REQUEST FOR GRADE A MILK PRODUCER PERMIT (GOAT)
NEW BARN _____ EXISTING BARN _____

Premise ID (assigned by computer) ______________________________ Establishment Code __________

Milk Handler __________ New Milk Permit No. __________ County (of Dairy) __________________________

Name of Dairy ____________________________________________________________

Name of Owner/Producer ____________________________________________________

Physical Address (Barn Address) ____________________________________________

City __________________________ Zip __________ Barn Telephone __________________________

Mailing Address (if different from physical address) ____________________________

City __________________________ Zip __________ Home Telephone _________________________

Other Telephone Numbers: (cell & who’s) __________________________ (cell #2) __________

(Fax) __________________________ Other (explain) ______________________________

Email address: _____________________________________________________________

Date of Well Water Sample __________________________ Date Cows T.B. Tested ____________

*If well water or T.B. Tests are from another dairy please indicate that farms permit # in the blanks above.

Number of Cows __________ Has, or have applied for, LAS or NPDES (if applicable) ______

Septic Tank Approval Date (if applicable) __________________ Date of proposed 1st pickup ____________

If existing dairy, give former owner and dairy name ______________________________________

_________ Date __________________________ Signature of Owner/Producer ____________

Date Inspected and Approved __________________________ Signature of Sanitarian/Sanitarian No. ____________

ATTACH TEMPORARY PERMIT AND ALL APPLICABLE PAPERWORK

CHECK LIST FOR ANY NEW PERMIT ISSUANCE

1. LAS permit or NPDES current for number of cows. Yes ____ No ____ N/A ______

2. Current well water sample for farm above Yes ____ No ____ Date __________

3. Dairy under warning Yes ____ No ____

4. Toilet meets current standards Yes ____ No ____ Date __________
   (Health Dept. approval on new toilets)

5. Completed inspection above 90. Yes ____ No ____ Date __________

6. Called office to advise change is O.K. Yes ____ No ____ Date __________

If ‘no’ to any of the above, a permit will not be issued without signed agreement below (exception: #3).

DATE __________ SIGNATURE OF SANITARIAN ____________

REV 6/2/2021
**PRODUCER PERMIT CHANGE SHEET (GOAT)**

***ISSUANCE OF A NEW PERMIT REQUIRES DAIRY TO MEET ALL CURRENT REQUIREMENTS***  THE ONLY SITUATION WHERE A NEW PERMIT IS NOT TO BE ISSUED IS ADDING OR DELETING A NAME TO AN EXISTING PERMIT NAME. (EXAMPLE: ADD OR DELETE WORD “INC”, “LLP”).

- MILK HANDLER CHANGE
- NAME CHANGE

PERMIT TO BE CANCELLED: YES____ NO____ (Not necessary when adding or deleting name to existing permit. Permit number not to change. Applicable as long as original owner remains on permit.)

**PRESENT PERMIT NUMBER________________________**
**PREMISE ID ________________________________**

**NEW MILK HANDLER________________________**
**NEW PERMIT NO.____________________________**

**NAME OF PRESENT DAIRY ______________________**

**NEW PRODUCER PERMIT NAME____________________**

**MAILING ADDRESS**

CITY__________________________ ZIP__________________________ COUNTY________________________

**DATE NEW PERMIT EFFECTIVE**

**REMARKS (any additional information):**

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**CHECK LIST FOR ANY NEW PERMIT ISSUANCE**

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<td>LAS permit or NPDES current for number of cows.</td>
<td>Yes___ No___ N/A___</td>
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<td>8.</td>
<td>Current well water sample for farm above</td>
<td>Yes___ No___ Date________</td>
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<td>9.</td>
<td>Dairy under warning</td>
<td>Yes___ No___</td>
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<td>10.</td>
<td>Toilet meets current standards (Health Dept. approval on new toilets)</td>
<td>Yes___ No___ Date________</td>
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<td>11.</td>
<td>Completed inspection above 90.</td>
<td>Yes___ No___ Date________</td>
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<td>12.</td>
<td>Called office to advise change is O.K.</td>
<td>Yes___ No___ Date________</td>
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* If no to any of the above, no permit will be issued without signed agreement below (exception: #3).

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**DATE**

**SIGNATURE OF SANITARIAN**

**OUT OF BUSINESS**

Premise ID__________________________ Present Permit No. (Cancel)__________________________ Date of Last Pickup__________________________

Present Farm Name__________________________ Present Owner__________________________

Address__________________________ City__________________________ County__________________________

IF THIS DAIRY IS GOING OUT OF BUSINESS – DOES IT HAVE A LAGOON OR ANY OTHER KIND OF WASTE MANAGEMENT SYSTEM: Yes__________________________ No __________________

Out of Business Date__________________________ Sanitarian’s Name__________________________

REV 6/2/2021