



RAW MILK PROGRAM PERMIT APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • DAIRY DIVISION
19 MARTIN LUTHER KING JR DR, SW • ROOM 316 • ATLANTA, GA 30334

Tyler Harper
COMMISSIONER

ESTABLISHMENT INFORMATION			
BUSINESS NAME <i>(Doing Business As)</i>		COUNTY	
CORPORATE NAME <i>(As Filed with the Secretary of State's Office)</i>		BUSINESS PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS <i>(If Different than Above)</i>	CITY	STATE	ZIP CODE

OWNER/PRODUCER INFORMATION		
NAME	TITLE	CELL PHONE
EMAIL ADDRESS	MAILING ADDRESS <i>(If Different than those Listed Above)</i>	

WATER SOURCE	
PUBLIC	PRIVATE

WATER DISPOSAL	
SEWER	SEPTIC

HERD INFORMATION	
ESTIMATED DAILY PRODUCTION	APPLIED FOR LAS / NPDES <i>(If Applicable)</i>
LBS	YES NO

VERIFICATION OF LAWFUL PRESENCE	
<i>A <u>Notarized Affidavit</u> and acceptable documentation are required by O.C.G.A. § 50-36-1.</i>	For assistance, call the Customer Service Center at: 855-4-AG-LICENSE (855-424-5423)

 APPLICANT – PRINTED NAME APPLICANT - SIGNATURE APPLICANT - TITLE DATE

APPLICATIONS MAY BE EMAILED TO: DairyApplications@agr.georgia.gov

DEPARTMENT USE ONLY

CHECKLIST FOR ANY NEW PERMIT ISSUANCE

- | | | | |
|---|-----|----|-------------|
| 1. LAS permit or NPDES current for number of cows? | YES | NO | NA |
| 2. Current well water sample for above farm? | YES | NO | DATE: _____ |
| 3. Required animal testing performed and results available? | YES | NO | DATE: _____ |
| 4. Completed Inspection above 90? | YES | NO | DATE: _____ |

If "NO" to any of the above, a permit will not be issued without signed agreement below.

 DAIRY COMPLIANCE SPECIALIST SIGNATURE DATE

DEPARTMENT USE ONLY	
LICENSE #	FTC