



MISSOURI DEPARTMENT OF AGRICULTURE
 STATE MILK BOARD
**PERMIT APPLICATION FOR GRADE A PROCESSING PLANT,
 RECEIVING STATION OR TRANSFER STATION**

SECTION I - PLANT	
PLANT NAME	CONTACT PERSON
PLANT ADDRESS (CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
GRADE A PRODUCTS TO BE PROCESSED <input type="checkbox"/> MILK <input type="checkbox"/> LOWFAT MILK <input type="checkbox"/> SKIM MILK <input type="checkbox"/> CREAM <input type="checkbox"/> YOGURT <input type="checkbox"/> COTTAGE CHEESE <input type="checkbox"/> OTHERS: _____	
SOURCE OF WATER <input type="checkbox"/> PRIVATE WELL <input type="checkbox"/> CITY <input type="checkbox"/> WATER DISTRICT <input type="checkbox"/> OTHER: _____	
SEWAGE DISPOSAL <input type="checkbox"/> LAGOON <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> CITY SEWAGE SYSTEM	
AREAS OF DISTRIBUTION OF PROCESSED PRODUCTS A. INTRASTATE: _____ B. INTERSTATE: _____	
WILL PRIVATE LABEL PRODUCTS BE PROCESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT TYPE(S) OF PASTEURIZATION WILL BE USED? <input type="checkbox"/> VAT <input type="checkbox"/> HTST <input type="checkbox"/> UHT
SOURCE OF RAW MILK <input type="checkbox"/> DIRECT SHIPPED	STATION <input type="checkbox"/> RECEIVING <input type="checkbox"/> TRANSFER
HAVE CONSTRUCTION PLANS BEEN SUBMITTED FOR APPROVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLANT NUMBER 29-
SECTION II - RECEIVING STATION	
RECEIVING STATION NAME	CONTACT PERSON
RECEIVING STATION ADDRESS (CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
GRADE OF MILK RECEIVED <input type="checkbox"/> "A" RAW FOR PASTEURIZATION <input type="checkbox"/> MANUFACTURING GRADE	
SOURCE OF WATER <input type="checkbox"/> PRIVATE WELL <input type="checkbox"/> CITY <input type="checkbox"/> WATER DISTRICT <input type="checkbox"/> OTHER: _____	
SEWAGE DISPOSAL <input type="checkbox"/> LAGOON <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> CITY SEWAGE SYSTEM	
TYPE OF COOLING <input type="checkbox"/> DIRECT EXPANSION <input type="checkbox"/> SWEET WATER	WILL PRE-COOLING BE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS STANDARDIZATION OF RAW MILK EMPLOYED, IF SO, WHAT TYPE OF SEPARATION IS USED? <input type="checkbox"/> COLD BOWL <input type="checkbox"/> WARM BOWL	
HAVE CONSTRUCTION PLANS BEEN SUBMITTED FOR APPROVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	RECEIVING STATION NO. R29-
SECTION III - TRANSFER STATION	
TRANSFER STATION NAME	
TRANSFER STATION ADDRESS (CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
NUMBER OF FARM BULK TANKS RECEIVED	NUMBER OF OVER-THE-ROAD TANKERS EMPLOYED TO TRANSPORT MILK TO PLANT
SOURCE OF WATER <input type="checkbox"/> PRIVATE WELL <input type="checkbox"/> CITY <input type="checkbox"/> WATER DISTRICT <input type="checkbox"/> OTHER: _____	
SEWAGE DISPOSAL <input type="checkbox"/> LAGOON <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> CITY SEWAGE SYSTEM	
HAVE CONSTRUCTION PLANS BEEN SUBMITTED FOR APPROVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	TRANSFER STATION NUMBER T29-