



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Food and Recreational Safety, Phone: (715) 839-3844 Fax: (715) 839-3867
 Mail Application to: 718 W. Clairemont Ave, Suite 128, Eau Claire, WI 54701

MILK PRODUCER LICENSE APPLICATION

Wis. Stat. § 97.22

CHECK ALL APPROPRIATE ITEMS (please print or type):			
LICENSE TYPE (check all that apply): <input type="checkbox"/> Milk Producer License <input type="checkbox"/> Grade A Permit <input type="checkbox"/> Robotic Milking System (AMI) <input type="checkbox"/> Canned Milk	TYPE OF MILK: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____	FEE REQUIRED: <input type="checkbox"/> New Milk Producer (Individual or Entity) Premises ID: _____	PRODUCE: Do you grow produce to sell? <input type="checkbox"/> Yes <input type="checkbox"/> No
LICENSE AMENDMENT - NO FEE REQUIRED:			
<input type="checkbox"/> Add Grade A Permit <input type="checkbox"/> Plant Transfer		<input type="checkbox"/> Voluntary A to B (Patron Initials _____)	
<input type="checkbox"/> Mailing Address Correction <input type="checkbox"/> Spousal Name Change		<input type="checkbox"/> Existing Partnership Addition <input type="checkbox"/> Existing Partnership Deletion	
<input type="checkbox"/> Multiple licenses at farm (indicate other license #s): _____			
(CHECK ONE):			
<input type="checkbox"/> Individual/Married Couple (SSN collection required for each individual) <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Trust			
<input type="checkbox"/> General Partnership (Include Copy of Partnership Agreement or Federal Tax Form 1065 with financials blocked out)			
APPLICANT'S LEGAL NAME: (PARTNERSHIPS: LIST ALL PARTNERS – Legal name as shown on Birth Certificate or SS# Card). OTHER: LIST LEGAL NAME OF CORPORATION, LLC, LLP OR COOPERATIVE			
FARM NAME: (OPTIONAL) (CANNOT BE USED WITHOUT APPLICANT'S NAME)			
IF APPLYING FOR A NAME CHANGE, INDICATE FORMER NAME(S) ON LICENSE OR PERMIT:			
TELEPHONE NUMBER () -		CURRENT LICENSE NO.	
COMPLETE MAILING ADDRESS STREET		CITY	STATE ZIP
DAIRY FARM ADDRESS STREET (IF DIFFERENT)		CITY	STATE ZIP
COUNTY NAME & NO.		TOWN NAME & NO. SECTION NO.	

I, the undersigned, hereby make application for a Milk Producer license and/or Grade A permit for the production and 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 agree to conduct operations and maintain premises in accordance with the laws of Wisconsin. 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 or locations. Milk producer licenses and permits are required by Wis. Stat. § 97.22. Penalties are prescribed in Wis. Stat. § 97.72, and Wis. Adm. Code ch. ATCP 65. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1)(m)).

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE

FIELDPERSON'S RECOMMENDATION			
DAIRY PLANT NAME & NUMBER	LOCATION OF DAIRY PLANT	PATRON NUMBER:	For Plants with multiple BTU's include BTU ID:
PREVIOUS DAIRY PLANT NAME & NUMBER	LOCATION OF PREVIOUS DAIRY PLANT	PREVIOUS PATRON NUMBER:	

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

FIELDPERSON'S SIGNATURE

EFFECTIVE DATE

FOR DEPARTMENT USE ONLY		
TEMP. LICENSE ISSUED BY: <input type="checkbox"/> Sanitarian <input type="checkbox"/> Office	TEMP. LICENSE NO.:	EFFECTIVE DATE:
Sanitarian License Recommendation: <input type="checkbox"/> Milk Producer License (check one) Approve: <input type="checkbox"/> Full Status <input type="checkbox"/> Conditional <input type="checkbox"/> Deny (no refund)		<input type="checkbox"/> Grade A Permit (check one) <input type="checkbox"/> Approve <input type="checkbox"/> Deny
SANITARIAN SIGNATURE:		DATE:
DATE RECEIVED:	LICENSE NO.:	APPROVED:

COMPLETE REVERSE SIDE

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.

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