



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Food and Recreational Safety

MILK PRODUCER APPLICATION Wis. Stat. § 97.22

For an Individual or Married Couple Claiming a Religious Exemption From Livestock Premises Registration
A Statement for Religious Exemption (Form F-d-007A) may also be required (see below)*

CHECK ALL APPROPRIATE ITEMS: Individual or Sole Proprietor Married Couple

LICENSE TYPE: <input type="checkbox"/> Grade A <input type="checkbox"/> Grade B	TYPE OF MILK: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____	CANNED MILK: <input type="checkbox"/> Yes <input type="checkbox"/> No	FEE <i>*(Statement F-d-007A required)</i> <input type="checkbox"/> New Producer/ Ownership change	NO FEE <i>(Statement F-d-007A <u>not</u> required)</i> <input type="checkbox"/> Add Spouse <input type="checkbox"/> Plant Transfer <input type="checkbox"/> Spousal Name Change	PRODUCE Do you grow produce to sell? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PRINT APPLICANT'S FULL NAME (If applying as *married couple*, then also list spouse's full name in shaded box.)

FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX
FIRST NAME (Spouse)	MIDDLE NAME (Spouse)	LAST NAME (Spouse)		SUFFIX (Spouse)
FARM NAME (Optional) – <u>CANNOT BE USED WITHOUT APPLICANT'S NAME</u>		FORMER NAME(S) ON LICENSE OR PERMIT (If applying for name change or to add spouse)		CURRENT LICENSE NO. (If applicable)
COMPLETE MAILING ADDRESS			CITY STATE ZIP	EMERGENCY PHONE NO. (Can be for applicant or applicant's neighbor)
COMPLETE FARM ADDRESS (May write "same as above" if applicable)			COUNTY NAME & NO.	TOWN NAME & NO. SECTION NO.

CHECK ALL LIVESTOCK KEPT AT FARM:

<input type="checkbox"/> Swine	<input type="checkbox"/> Goats	<input type="checkbox"/> Horses, mules, donkeys, and/or other equines
<input type="checkbox"/> Poultry (chickens, turkeys, geese, and/or game birds raised for hunting)	<input type="checkbox"/> Fish (includes all fish kept at a fish farm under Wis. Admin. Code s. ATCP 10.61)	<input type="checkbox"/> Deer, elk, moose, caribou, reindeer musk deer, and/or other cervids
<input type="checkbox"/> Bison	<input type="checkbox"/> Sheep	<input type="checkbox"/> Llamas, alpacas, and/or other camelids
<input type="checkbox"/> Beef Cattle	<input type="checkbox"/> Dairy Cattle	

I, the undersigned, hereby make application for a Milk Producer License for the production and lawful sale of raw milk. If a license and/or permit is issued, I agree to the inspection of this dairy operation by authorized personnel of the department at any reasonable hour, and understand that refusal of any part of an inspection will result in suspension or revocation of my license and/or permit.

I understand I am subject to the laws of the state of Wisconsin concerning activities of a milk producer. I understand that I may not sell or distribute milk as Grade A milk, unless I also hold a Grade A farm permit. Licenses are not transferable between persons (including family members) or locations. Milk producer licenses and permits are required by Wis. Stat. § 97.22. Penalties are prescribed in Wis. Stat. § 97.72 and Wis. Admin. Code Ch. ATCP 65. If additional livestock types are obtained, the undersigned will contact the department within 7 days to state what livestock are being kept by the milk producer. Any personally identifiable information, as defined under Wis. Stat., § 19.65, requested on this form may be used for purposes other than that for which it is originally being collected (Wis. Stat., §15.04 (1) (m)). Confidentiality of this information will be maintained to the extent authorized by law.

DATE	SIGNATURE OF APPLICANT(S)
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FIELDPERSON'S RECOMMENDATION

DAIRY PLANT NAME & NO.	LOCATION OF DAIRY PLANT	PATRON NO.	For Plants with multiple BTU's include BTU ID:
PREVIOUS DAIRY PLANT NAME & NO.	LOCATION OF PREVIOUS DAIRY PLANT	PREVIOUS PATRON NO.	

