

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 Receiving, Transfer, Distribution or Milk Tank Truck Cleaning Facility Application
Out of State**

Facility Information			
Facility Name:		Requested Permit Type:	
Physical Address:		Grade A Milk Manufactured Grade Milk	
County: Baltimore City		*PLEASE PROVIDE COPY OF MOST RECENT HEALTH DEPT. INSPECTION.	
Contact Name:			
Phone 1:	Phone 2:		
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:	Phone 2:	Fax:

Mail Official Correspondence To	Payment (return with application)	
ATTN (Person):	License Fees: \$25	
Facility address above Owner/Business address above	Amount Paid:	Check Number:
Other Mail Address:	Note: Only checks or money orders are accepted.	
	Date Received:	Received by:

Copy of most recent State or local health department inspection required.

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: _____

DHMH 4697



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

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.