GEORGIA DEPARTMENT OF AGRICULTURE
agr.georgia.gov

REQUEST FOR GRADE A MILK PRODUCER PERMIT

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 (Health Dept. approval on new toilets)** **Yes_____No_____** **Date_____**
5. **Completed inspection above 90.** **Yes_____No_____** **Date_____**
6. **Called office to advise change is O.K.** **Yes_____No_____**

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

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PRODUCER PERMIT CHANGE SHEET

*****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 ANAME 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): _____

_____

CHECK LIST FOR ANY NEW PERMIT ISSUANCE

7.	LAS permit or NPDES current for number of cows.	Yes_____No_____N/A_____	
8.	Current well water sample for farm above	Yes_____No_____	Date_____
9.	Dairy under warning	Yes_____No_____	
10.	Toilet meets current standards (Health Dept. approval on new toilets)	Yes_____No_____	
11.	Completed inspection above 90.	Yes_____No_____	Date_____
12.	Called office to advise change is O.K.	Yes_____No_____	Date_____

* If no to any of the above, no permit will be issued without signed agreement below (exception: #3).

_____ _____

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 OFWASTE MANAGEMENT SYSTEM: Yes_____No _____

Out of Business Date_____Sanitarian's Name_____

REV 6/2/2021