



Washington  
State Department of  
Agriculture

Food Safety Program  
1111 Washington Street • PO Box 42591  
Olympia, WA 98504-2591  
(360) 902-1875

**OFFICE USE ONLY**

ISSUED \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

**CASHIER USE ONLY**

4113

## APPLICATION FOR A MILK PROCESSING PLANT LICENSE

APPLICANT NAME AND MAILING ADDRESS		PHYSICAL PLANT LOCATION		
<input type="checkbox"/> OWNER	<input type="checkbox"/> MANAGER NAME <i>(Type or Print)</i>	TELEPHONE NUMBER	EMAIL ADDRESS	COUNTY
Firm operates as: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation				
List name and address of all partners and/or officers below:				
NAME	TITLE	ADDRESS <i>(Include city, state, zip code)</i>		

Change of Address (if different from above): \_\_\_\_\_

Name of Manager: \_\_\_\_\_

**SOURCE OF MILK SUPPLY:**

General Milk Market Pool

Owners Dairy Farm: List Milk Producer License number: \_\_\_\_\_

Individual Dairy Contract: List Milk Producer \_\_\_\_\_

Other: Explain \_\_\_\_\_

**CHECK PRODUCTS PROCESSED OR MANUFACTURED:** *(Check Grade A if applicable)*

GRADE A	MANUFACTURED
<input type="checkbox"/> Fluid Milk and Cream	<input type="checkbox"/> Condensed Milk Products
<input type="checkbox"/> Condensed Milk	<input type="checkbox"/> Evaporated Milk
<input type="checkbox"/> Evaporated Milk	<input type="checkbox"/> Cottage Cheese
<input type="checkbox"/> Cottage Cheese	<input type="checkbox"/> Dry Milk Products
<input type="checkbox"/> Dry Milk Products	<input type="checkbox"/> Frozen Desserts
<input type="checkbox"/> Other _____	<input type="checkbox"/> Mix
	<input type="checkbox"/> Butter
	<input type="checkbox"/> Cheese
	<input type="checkbox"/> Other _____

**FEE:**

Processor License ..... \$250.00

License expires June 30.

**MAKE CHECK PAYABLE TO:** Department of Agriculture

**SEND TO:** Washington State Department of Agriculture  
Attention: Fiscal Office  
PO Box 42591, Olympia, WA 98504-2591

\_\_\_\_\_  
SIGNATURE OF OWNER OR MANAGER

\_\_\_\_\_  
DATE

**NO REFUNDS after ten (10) business days**

**Checks returned by the bank will be charged a handling fee of \$25.00.**  
*(RCW 62A.3.515 (a) and 62A.3.520)*