



**SAN JOAQUIN COUNTY**  
**ENVIRONMENTAL HEALTH DEPARTMENT**  
 1868 East Hazelton Avenue, Stockton, CA 95205-6232  
**Telephone:** (209) 468-3420 **Fax:** (209) 464-0138 **Web:** www.sjgov.org/ehd

**DAIRY FARM PERMIT APPLICATION**

The undersigned hereby makes application to San Joaquin County Environmental Health Department for a permit to produce and supply Grade "A" milk for processing in the State of California according to present laws.

<b>TYPE OF BUSINESS:</b>			
<b>CORPORATION</b> <input type="checkbox"/>		<b>CO-PARTNERSHIP</b> <input type="checkbox"/>	
		<b>INDIVIDUAL</b> <input type="checkbox"/>	
<b>NAME OF DAIRY</b> (LEGAL NAME TO APPEAR ON PERMIT)			<b>PHONE NUMBER</b>
<b>ADDRESS</b>		<b>STATE</b>	<b>ZIP</b>
<small>If different from Dairy address fill out Mailing Address</small>			
<b>MAILING ADDRESS</b>		<b>STATE</b>	<b>ZIP</b>
<b>LEGAL OWNER (s) NAME</b>			
<b>NAME OF PROCESSOR</b>			
<b>ADDRESS</b>		<b>STATE</b>	<b>ZIP</b>
<b>NUMBER OF COWS MILKING</b>	<b>MILKING START TIMES</b>	<b>AM</b>	<b>PM</b>
			<b>GALLONS DAILY</b>
<b>APPLICANT NAME:</b>		<b>SIGNATURE:</b>	<b>DATE</b>

**DEPARTMENT USE ONLY**

<b>New Permit</b> <input type="checkbox"/>	<b>Renewal</b> <input type="checkbox"/>	<b>PERMIT NUMBER#</b>	<b>DATE ISSUED</b>
<b>RECOMMENDATIONS:</b> _____ _____ _____ _____			
<b>REGISTERED DAIRY INSPECTOR SIGNATURE:</b>			<b>DATE</b>
<b>APPLICATION REVIEWED AND APPROVED BY:</b>			