are the only two permits that can be applied for online.

DAIRY PERMIT APPLICATION

<i>Date Received by IDPH</i>

Illinois Department of Public Health
 Food, Dairies and Devices Section
 525 W Jefferson St. 3rd Floor
 Springfield IL 62761
 Phone 217-785-2439 Fax 217-782-0943
 TTY (hearing impaired) 800-547-0466
 Email
dph.dairy@illinois.gov

<i>Permit or Registration Number</i> <hr/> Fee Paid \$ _____
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Purpose of Application (check one)

- New
 Change of Ownership
 Change of Location List Previous Owner and Address Here:

*I am applying for the following registration/permit (check one). I understand fees are due with application submittal and **fees are non-refundable.***

Check Here	Facility Type	You Must Complete Section(s)	Fee
	Grade A Dairy Plant	1, 2 & 3	\$100
	Manufactured Dairy Plant	1, 2 & 3	\$100
	Grade A and Manufactured Dairy Plant	1, 2 & 3	\$100
	Raw Milk Receiving Station	1 & 2	\$50
	Raw Milk Transfer Station	1 & 2	\$50
	Milk Tank Truck Cleaning Facility	1 & 2	\$50
	Single Service Plant	1 & 2	No Fee
	Milk Tank Truck	1 & 4	\$25
	Grade A Farm	1, 2 & 5	No Fee
	Manufactured Farm	1, 2 & 5	No Fee
	Raw Milk Dairy Farm (Raw Milk For Sale on Farm)	1,2 & 5	No Fee

IMPORTANT: The permit fee (if applicable) is due at time of application submission. Checks or money orders should be made out to the Illinois Department of Public Health. The application and review process from when we receive the application to when you should have the inspector contact you to set up the inspection (if applicable) is APPROXIMATELY 4 to 6 weeks. This is dependent upon the number of applications received for review, the completeness of your application, and the schedule of the inspector responsible for your area. Mail this completed application and fee to:

Illinois Department of Public Health
Food, Dairies and Devices Section
525 W. Jefferson Street (Floor 3)
Springfield, IL. 62761

SECTION 1

* Denotes Mandatory Information

Legal Name of Business*		
Doing Business As (if applicable)		
Physical Facility Address*		County*
City*	State*	Zip code (+ 4 if known)*
Business Phone No. (include area code)*	Cell Phone Number	Emergency/Cell Phone No.
Facility Email Address (please print clearly)*		Web Address

Owner and/or Operator of Business

Owner or Operator First and Last Name*		
Owner or Operator Address*		
City*	State*	Zip code (+ 4 if known)*
Owner Phone No. (include area code)*	Owner Email Address*	

Ownership Type (Check applicable box and complete information)

<input type="checkbox"/>	Sole Proprietor/Individual List Name:
<input type="checkbox"/>	Partnership/Multiple Owners List Name of Each Owner:
<input type="checkbox"/>	Government
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Cooperative List exact full cooperate name:
<input type="checkbox"/>	Limited Liability Company (LLC)* List complete name of LLC and FEIN:
<input type="checkbox"/>	Corporation* List Complete name of Corp and FEIN:
*If either a LLC or Corporation, list the registered agent on file with the Secretary of State here:	

Mailing Address

Check here _____ if the mailing address is the same as the physical address (do not have to re-type below).
 Check here _____ if the mailing address is the same as the owner's address (do not have to re-type below).

Mailing Address		
City	State	Zip code (+ 4 if known)

Certification Statement

This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the company or corporation.

I affirm that I am the owner, partner or officer of the firm name as shown on page one, that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact. If a permit is issued, I agree to the inspection of this dairy operation by an authorized/identified person of the Department at any reasonable hour, and understand that refusal for any part of an inspection or harassment to the authorized/identified person will result in suspension or revocation of this permit. I agree to conduct operations and maintain premises in accordance with the State of Illinois Grade, Manufactured and/or Raw Milk laws, rules, and regulations.

