



STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Thomas M. Miller, M.D.

State Health Officer

August 15, 2016

MEMORANDUM

TO: Milk, Frozen Dessert and Single-Service Container and/or Closure Manufacturing Processing Plants Possessing a 2016 Alabama Permit

FROM: G.M. Gallaspy, Director *GMG*
Milk and Food Processing Branch

SUBJECT: 2017 Permit Renewal

Your 2016 permit to distribute milk, milk products, frozen dessert products or single-service containers and/or closure products in the State of Alabama will expire at midnight on September 30, 2016.

The Alabama Milk Processor Fee Bill {Act 93-718} requires each plant that processes milk, milk products, frozen dessert products or manufactures single-service containers and/or closures for sale or consignment or for remuneration of any nature in a milk plant or frozen dessert processing plant shall annually obtain a permit from the Alabama State Board of Health prior to selling or offering for sale, consignment, consigning or offering for consignment, or offering for any remuneration such milk, milk products, frozen dessert products or single-service containers and/or closures in the State of Alabama. This requirement applies to any person who processes milk, milk products, frozen dessert products, or single-service containers and/or closures within or outside of the state and whose products are distributed within the state. This Bill/Act also provides for a **\$300.00 application fee** to be submitted with the application. Please ensure that the check or money order is made payable to the **Bureau of Environmental Services** for the correct amount. Per state auditor's instructions, any amount in permit fee over the listed fee will be considered a donation to the State of Alabama and **will not** be subject to a refund.

Please find enclosed an application for permit ADPH-FML 201a. The permit application along with a check or money order made payable to the Bureau of Environmental Services must be submitted to this department before September 30, 2016, so that your permit can be issued for the 2017 permit year.

If you have any questions concerning the application form or fee, contact this office at 334-206-5375.

GMG:MMA
Enclosure

IMPORTANT

Effective June 15, 2016, the annual renewal fee for a Milk Processing Plant, Frozen Dessert Processing Plant or Single-Service Manufacturing Plant permit has increased to **\$300.00**.

NOTE: Unless we receive the **correct 2017 Application Form** (attached), and your check in the amount of **\$300.00**, we will **not** be able to process your permit application.

Thank you.

ALABAMA DEPARTMENT OF PUBLIC HEALTH

Bureau of Environmental Services

RSA Tower, 201 Monroe Street, Suite 1250 • Montgomery, Alabama 36104 • 334.206.5375

APPLICATION FOR PERMIT FOR PROCESSING, HANDLING, MANUFACTURING OR DISTRIBUTION OF MILK, MILK PRODUCTS, FROZEN DESSERTS OR SINGLE-SERVICE CONTAINERS AND/OR CLOSURES

Application for a permit to operate and distribute products in the State of Alabama, from October 1, 2016 through September 30, 2017.

Applicant's business structure is a (please check one):

- Corporation, Limited Liability Corporation, Partnership, Individual/Sole Proprietorship (Total Number of Employees)

NATURE OF APPLICATION: Please check the appropriate box and provide the plant identification number.

- Grade A Pasteurization Plant, Frozen Dessert Manufacturing Plant, Single-Service Container or Closure Plant, Manufacturing Grade Plant, Frozen Dessert Mix for Resale

(PLEASE PRINT)

Legal Name of Firm, Address, City, State, Zip, Business Phone, Fax, Email

(Please complete ONLY if mailing address is different from above.)

Address, City, State, Zip, Business Phone, Fax, Email

The name of the person to manage or in charge of the place of business of application:

Name, Title

Business Phone, Fax, Email

*Location of Alabama Distribution Stations:

*If partnership, corporation, or association, give the name of same and the name of officers on the reverse side of this form.

The following regulatory agency provides sanitation evaluation of the above facility:

Agency, Department

Address, City, State, Zip

I hereby certify that the above statements are true and correct, and I agree to comply with all provisions of the Alabama State Board of Health Rules governing the Production, Processing, Handling or Distribution of Milk, Milk Products, Frozen Desserts, and Single-Service Containers/Closures and hereby authorize the State Health Officer, or their representatives, to enter upon the premises of the above-named establishment for inspection purposes, and further promise that I shall give them such information pertinent to grading of the milk supply and the enforcement of the Rules as they may request.

Signature of Applicant, Title, Date

ALABAMA DEPARTMENT OF PUBLIC HEALTH (ONLY)

Application Approved By (Alabama Department of Public Health)

Date, Permit Number, Date Issued

Please return this form along with your check in the amount of \$300.00 to:

G.M. Gallaspy, Director
Alabama Department of Public Health
RSA Tower, 201 Monroe Street, Suite 1250
Montgomery, Alabama 36104