

Maryland Department of Health  
 Environmental Health Bureau  
 Permits and Licenses  
 6 Saint Paul Street, Suite 1301, Baltimore, MD 21202-1608  
 Phone (410) 767-6757 ▪ Fax (410) 333-8931

**New Milk Processing Plant Application  
 (Out of State)**

Facility Information			
Facility Name:	Requested Permit Type:		
Physical Address:	Grade A Milk Processor Manufacture Grade Milk Processor Farmstead Cheese Producer		
County: <span style="float: right;">Baltimore City</span>	IMS Number:		
Contact Name:	IMS Inspection Date:		
Phone 1: <span style="float: right;">Phone 2:</span>	<b>Copy of most recent inspection is required</b>		
Fax:	Water Source	Public	Private      Municipal
Email:	Sewage Disposal	Public	Septic

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

Mail Official Correspondence To	Payment (return with application)
ATTN (Person):	License Fees: <b>\$100</b> Annual
Facility address above      Owner/Business address above	Amount Paid: <span style="float: right;">Check Number:</span>
Other Mail Address:	<b>Note: Only checks or money orders are accepted.</b>
	Date Received: <span style="float: right;">Received by:</span>

**The following information is required by Maryland Health General Code Annotated Code § 1-202 with regard to the Maryland Workers Compensation Act. I am (check one):**

- Enclosing a Certificate of Insurance
- Self-insured - Maryland Workers Compensation Commission Certificate of Compliance enclosed
- Self-employed or only employ family members
- Providing the following insurance information:      Insurance Company \_\_\_\_\_
- Policy/Binder Number \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

CMDPS Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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**New Information Required for Approval**

**List or attach all types of Milk and Milk Products processed at this facility. Please be specific. See example below.**

<b>Fat</b>	<b>Product</b>
1%	Milk
Fat Free	Yogurt
12%	Frozen Dessert Mix
Low Fat	Ice Cream



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

## MEMORANDUM

**TO: Permit Applicants**

**FROM: Center for Milk and Dairy Product Safety**

**DATE: July 1, 2017**

**RE: Required documentation for permit application processing**

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**The following DOCUMENTATION is REQUIRED FOR APPLICATION PROCESSING –**  
Applications **will not** be processed without this documentation:

### All Distribution and Frozen Dessert Applicants:

- Out of State applicants are required to submit a copy of their current state or local health department operating permit;
- In State applicants are required to submit a copy of their most recent state health department inspection report;
- All applicants are required to submit a current list of products manufactured or distributed by their facility;
- All applicants are required to submit workers compensation insurance verification, as stated on the application.

### Milk Processor Permit Applicants:

- Grade “A” applicants (in and out of State) are required to submit the date of their most recent IMS rating;
- Grade “M” Out of State applicants are required to submit a copy of their most recent state / local health department inspection;
- All applicants are required to submit workers compensation insurance verification, as stated on the application;
- All applicants are required to submit a current list of products manufactured in your facility (please see application for examples).

### Bulk Milk Hauler and CIDFI Applicants:

- Out of State applicants, please provide a copy of your most recent field evaluation, for application approval;
- In State applicants, please provide the date of your most recent field evaluation (unless it was performed out of State, in which case, please provide a copy to accompany your application).

Please contact Permits and Licensing with any questions at (410) 767-6757.