Print Name: _____

Signature: _____ Date: _____

SECTION 2 Water Source

Water Provider (circle all that apply): Private (have own source) Public-Community Public Non-Community

Water Types (check applicable box and complete information)

<input type="checkbox"/>	Community	From what Community:
<input type="checkbox"/>	Non-Community	From what Non-Community:
<input type="checkbox"/>	Hauled	From Where:
<input type="checkbox"/>	Surface Water	Body of Water Name:
<input type="checkbox"/>	Well	How many wells: _____ Name of well (s) and brief location description: _____ _____ _____
<input type="checkbox"/>	Well Pit	How many well pits: Name of well pit(s) and brief location description: _____ _____ _____
<input type="checkbox"/>	Spring	Spring Name:
<input type="checkbox"/>	Glycol	
<input type="checkbox"/>	Recirculated	
<input type="checkbox"/>	Sweet Water	
<input type="checkbox"/>	Cistern	
<input type="checkbox"/>	Other	Explain:

SECTION 3 DAIRY PLANTS

Please list all Dairy plant products manufactured and briefly describe process (attach additional sheets if needed)*:

Product 1:
Process for Product 1:
Product 2:
Process for Product 2:
Product 3:
Process for Product 3:
Product 4 :
Process for Product 4:
Product 5 :
Process for Product 5:
Product 6:
Process for Product 6:

Are your total annual food/dairy sales less than \$1,000,000? Yes No
 Does your plant produce any non-dairy products such as juice? Yes No If yes, what _____
 Number of onsite employees: _____ Number of corporate employees (if applicable): _____
 If Out-of-State plant, what is your home state IMS number (if applicable): _____

ADDITIONAL REQUIREMENTS for DAIRY PLANTS

- 1) All new plants **MUST** also send a **representative sample of product LABELS**. If these are not available at time of application, please note this here. We are unable to provide labels at this time because _____ . We expect to submit labels by _____.
- 2) For plants **located in Illinois**, you must **attach** with this application a copy of your facilities **construction plans**. Failure to do this will delay inspection and issuance of permit.
- 3) For plants **located outside of Illinois**, you must **attach** with this application **a copy of the most recent IMS survey/inspection OR the most recent state inspection**. Failure to do this will delay issuance of permit.

SECTION 4 Milk Tank Truck(s)

Please complete one row for each new tank

<i>Manufacturer of Tank</i>	<i>Serial Number</i>	<i>Owners Number Assigned To Tank</i>	<i>Complete Only if Licensed in Another State - Indicate State and Permit No.</i>	<i>IDPH USE Only</i>

SECTION 5 Dairy Farms

Type of Farm (circle one) Grade A Manufactured Raw Milk for Sale on Farm	Type of Animal Milked
Circle Feed Type: Pasture Dry Feed Both	Herd Size

Complete boxes 1 & 2 below only if applying for Grade A Farm or Manufactured Farm permit

Box 1

Who installed milking equipment	
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Box 2

Fieldperson's Recommendation	
BTU Field Representative (Rep) Name	
Field Rep Telephone Number	() -
Field Rep Email Address	
Dairy Plant, Transfer Station, Receiving Station or BTU	
Estimated Effective date of Shipping (pending permit issuance)	
Fieldperson's Signature <i>I have inspected the producer's operation and premises and we have fully discussed the requirements for raw milk production. I agree to keep this producer fully informed of all raw milk production and handling requirements.</i>	
_____ Signature	_____ Date

OR

Complete box 3 below only if applying for Raw Milk for Sale on Farm permit

Box 3

<p>For Raw Milk for Sale on the Farm, before you apply, you must read the "Raw Dairy Farm Permit Packet" document and sign the certification statement below. This document can be found at: http://www.dph.illinois.gov/sites/default/files/publications/publicationsohpraw-dairy-farm-permit-packet-2016.pdf</p>
<p><i>Complete and Sign this Certification Statement</i></p> <p>I, _____, have thoroughly read the "Raw Dairy Farm Permit Packet". I fully understand all the requirements listed in that document. I hereby make application for a Raw Dairy Farm Producer's Permit for the production and sale of raw milk on the premises of this dairy farm only. I agree to the inspection of this dairy operation by an authorized/identified person of the Department at any reasonable hour, and understand that refusal for any part of an inspection or harassment to the authorized/identified person will result in denial, suspension or revocation of this permit. I agree to conduct operations and maintain premises in accordance with the State of Illinois Grade A Pasteurized Milk and Milk Products Act excluding the PMO rules and requirements.</p> <p>Print Name: _____ Date: _____ Signature: _____</p>

If there are any questions or concerns, please call 217/785-2439 or email dph.dairy@illinois.gov