

4315 S 2700 W TSOB South Bldg, Floor 2 Salt Lake City, UT 84114-6500 (801) 982-2252 Information (385)-465-6023 FAX

## **APPLICATION FOR DAIRY LICENSES (1401-1408)**

Name					Da	te				
Address				Email						
City, State, Zip					Pho	ne				
Plant/Company	Name									
Address										
City, State, Zip					Pho	one				
I hereby mak	e applicat	ion for a li	cense to:							
		(1401)	Test Milk for Paym	nent (Annual F	ee \$100.0	0)				
		(1402)	Operate a Milk Ma	anufacturing Pl	ant (Grad	uated Annually Fee)				
		(1403)	Make Butter (Ann	ual Fee \$100.0	0)					
		(1404)	Haul/Sample Bulk	Milk (Annual I	Fee \$100.	00)				
		(1405)	Make Cheese (An	nual Fee \$100.	00)					
		(1406)	Operate a Pasteur	izer (Annual F	ee \$100.0	0)				
		(1407)	Operate a Milk Pro	ocessing Plant	(Graduat	ed Annually Fee)				
		(1408)B	(1408)Become a Wholesale Dairy Products Distributor (Annual Fee \$500.00)							
		Manufa	cturing:	Instate OF	3	Out of State				

	 				•.	
16	 	ь. а	<u>с.</u> н.	•		

If out of state, provide the following:

Name of Broker (or self)

Plant #

I hereby agree to use proper methods and practices as required by my license and recognize that if I fail to do so, I may lose the privileges granted by this license.

Signature of Applicant

Date

I hereby affirm that the above signed understands and is capable of using the required proper methods and practices.

Authorized Representative of the Commissioner of Agriculture