

## Bureau of Environmental Health Services APPLICATION FOR PERMIT

## To Import Grade A Raw Bulk Milk for Pasteurization, Pasteurized Milk, and/or Milk Products into South Carolina

Company Name (Plant, BTU, etc.):			
Mailing Address:			
Location (if different from mailing address	ss):		
Phone#:			
Grade A Milk F	Product(s) to be impor	ted: (check all t	that apply)
( ) Grade A Raw Milk for Pasteurizatio	<u>n</u>		
SC Pasteurization Plant(s) Receivi	ng Milk:		
Grade A Pasteurized Products (inc	luding lower fat versions). Cl	neck all that apply.	
( ) Grade A Fluid Milk	( )	Sour Cream	
( ) Whipping Cream	( )	Cottage Cheese	
( ) Half and Half	( )	Egg Nog	
( ) Coffee Creamer	( )	Buttermilk	
( ) Other:			
<u>Distribution</u> ( ) Directly by applicant	of Pasteurized Produ	cts in South Ca	arolina:
( ) To other distributors or brokers as f	ollows:		
Company Name:	Address:		Phone:
(Attach separate listing if necessary)			
Company Representative/Title:			
Signature:		Date:	
Phone#:	FAX#:	E-mail:	
Mail completed application to SCDHEC, 2600 Bull St., Columbia, SC 29201 or F			