**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**
Attn: Administrative Services Division
1900 Kanawha Blvd., East
Charleston, WV 25305-0170
Phone: (304) 558-2226; FAX: (304) 558-3594

**Code No. 6894-9809**

# Application for Dairy Distributors Permit

for the period April 1,_____ through March 31,_____

Pursuant to West Virginia Code 19-11A-3(d), a Dairy Products Distributor's permit shall be issued by the commissioner to each person distributing dairy products in this state, even if there is no permanent location maintained in this state. Persons maintaining multiple permanent locations in this state or distributing into this state from several locations shall obtain a permit for each location.

**INSTRUCTIONS:** (1) Complete the information required. (2) Sign and date this application. (3) Attach a check or money order made payable to the West Virginia Department of Agriculture for **$75.** Add an additional **$100** to the permit fee if not applied for at least fifteen days prior to the date that you intend to engage in business. Return to address shown above.

All fees must be paid in US funds drawn from a US Bank, unless the registrant includes an additional **$35** to cover the WV Treasurers Office handling cost for processing a foreign check.

**USAFOODS No.:** _____ **FEIN:** _____

**Facility Name** _____ **Manager:** _____ **E-mail:**_____

**Corporation:** _____ **Division:** _____

**Operation Address:** _____
PO Box/ Street City County State Zip

**Phone:** _____ **Fax:** _____

**Operation Contact Person:** _____

**Phone:** _____ **Fax:** _____ **E-mail:** _____

**Person To Receive Special Notices:** _____

**Mailing Address:** _____
PO Box/Street City County State Zip

**Phone:** _____ **Fax:** _____ **E-mail:** _____

**Owner:** _____

**Owner Address:** _____
PO Box/Street City State Zip

**Phone:** _____ **Fax:** _____ **E-mail:** _____

**Form of Organization (Check):**

☐ **Individually Owned** ☐ **Partnership** ☐ **Other (specify)** ☐ **Cooperative Assoc.** ☐ **Corporation**

**List brands handled by your firm or attach list if necessary:** _____

_____

I certify that the above information is true and correct and that a check or money order made payable to the West Virginia Department of Agriculture is attached. I understand that the Commissioner of Agriculture has the authority to deny this permit application, should he find cause to do so, under authority of West Virginia Code 19-11B-10.

_____

Signature of Authorized Representative Print / Type Name & Title Date