RAW MILK PROGRAM PERMIT APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • FOOD SAFETY DIVISION
19 MARTIN LUTHER KING JR DR, SW • ATLANTA, GA 30334

Tyler Harper
COMMISSIONER

ESTABLISHMENT INFORMATION

BUSINESS NAME *(Doing Business As)*		**COUNTY**	
CORPORATE NAME *(As Filed with the Secretary of State's Office)*		**BUSINESS PHONE**	
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**
MAILING ADDRESS *(If Different than Above)*	**CITY**	**STATE**	**ZIP CODE**

OWNER/PRODUCER INFORMATION

NAME	**TITLE**	**CELL PHONE**
EMAIL ADDRESS	**MAILING ADDRESS** *(If Different than those Listed Above)*	

WATER SOURCE

☐ PUBLIC ☐ PRIVATE

WATER DISPOSAL

☐ SEWER ☐ SEPTIC

HERD INFORMATION

ESTIMATED DAILY PRODUCTION LBS	**APPLIED FOR LAS / NPDES** *(If Applicable)* ☐ YES ☐ NO

VERIFICATION OF LAWFUL PRESENCE

A Notarized Affidavit and acceptable documentation are required by O.C.G.A. § 50-36-1.

For assistance, call the Customer Service Center at:
855-4-AG-LICENSE (855-424-5423)

APPLICANT – PRINTED NAME | **APPLICANT - SIGNATURE** | **APPLICANT - TITLE** | **DATE**

DEPARTMENT USE ONLY

CHECKLIST FOR ANY NEW PERMIT ISSUANCE

1. LAS permit or NPDES current for number of cows? ☐ YES ☐ NO ☐ NA
2. Current well water sample for above farm? ☐ YES ☐ NO DATE: _____
3. Required animal testing performed and results available? ☐ YES ☐ NO DATE: _____
4. Completed Inspection above 90? ☐ YES ☐ NO DATE: _____

If "NO" to any of the above, a permit will not be issued without signed agreement below.

DAIRY COMPLIANCE SPECIALIST SIGNATURE | **DATE**

agr.georgia.gov/food-safety

DEPARTMENT USE ONLY	
LICENSE #	FTC