



Kansas Department of Agriculture
Dairy & Feed Inspection Program
1320 Research Park Drive; Manhattan, Kansas 66502

Permit # _____

APPLICATION FOR PERMIT

GRADE A _____ MANUFACTURING GRADE _____
 New Producer _____ Association Change _____ Name Change _____
 Name of Dairy _____ Application Date _____
 Address _____ County _____
 City, State, Zip _____
 Contact Person _____ Title _____
 Mailing Address (if different from above) _____
 City, State, Zip _____
 Phone Number _____ Email _____

Cooperative Purchasing Milk _____
 Producer Number _____ Fieldman _____
 Milk Pick Up: Daily _____ Every other day _____ Other _____
 Average Number of cows milked _____ BTU # _____
 Water Supply: Rural _____ Well _____ Glycol _____
 Other _____

NO FEE REQUIRED

 Print name of applicant

 Signature of Applicant

INSPECTOR USE ONLY

On _____, 20_____, I have approved the above applicant's dairy farm for the production of milk in the state of Kansas.

PERMIT NUMBER ASSIGNED _____

 Signature of Inspector