

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

		Date:		20
'ype of Establishment:				
stablishment Name:				
nysical Address:			SC	
Stree	t	City	State	Zip
Tailing Address:		01		
Street		City	State	Zip
none Number:	Fax Number:			
wner's Name(s):				
ddress:				
Street		City	State	Zip
rimary Phone:	Secondary Phone:			
mail Address(es):				
referred Methods of Communication:				
ATER SOURCE: Municipal Water	Public Well	Private Well	Other/NA	
EWAGE DISPOSAL: Septic Tank	Public Sewer	Other/NA		
EFUSE COLLECTION: Private	Public	Other/NA		
If you chose "Other/NA" for any of the abo	ve, please explain:			
PERMISSION IS HEREBY GRANTED FO HE ABOVE DESCRIBED PROPERTY, AT NSPECTION AND/OR EVALUATION.") ENTER
	Sign	nature of Applicant	t or Authori	ized Ager
o submit the completed & signed application,	-			

To submit the completed & signed application, mail it to the DHEC Central Office (Attn: Division of Food and Lead Risk Assessments), fax it to the Division's Main Office or email it to the Program Coordinator.

2600 Bull Street, Columbia, SC 29201 (803) 896-0644 (Phone) (803) 896-0645 (Fax)

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

Personal information provided on this document is subject to public scrutiny or release.