



VDACS Dairy Services Program
 PO Box 1163
 Richmond, VA 23218-1163
 (804) 786-1452
dairyservices@vdacs.virginia.gov

DEPARTMENT USE ONLY	
DATE RECEIVED	_____
APPLICATION #	_____
FIRM ID #	_____

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Dairy Manufacturing Permit Application Part I

NOTE: AN INCOMPLETE APPLICATION WILL BE RETURNED FOR CORRECTION.

This application is for a permit to receive, process, and handle milk for manufacturing purposes. The permit may be issued to any individual(s), plant operator(s), partnership, corporation, company, firm, trustee, or institution. If the applicant/owner(s) is a partnership, corporation, company, firm, trustee, or institution, the permit application must be accompanied by the articles of incorporation, partnership, agreement, or trust document, identifying the names, titles, and address of all responsible officials for the entity. No permits may be issued to minors (persons under 18 years of age).

This application is for a		<input type="checkbox"/> New Establishment	<input type="checkbox"/> New Owner/Change of Ownership for Existing Establishment
Establishment Legal Name:			
Doing Business As (DBA) Name:			
Establishment Telephone:		Federal EIN:	
Establishment Physical Address:			
County or City (LIST THE COUNTY OR CITY THAT ASSESSES THE REAL ESTATE TAX FOR THE PHYSICAL ADDRESS):			
Establishment Mailing Address:			
Establishment Email Address:		Number of Employees:	
Water Supply:	<input type="checkbox"/> Public	<input type="checkbox"/> Private*; List Type (drilled, bored, etc.)	
Well water testing labs *FOR A PRIVATE WATER SUPPLY, ATTACH A CURRENT (within 30 days prior to issuing the Permit) WATER TEST REPORT SHOWING ABSENCE OF COLIFORM BACTERIA			
Sewage Disposal:	<input type="checkbox"/> Public	<input type="checkbox"/> Private*	
List of Onsite Soil Evaluators *FOR A PRIVATE SEWAGE DISPOSAL SYSTEM, ATTACH DOCUMENTATION THAT YOUR SYSTEM IS APPROPRIATE FOR YOUR PLANNED FOOD OPERATIONS; CONTACT THE HEALTH DEPARTMENT FOR ASSISTANCE WITH DOCUMENTATION			

Establishment Ownership Type:	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Other
Name of LLC, Corporation, Partnership, Individual, or Other					
Names, titles and addresses of persons comprising the legal ownership (Attach list if necessary):					
NAME		TITLE		ADDRESS	
Billing Address:					

Person Directly Responsible for the Operation:		
NAME	TITLE	ADDRESS
Telephone: _____		Email Address: _____

Immediate Supervisor of Person Directly Responsible for the Operation OR Additional Directly Responsible Person:		
NAME	TITLE	ADDRESS
Telephone: _____		Email Address: _____

Type of Processing Plant:	Cheese	Ice Cream and/or Frozen Dessert	Butter	Non-Dairy Frozen Dessert
List of Dairy Food Products Manufactured:				
Type of Milk Processed?	COW	GOAT	SHEEP	OTHER: _____

*Please use a separate sheet each facility type. **Milk used for cheese making:** Pasteurized Raw N/A

Percentage of incoming ingredients received from out of state suppliers: [Small Scale Operation](#)

Percentage of products sold to out of state customers:

Percentage of products sold wholesale: **Percentage of products sold retail:**

	SUN	MON	TUE	WED	THU	FRI	SAT
Hours of Operation:							

General Requirements

Processing steps: On a separate sheet, attach a copy of ingredients used and processing steps for your product. Please use a separate sheet for each products that have significantly different processing steps. *(see details in Dairy Manufacturing Permit Application Part II on pages 1-4)*

Product Labels: On a separate sheet, attach a copy of your product label proposal. Use a separate sheet for each label. *(see details in Dairy Manufacturing Permit Application Part II on pages 5-7)*

Recall Plan: On a separate sheet, attach a copy of your proposed Recall Plan. *(see details in Dairy Manufacturing Permit Application Part II on pages 8-9)*

Employee Training and Records: On a separate sheet, attach a copy of any food safety training certificates, and a copy of your employee training record. *(see details in Dairy Manufacturing Permit Application Part II on pages 10-11)*

Allergen Control Plan: On a separate sheet, attach a copy of your allergen control plan. *(see details in Dairy Manufacturing Permit Application Part II on pages 11-12)*

If subject to Subparts C and G, Additional Required Documentation: On a separate sheet, attach a copy the additional required documentation *(see details in Dairy Manufacturing Permit Application Part II on pages 12-14)*

General Information

The following documents are enclosed/attached or available from the internet:

- VDACS Application for Dairy Manufacturing Permit
- Virginia Dairy Regulations [2VAC5-490](#), [2VAC5-501](#), [2VAC5-510](#), [2VAC5-531](#)
- Additional regulations if applicable (e.g. [21 CFR 101](#), [21 CFR 133](#), [21 CFR 135](#))
- [Allergen Control Plan - Overview and Guidance](#)
- [Form 1B Employee Health Policy](#)

This application should be submitted by email or via USPS at least **30 calendar days before the date planned for opening** the Dairy Processing Plant. Please be advised that section 2VAC5-531-50 and 2VAC5-510-420 of the Virginia Dairy Regulations requires that your processing plant be permitted and inspected prior to opening.

An inspection and permitting of your food establishment will not be conducted until all of the necessary information requested in the application has been reviewed and approved by the VDACS Dairy Services Program office. You will be notified when this has been completed.

Please be advised you must also comply with all other applicable state, local, and/or federal regulations. We recommend that you reach out to your locality’s planning, zoning, and business license office to assure all requirements are met.

If, after reviewing the application and other materials, you have any questions, please contact the VDACS Dairy Services Program at 804-786-1452. Email your completed application to: dairyservices@vdacs.virginia.gov

I/We attest to the accuracy of the information provided, affirm to comply with all applicable state, local, and/or federal regulations, and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct investigations, or collect samples as required.

Printed Name(s)

Signature(s):

Date:

IS PLANT LOCATED WITHIN 50 MILES OF: NORTH ANNA NUCLEAR POWER PLANT?
 SURRY NUCLEAR POWER PLANT?
 NORFOLK NAVAL NUCLEAR POWER STATION?

Checklist of Required Information

	Copy of water test results showing Coliform bacteria are “absent” from private source water
	Documentation that the private sewage disposal system is adequate for intended use
	Product information sheet for each product
	List of all ingredients and products submitted for review with planned method and places of distribution
	Copy of label for each product
	Recall Plan
	Documentation of employee training
	Written procedures for preventing allergen cross-contact
	If applicable, additional documentation required under Subparts C & G under 21 CFR 117
	Diagram of food processing, equipment washing, food storage areas and hand-washing facility
	Zoning approval and if applicable, documentation of commercial kitchen approval to operate a food business on the property