

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

Bulk Milk Hauler Application

Hauler Information

Hauler Name:			
Hauler Address:			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/>			
Phone 1:			Phone 2:
Fax:			
Email:	SSN:		

Milk Transportation Company Information

Company Name:	FEIN:	
Legal Address:		
Contact Name:	Email:	
Phone 1:	Phone 2:	Fax:

Mail Official Correspondence To

Payment (return with application)

ATTN (Person):	License Fees: \$50	
<input type="checkbox"/> Hauler address above <input type="checkbox"/> Milk Transportation address above	Amount Paid:	Check Number:
<input type="checkbox"/> Other Mail Address	Note: Only checks or money orders are accepted.	
	Date Received:	Received by:

Date of last field evaluation (required): _____

If not within the last two years, please call the Division of Milk Control at 410-767-8429.

Signature _____ Title _____ Date _____

DO NOT WRITE BELOW THIS LINE

CMDPS Approval _____ Date _____