

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

New Milk Processing Plant Application

Facility Information

Facility Name:	Requested License Type:		
Physical Address:	<input type="checkbox"/> Grade A Milk Processor <input type="checkbox"/> Manufacture Grade Milk Processor <input type="checkbox"/> Farmstead Cheese Producer		
County: <input type="checkbox"/> Baltimore City	IMS Number:		
Contact Name:	IMS INSPECTION DATE:		
Phone 1:	Phone 2:	Copy of most recent inspection is required	
Fax:	Water Source	<input type="checkbox"/> Public	<input type="checkbox"/> Private <input type="checkbox"/> Municipal
Email:	Sewage Disposal	<input type="checkbox"/> Public	<input type="checkbox"/> Septic

Owner or Business Organization Information

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

Mail Official Correspondence To

Payment (return with application)

ATTN (Person):	License Fees: \$100.00 Annual		
<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 § 1-202 with regards 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 4694

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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.

Fat	Product
1%	Milk
Fat Free	Yogurt
12%	Frozen Dessert Mix
Low fat	Ice Cream
	Ice Cream



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Prevention and Health Promotion Administration

Michelle Spencer, MS, Director
Donna Gugel, MHS, Deputy Director

David Blythe, MD, MPH, Acting Director, Infectious Disease Bureau
Ilise D. Marrazzo, RN, BSN, MPH, Director, Maternal and Child Health Bureau
Clifford S. Mitchell, MS, MD, MPH, Director, Environmental Health Bureau
Donald Shell, MD, MA, Director, Cancer and Chronic Disease Bureau

MEMORANDUM

TO: Permit Applicants

FROM: Center for Milk and Dairy Product Safety

DATE: Thursday, July 31, 2014

RE: Required documentation for permit processing ** PLEASE NOTE CHANGES ******

ADDITIONAL DOCUMENTATION REQUIRED FOR APPLICATION PROCESSING

All Milk Processors and Frozen Dessert Manufacturers are required to submit a current list of products manufactured in their facility (see enclosure) And any brand name under which products are sold.

Distribution and Frozen Dessert Permit Applicants

Out of state applicants are now required to submit a copy of most recently issued local health department operating permit.

In state applicants are now required to submit most recent state or local health department inspection report.

Milk Processor Permit Applications

Grade "A" Out of state and in state applicants are required to submit date of most recent IMS rating.

Grade "M" In state applicants are required to submit date of most recent state health department inspection.

Grade "M" Out of state applicant are required to submit local health department operating permit.

All applicants are required to submit the insurance verification as stated on application.

Bulk Milk Hauler and CIDFI Applications

Current field evaluation required for application approval.

Applications **will not** be processed without this documentation.

Please contact permits and licensing with any questions (410) 767-8444

201 W. Preston Street, Baltimore, Maryland 21201
410-767-6742 Fax 410-333-5995
Toll Free 1-877-4MD-DHMH TTY for Disabled
Maryland Relay Service 1-800-735-2258

500 N. Calvert Street, 5th Fl, Baltimore, Maryland 21202
410-767-5227 • Fax 410-333-6333 • TDD for Disabled 410-333-4800
Toll Free 1-800-358-9001 • TTY for Disabled
Maryland Relay Service 1-800-735-2258

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