

**New York State
Department of Agriculture & Markets
Division of Milk Control & Dairy Services
10 B Airline Drive
Albany, NY 12235**

APPLICATION TO RECEIVE AND/OR PROCESS MILK AND MILK PRODUCTS - PART 2
(Complete 2 copies and return)

Indicate Type of Facility

Past. or Mfg. Plant	_____
Rec. or Transfer Sta.	_____
BTU	_____
Plant No.	_____

Kind of Milk: Cow ___ Goat ___ Sheep ___ Other ___

Name:	D/B/A or Name of BTU
Address: (Plant Location)	
Address: (Main office if different from above)	
Social Security No.:	Federal I.D. No.:
Reason for not having SS# or Fed I.D. # *	

If Applicant is an Individual	Full Name	Residence Address
	_____	_____
If Applicant is a Partnership		
	_____	_____

If Applicant is a Corporation	In what State incorporated: _____ Date Incorporated: _____	
	Principal Office: _____ If foreign corporation are you authorized under Sections 1304 & 1305 of the Business Corp. Law, to do business in the State of New York: _____	
	If so, when ? _____ Give name and address of person resident of NYS upon whom service of process may be made _____	
	Name	Address
	Pres:	
	Vice Pres:	
Sec:		
Treas:		

The applicant is familiar with all regulations applicable to this plant or BTU and agrees to comply with all applicable items. Milk or milk products for processing will be obtained only from the source listed on the reverse.

By: _____ Title: _____
(Complete reverse side)

* The authority to request the information contained in this document is found in Section 16 of the Agriculture & Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration or permission which you seek. The principal purpose for which this information is collected is to enable the Department of Agriculture & Markets determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department for the purpose of evaluating your application and enforcing and administering the Agriculture & Markets Law

Disclosure of your federal social security and federal employer identification numbers by you is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is to enable the Department of Tax & Finance to identify individuals, businesses and others who have been delinquent in filing tax return or may have underestimated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation & Finance for administering the Tax Law and for any other purpose authorized by the Tax Law

Should you fail to provide all of the requested information, your application may not be processed.

APPLICATION MUST BE SIGNED BY OWNER, PARTNER OR CORPORATE OFFICER

SOURCES
(Attach additional sheets as may be needed)

PREPASTEURIZED MILK DIRECT FROM PRODUCERS			
Name	Location	Name	Location

PLANTS OR BULK TANK UNITS RECEIVING MILK DIRECT FROM PRODUCERS	
Name of CMI _____	Telephone: _____
Location of Producer Quality Control Records: _____	

PREPASTEURIZED MILK IN BULK FROM OTHER PLANTS AND BULK TANK UNITS			
Name	Location	Name	Location

LIST ALL DAIRY PRODUCTS WHICH ARE PROCESSED OR MANUFACTURED AT THIS PLANT

MILK OR MILK PRODUCTS FOR RESALE IN ORIGINAL CONTAINERS		
Source	Location	Type of Milk or Milk Product and Container

MILK PRODUCTS FOR PROCESSING (Milk Powder, etc.)		
Source	Location	Type of Milk or Milk Product and Container