



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

Application is hereby made for a permit to process and distribute, or to distribute Grade "A" Milk and/or Milk Products in Virginia.

The establishment in which the Grade "A" Milk and/or Milk Products are to be processed is:

NAME _____

PLANT CODE NO. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

TELEPHONE NO. _____ FAX NUMBER _____

The establishment from which the Grade "A" Milk and/or Milk Products are to be distributed is:

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

TELEPHONE NO. _____ FAX NUMBER _____

The undersigned hereby agrees that said business will at all times be conducted in accordance with State and Local Laws and rules and regulations.

NAME OF ESTABLISHMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

APPLICANT _____ TITLE _____

TELEPHONE NO. _____ FAX NUMBER _____

RETURN TO: _____ DATE _____

OFFICE OF ENVIRONMENTAL HEALTH SERVICES
109 GOVERNOR St, 5th FLOOR
RICHMOND, VIRGINIA 23219
PHONE: 804-864-7417, FAX: 804-864-7475