



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

PLEASE TYPE OR PRINT
 Submit application to WDATCP
 to address at left and keep a
 copy for your records.

| OFFICE USE ONLY | |
|-----------------|--|
| PERMIT NO. | |
| DATE ISSUED | |
| EXPIRES | |

Bulk Milk Tanker Grade A Permit Application

s. 97.21 Wis. Stats., ATCP 82.02

THIS APPLICATION PERTAINS ONLY TO THE FOLLOWING BUSINESS LOCATION & OPERATOR: (CHECK ONE):

*Individual
 *Married Couple
 **General Partnership
 Limited Partnership (LP)
 Limited Liability Partnership (LLP)
 Corporation
 Cooperative
 Limited Liability Company (LLC)
 *Requires Social Security Number
 ** Requires copy of General Partnership

| | | | | | |
|--|--------|------------|---------------------------------------|----------------|----------|
| LEGAL ENTITY NAME | | TRADE NAME | | | |
| BUSINESS LOCATION | | CITY | | STATE | ZIP CODE |
| BUSINESS PHONE NO. | E-MAIL | COUNTY | TOWN/ VILLAGE/ CITY WHERE TANKER KEPT | | |
| MAILING ADDRESS (if different from business address) | | CITY | | STATE | ZIP CODE |
| NAME OF CONTACT | | TITLE | CONTACT PHONE NO. | CONTACT E-MAIL | |

INDICATE REASON FOR APPLICATION (CHECK ONE):

GRADE A PERMIT
 CHANGE OF OWNERSHIP (Includes changing structure of ownership, i.e. individual to LLC, LLC to Corporation, etc.)
 ADDING TANKERS

PREVIOUS OWNER NAME, IF APPLICABLE

| ITEM NO. | YOUR ASSIGNED TANKER NUMBER* | MAKE | SERIAL NO. | MILK GRADE A | CAPACITY GALLONS | LIST A DAIRY PLANT AND CITY RECEIVING MILK |
|----------|------------------------------|------|------------|--------------|------------------|--|
| 1 | | | | A | | |
| 2 | | | | A | | |
| 3 | | | | A | | |
| 4 | | | | A | | |

| | | | | |
|---|---|---|---|---|
| FIRST DATE OF OPERATION IN WI For Tanker(s) | 1 | 2 | 3 | 4 |
|---|---|---|---|---|

DELETIONS: * If you are replacing a tanker, complete the deletion section below.

| | | |
|---------------|------|---------------|
| TANKER NUMBER | MAKE | SERIAL NUMBER |
|---------------|------|---------------|

Operating a tanker without a Grade A permit is a violation of Wisconsin Law. Tankers may be inspected at any reasonable time. Permits are not transferable between persons or tankers. Permits expire annually on April 30. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.). The undersigned hereby certifies that this is a true, complete and accurate application for a Bulk Milk Tanker Grade A permit under s. 97.21, Wis. Stats.

| | | |
|----------------------|-------|------|
| AUTHORIZED SIGNATURE | TITLE | DATE |
|----------------------|-------|------|

FOR DEPARTMENT USE ONLY

| Item No. | Permit Issued By: | Permit No. | Inspection Date | Recommendation- Initial & Date | Sanitarian | Supervisor |
|----------|---|------------|-----------------|---|------------|------------|
| 1 | <input type="checkbox"/> Sanitarian <input type="checkbox"/> Office | | | <input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason: _____ | | |
| 2 | <input type="checkbox"/> Sanitarian <input type="checkbox"/> Office | | | <input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason: _____ | | |
| 3 | <input type="checkbox"/> Sanitarian <input type="checkbox"/> Office | | | <input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason: _____ | | |
| 4 | <input type="checkbox"/> Sanitarian <input type="checkbox"/> Office | | | <input type="checkbox"/> Full <input type="checkbox"/> Conditional <input type="checkbox"/> Deny <input type="checkbox"/> Cancel Reason: _____ | | |