I have inspected the applicant's dairy operation and water supply and find the applicant's operation in compliance with Wisconsin milk producer requirements. I agree to keep this producer fully informed of all Wisconsin milk producer production and handling requirements.

EFFECTIVE DATE	FIELDPERSON'S SIGNATURE
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FOR DEPARTMENT USE ONLY

Temporary License Issued by Office <input type="checkbox"/> _____ (Initials)	NUMBER	EFFECTIVE DATE
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Sanitarian License Recommendation: Milk Producer License (check one): Approve: Full Status Approve: Conditional Deny (no refund)

SANITARIAN SIGNATURE	DATE
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DATE APPLICATION RECEIVED	
DATE APPLICATION APPROVED FOR INSPECTION	

WATER SUPPLY REPORT - To be Completed and Signed by Fieldperson for All Applicants

Safe Water Sample (Copy must be attached)

Date:

Lab:

TYPE OF WELL (check)	<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven	<input type="checkbox"/> Pit	<input type="checkbox"/> Spring Box	<input type="checkbox"/> Non Pressurized Storage Vessel	<input type="checkbox"/> Other	
Location:					Year constructed:	<input type="checkbox"/> Unknown	
Has Department of Natural Resources evaluated this well?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, does producer have letter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all stock watering devices and plumbing fixtures in compliance with the Wis. Admin. Code ch. SPS 382?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Field Representative complete section below for Milk Producer Application

- Farms with a **Spring Box** or **Non Pressurized Storage Vessel** must have the Spring Box or Non Pressurized Storage Vessel approved by the DNR and must submit the DNR NR 812 Compliance Report with this application. The Compliance Report can be found at <http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf>
- The minimum distance separating wells or reservoirs from sources of contamination required in *Wis. Admin. Code Ch. NR 812*.
- If **wells do not meet the distance requirements** of NR 812, the well needs to be assessed by the DNR, a well driller, pump installer or well inspector prior to licensing. The well assessor must complete DNR NR 812 Compliance Report and submit it with this application. The Compliance Report can be found at <http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf>
- If multiple wells are located on premises a water supply report needs to be filled out for each additional well.
- Fill in all blanks with number of feet from each source of contamination or with N.A. where it does not apply.

8 FEET MINIMUM:	•
1. Non-Complying well pit	_____
2. Nonconforming reservoir (Water)	_____
3. Storm Sewer	_____
4. Above/Below-ground swimming pool	_____
5. Plastic silage storage tube	_____
25 FEET MINIMUM:	
1. Buried grease interceptor	_____
2. POWTS Holding component (Holding Tank)	_____
3. POWTS Treatment component (Septic Tank)	_____
4. Lake, Stream or River Shoreline	_____
5. Sewers conveying manure liquids (Gravity/Pressure)	_____
50 FEET MINIMUM:	
1. Animal yard including calf hutches	_____
2. Animal barn/pen-covered area where animals are kept	_____
3. Milkhouse drain outlet	_____
4. Vegetated treatment area	_____
5. Silo with pit	_____
6. Manure reception tank or hopper (Liquid Tight)	_____
7. Cemeteries	_____
8. Silos without pit, but with concrete floor and drain	_____
9. Barn gutters	_____
100 FEET MINIMUM:	
1. Manure storage structure (Fabricated, Liquid Tight)	_____
2. Gasoline or other petroleum or L.P. Tank (Buried)	_____
*(Does not apply to L.P. tanks and wells serving single family residences)	
250 FEET MINIMUM:	
1. Existing or proposed sanitary land fill site	_____
*(Ridge and furrow, land spreading, wastewater spray irrigation, absorption, seepage retention, storage and treatment pond, lagoon or a wastewater slow sand filter or filters)	
1,200 FEET MINIMUM:	
1. Landfill site (Existing, Proposed or Abandoned)	_____

I certify the information given is accurate and the well location and construction is in compliance with the Wisconsin Well Code NR 812.*

FIELDPERSON'S SIGNATURE

EFFECTIVE DATE

- *Available from: DNR, Bureau of Water Supply, 101 S. Webster, Madison, WI 53703 - Phone 608-266-0821