

**ARIZONA DEPARTMENT OF AGRICULTURE (ADA)**

Animal Services Division  
 Dairy and Dairy Products Control  
 Physical Location: 1110 W Washington St., Phoenix, AZ 8500  
 Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007  
 Phone: (602) 542-4189 Fax: (602) 542-4194  
 Website: <https://agriculture.az.gov/>

**FOR ADA/ASD USE ONLY**

Received \_\_\_\_\_  
 License Insp. \_\_\_\_\_  
 Processed \_\_\_\_\_  
 Permit No. \_\_\_\_\_

**Application for Dairy Farm Permit**

**Disclaimer:** An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a license requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.  
 A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. This section does not abrogate the immunity provided by A.R.S. §§ 12-820.01 or 12-820.02.

**Application Type**

(Please select one.)

- NEW DAIRY  CHANGE OF LOCATION  
 CHANGE OF NAME  CHANGE OF STATUS (please explain) \_\_\_\_\_

**Permits shall not be transferable with respect to persons and/or locations.****Applicant Information**

If Corporation, Name of state where incorporated and date: \_\_\_\_\_

Are you a member of a Cooperative?  YES  NO (If yes give COOP #) \_\_\_\_\_Are you an independent producer?  YES  NO (If yes give BTU #, if known) \_\_\_\_\_

Complete name(s) of Principal: \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation  Cooperative Association  Other \_\_\_\_\_

Social Security #: \_\_\_\_\_ For individuals, disclosure of the applicant's social security number is mandatory pursuant to A.R.S. §§ 25-320(P) and 25-502(K) to aid the Arizona Department of Economic Security.

**LEGAL NAME OF DAIRY TO RECEIVE PERMIT:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**Farm Information**

Water Source: \_\_\_\_\_ Waste water disposal: \_\_\_\_\_

Herd size capacity: \_\_\_\_\_ How many bulk storage tanks: \_\_\_\_\_

Daily Production: \_\_\_\_\_ lbs.  projected  actual**Old/Former Information (if applicable)**

Name of Dairy: \_\_\_\_\_ Principals: \_\_\_\_\_

Location: \_\_\_\_\_ Previous Permit/COOP #: \_\_\_\_\_

**Signature**

Applicant Signature(s) \_\_\_\_\_ Date \_\_\_\_\_