

Application for Dairy or Manufactured Food Permit Bureau of Environmental Health Services

		Date: _	January 1	2016
Type of Establishment: Raw Goat Dairy Farm				
Establishment Name: Yummy Yummy Goat Milk	c in Your Tu	mmy		
Physical Address: 1534 Drinkmoregoat Drive		Carolinaville	SC	29222
Street		City	State	Zip
Mailing Address: P.O. Box 99		Carolinaville	SC	29222
Street		City	State	Zip
Phone Number: (555) 555-5555	Fax Nun	nber: (999) 999-99	99	
Owner's Name(s): Marcel & Mardridge Milkier				
Address: 26 Drinkmoregoat Circle		Carolinaville	SC	29222
Street		City	State	Zip
Primary Phone: (555) 555-5555 Secondary Phone: (555) 777-7777				
Email Address(es): marcelmilkier@yummygoatmilk.net, mardridgemilkier@yummygoatmilk.net				
Preferred Methods of Communication: Mail, Primary Phone				
WATER SOURCE: Municipal Water D	ublic Well	Private Well	□ o	ther/NA 🗹
SEWAGE DISPOSAL: Septic Tank	ublic Sewer	Other/NA		
REFUSE COLLECTION: Private Private	ublic 🔽	Other/NA		
If you chose "Other/NA" for any of the above, please explain:				
	74			74.55
"PERMISSION IS HEREBY GRANTED FOR HEALTH DEPARTMENT REPRESENATIVES TO ENTER THE ABOVE DESCRIBED PROPERTY, AT REASONABLE HOURS, FOR THE PURPOSE OF				
INSPECTION AND/OR FIZALIJATION!"				
March Milliam.				

Signature of Applicant or Authorized Agent

To submit the completed & signed application mail it to the DHEC Central Office (Attn: Division of Food

Protection & Rabies Prevention), fax it to the Division's Main Office or email it to the Program Coordinator.

2600 Bull Street, Columbia, SC 29201

(803) 896-0640 (Phone) (803) 896-0645 (Fax)

Dairy@dhec.sc.gov (Email for Dairy Applications)

ManufacturedFood@dhec.sc.gov (Email for Manufactured Food Applications)