

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 Processing Plant Application

Facility Information	
Facility Name:	Requested License Type: <input type="checkbox"/> Grade A Milk Processor <input type="checkbox"/> Manufacture Grade Milk Processor
Physical Address:	
County: <input type="checkbox"/> Baltimore City	
Contact Name:	IMS INSPECTION DATE:
Phone 1: Phone 2:	
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: <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: \$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 § 1-102 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 _____