



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION**  
**129 PLEASANT STREET, CONCORD, NH 03301**  
**Telephone: 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964**  
**Website: www.dhhs.nh.gov E-mail: foodprotection@dhhs.state.nh.us**

**RS-405298**

**APPLICATION FOR MILK SANITATION LICENSE**

*NOTE: Payment to be in the form of a check or money order made payable to Treasurer, State of NH.*

<sup>1</sup>Full Legal Name Corporation, LLC or Owner \_\_\_\_\_

<sup>2</sup>Facility name (if different from above) \_\_\_\_\_

<sup>3</sup>Location of Facility (Street) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>4</sup>Mailing Address (if different) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>5</sup>Telephone # \_\_\_\_\_ <sup>6</sup>E-mail Address \_\_\_\_\_

<sup>7</sup>Schedule of Operations \_\_\_\_\_

<sup>8</sup>Emergency Contact Name & Telephone Number \_\_\_\_\_

<sup>9</sup>Type of Facility, Check One: (see definitions on reverse) <sup>9a</sup>  Milk Plant <sup>9b</sup>  Producer-Distributor <sup>9c</sup>  Distributor

<sup>10</sup>Type of License:  New Establishment  Change in License Class  Renewal /Recertification <sup>11</sup>License# \_\_\_\_\_

(License # to be assigned by FPS)

<sup>12</sup>Class of License/Fee Due

- <sup>a</sup>  **Class 1 (\$350.00)** -Over 25,000 pounds of milk and /or milk products sold/distributed per day.
- <sup>b</sup>  **Class 2 (\$275.00)** -Over 10,000 but less than 25,000 pounds of milk and/or milk products sold/distributed per day.
- <sup>c</sup>  **Class 3 (\$175.00)** -Over 1,000 but less than 10,000 pounds of milk and/or milk products sold/distributed per day.
- <sup>d</sup>  **Class 4 (\$100.00)** -1,000 pounds or less of milk and/or milk products sold/distributed per day.

<sup>13</sup>Out-of-State Grade A Plants, please indicate your IMS Code: \_\_\_\_\_

**\*Submit all supporting documentation. Incomplete applications will be returned.**

<input type="checkbox"/>	<b>14</b> Copies of Labels- Submit copies of all product labels not previously submitted/or changed for products sold in New Hampshire. Copies of labels may be submitted electronically on a disc or emailed to the above email address. <i>(If emailing, be sure to use the license number then name of licensee in the subject line or electronic labels will not be accepted and application will be returned as incomplete.)</i>												
<input type="checkbox"/>	<b>15</b> Facility Inspection-If the facility is located outside the state of New Hampshire, and is not on Interstate Milk Shipper's List, submit a copy of the most recent facility inspection. (see section 13)												
<input type="checkbox"/>	<b>16</b> Specific Product List-Please supply a complete list including brand names. Attached additional sheet(s) if required. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"><u>Products Produced and/or Distributed</u></th> <th style="width: 35%;"><u>Name of Manufacturer(if Distributed Only)</u></th> <th style="width: 30%;"><u>Location</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Products Produced and/or Distributed</u>	<u>Name of Manufacturer(if Distributed Only)</u>	<u>Location</u>	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
<u>Products Produced and/or Distributed</u>	<u>Name of Manufacturer(if Distributed Only)</u>	<u>Location</u>											
1. _____	_____	_____											
2. _____	_____	_____											
3. _____	_____	_____											
<input type="checkbox"/>	<b>17</b> IN STATE LICENSEES ONLY- Please check the Types of Product(s) <input type="checkbox"/> Pasteurized Fluid Milk <input type="checkbox"/> Pasteurized Fresh Cheese <input type="checkbox"/> Ice Cream <input type="checkbox"/> Bottled Raw Milk <input type="checkbox"/> Raw Milk Aged Cheese <input type="checkbox"/> Raw Milk Yogurt <input type="checkbox"/> Other(please specify) _____												

I, (print name & title)<sup>(18, 19)</sup> \_\_\_\_\_, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: <sup>20</sup> \_\_\_\_\_ DATE OF APPLICATION: <sup>21</sup> \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY-----

Date App Received \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_ Date Approved \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING  
APPLICATION FOR MILK SANITATION LICENSE**

Please fill in all blanks, if not applicable enter "NA"

1. **Full Legal Name of Corporation, LLC or Owners** - provide the full legal name of the corporation, LLC or owner(s).
2. **Facility Name** - if different from above.
3. **Location of Facility** - provide location of Milk Facility to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - provide mailing address for correspondence if different than the location of the Milk Facility.
5. **Telephone Number** - provide the telephone number.
6. **E-mail address** - provide the e-mail address.
7. **Schedule of Operations** - provide days/hours of week of operations
8. **Emergency Contact Name/Telephone #** - provide the name and contact information for an individual at the facility in case of emergency after hours.
9. **Type of Facility, check one:**
  - a. **Milk Plant** - defined as "any place, premises, or establishment where milk or milk products are collected, handled, processed, stored, pasteurized, bottled, packaged or prepared for distribution."
  - b. **Producer-Distributor** - defined as "a milk producer (the person who controls the milking animals) who is also a milk distributor and sells more than an average of 80 quarts of milk per day."
  - c. **Distributor** - defined as "any person who offers for sale or sells to another any milk or milk products for human consumption as such."
10. **Type of License** - check the appropriate license type for which you are applying.
11. **Current License #** - provide current license number if known, otherwise please leave blank.
12. **Class of License/Fee Due** - check the appropriate class of license and submit the appropriate fee.
  - a. **Class 1** - Over 25,000 pounds of milk and /or milk products sold/distributed per day.
  - b. **Class 2** -Over 10,000 but less than 25,000 pounds of milk and/or milk products sold/distributed per day.
  - c. **Class 3** - Over 1,000 but less than 10,000 pounds of milk and/or milk products sold/distributed per day.
  - d. **Class 4** -1,000 pounds or less of milk and/or milk products sold/distributed per day.
13. **Out-of State Grade A Plants** - please indicate your IMS Code.
14. **Copies of Labels** - submit copies of all product labels not previously submitted/ or changed for products sold in New Hampshire. (May be submitted electronically on a disc or emailed to the above email address. **If emailing be sure to use the license number then name of licensee in the subject line or electronic labels will not be accepted and application will be returned as incomplete.**)
15. **Facility Inspection** - If the facility is located outside the state of New Hampshire and is not on the Interstate Milk Shipper's List, submit a copy of the most recent facility inspection. If the facility is listed, please indicate IMS number above (see section 13).
16. **Complete Specific List of Product(s)** - please supply a complete list including brand names. Attached additional sheet(s) if required.
17. **IN STATE LICENSEES ONLY-Type of Product(s)** - please check all types of products your facility is producing and/or distributing.
18. **Printed Name** - print full name of Milk Facility's legal owner, signing application or officer or legal owner who applies for the license.
19. **Title of applicant** - provide title of Milk Facility's applicant.
20. **Signature of Applicant** - provide original signature of Milk Facility's applicant.
21. **Date of Application** - provide current date of application.

**SUBMITTING YOUR APPLICATION**

1. Payment shall be made in the form of a check or money order payable to "Treasurer, State of New Hampshire", and must accompany application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, product list, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301.

For additional information or for further assistance, please contact the NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section at (603) 271-4673 or foodprotection@dhhs.state.nh.us.