



ARIZONA DEPARTMENT OF AGRICULTURE (ADA)
 Animal Services Division
 Dairy and Dairy Products Control
 1688 West Adams Street, Phoenix, AZ 85007
 Phone: (602) 542-4189 Fax: (602) 542-4194

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 _____