

Maryland Department of Health and Mental Hygiene
Office of Food Protection and Consumer Health Services
Permits and Licenses
6 Saint Paul Street, Suite 1301
Baltimore, MD 21202-1608
Phone (410) 767-8444 Fax (410) 333-8931

New Milk Transportation Company Permit Application

Milk Transportation Company Information	
Facility Name:	
Physical Address:	
County: <input type="checkbox"/> Baltimore City	
Contact Name:	
Phone 1:	Phone 2:
Fax:	
Email:	

Owner or Business Organization Information	
Company Name:	FEIN:
Legal Address:	Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Co-ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:
Contact Name:	Email:
Phone 1:	Phone 2:
Fax:	

Mail Official Correspondence To	Payment (return with application)
ATTN (Person):	License Fees: \$5 For Company permit + \$5 for each Tanker listed on Page 2
<input type="checkbox"/> Facility address above <input type="checkbox"/> Owner/Business address above	Amount Paid: Check Number:
<input type="checkbox"/> Other Mail Address	Note: Only checks or money orders are accepted.
	Date Received: Received by:

The following information is required by Maryland Health General Code Annotated Code § 1-102 with regards to the Maryland Workers Compensation Act. I am (check one):

- ☐ Enclosing a Certificate of Insurance
☐ Providing the following insurance information:

Insurance Company _____

Policy/Binder Number _____

- ☐ Self insured - Maryland Workers Compensation Commission Certificate of Compliance enclosed
☐ Self-employed or only employ family members

Signature _____ Title _____ Date _____

**PLEASE LIST ALL MILK TANK TRUCKS CURRENTLY
OPERATING WITHIN THE STATE OF MARYLAND**

<u>MD TANKER #</u>	<u>TANK LICENSE # STATE</u>	<u>TANK VIN # OR SERIAL #</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		