



DAIRY PROGRAM APPLICATION INSTRUCTIONS

IMPORTANT NOTE BEFORE YOU BEGIN: For most application types, you will be required to upload attachments during the application process. Below is a list of permit or license types that require a document be uploaded/attached. Therefore, do NOT start the online application process until you complete these documents and have them saved electronically on your computer and are ready to upload during the online application process.

Application Type	Mandatory Attachment	Naming File in Upload*
All Applicants (including Milk Tank Trucks) <i>Excluding: Bulk Milk Hauler/Sampler, Bulk Milk Sampler, Raw Milk Sampler, Evaluated Industry Sampler, or a Pasteurizer Sealer</i>	Ownership / Purpose for Application Template in Appendix A	Ownership Form
Grade A or Manufactured Dairy Plants that are in Illinois	List of all dairy plant products manufactured and briefly describe the process. Template in Appendix B	Plant Products
	Representative sample of product LABELS. If these are not available at time of application, please upload a note and give estimate time frame of when labels can be provided.	Product Labels
	Facility Construction Plans	Construction Plans
	Source(s) of water Template in Appendix C	Water Source
Grade A or Manufactured Dairy Plants that are located outside of Illinois	Most Recent Inspection A copy of your last IMS Survey Report or your last state's inspection report	Last Inspection
Receiving station Transfer station Milk Tank Truck Cleaning Facility Single Service Plant	Facility Construction Plans	Construction Plans
	Source(s) of water Template in Appendix C	Water Source
Grade A Farm Manufactured Farm Raw Milk Farm	If this is a brand-new farm building or barn, a copy of your construction/floor plans.	Construction Plans
	Source(s) of water Template in Appendix C	Water Source
	A signed BTU Field Representative's (REP) recommendation. Template in Appendix D Raw Dairy Farm will attachment the confirmation in Appendix E	Rep Recommendation Raw Dairy Farm Certification
Bulk Milk Hauler/Sampler Bulk Milk Sampler Raw Milk Sampler Evaluated Industry Sampler Pasteurizer Sealer	No attachments required	Not Applicable

*When you add an attachment, you will have to name it. This is what to name that specific document.

Before applying for one of these permits:

- Grade A and Manufactured Dairy Plant (located within Illinois)
- Receiving Station or Transfer Station
- Milk Tank Truck Cleaning Facility
- Single Service Plant, or
- Grade A or Manufactured Dairy Farm (producer)

Facility construction (or any modifications to existing facilities) should be completed in its entirety and be inspection ready. However please note, **BEFORE** any construction begins, **construction and equipment plans** must be submitted to IDPH for approval. Failure to obtain IDPH plan approval before construction may result in a significant monetary loss.

You may want to call the IDPH regional office in your area to discuss plan requirements and plan submittal. The regional office telephone numbers are the following:

Bellwood	708-544-5300
Champaign	217-278-5900
Edwardsville	618-656-6680
Peoria	309-693-5360
Marion	618-993-7010
Rockford	815-987-7511
West Chicago	630-293-6800

Once facilities are built and/or modifications of existing facilities are complete, you are then ready to move forward with application.

Permit fees, if applicable, are required to be paid during this online application process.

Questions? Contact the Department by email at dph.dairy@illinois.gov or by phone at 217-785-2439.

Once you have completed and saved the attachments listed on page 1, you are ready to proceed with Step 1. Carefully follow the instructions in the order they are explained.

If at any time during the application process you get an error message (a red box), it is best to cancel what you have done and start over. Sometimes the system can be touchy.

Step 1

You will need to create a USAFoodSafety user account. If you have one already, proceed to Step 2. If not, click “CREATE NEW USER ACCOUNT/PASSWORD” on the Welcome page:


Welcome To USA Food Safety Beta

Log In

User Name *:

Password *:

To RENEW an existing permit, license, or registration OR APPLY for a new permit, license, or registration, please log in above. This would include: Dairy Related Permits (Farms, Plants, Milk Tank Truck Cleaning Stations, Receiving Stations, Transfer Stations, Milk Tank Trucks, Bulk Milk Hauler/Samplers, Bulk Milk Samplers, Raw Milk Samplers, Evaluated Industry Samplers, Certified Pasteurizer Sealers), Manufactured Food, Farmers Market Sampler, Salvage, Bottled Water, Tanning, and Body Art Establishments.

If you are a FIRST-TIME USER of this site, you will need to first create a USER Account/Name and Password to log in. Please click here to start: [CREATE A NEW USER ACCOUNT/PASSWORD](#) 

To have your Food Handlers Training Program (FHTP) approved, click here: [FHTP Approval](#)

To apply for a NEW permit, license, or registration, click on the program link below for instructions and print out prior to logging in and completing an application. These instructions will guide you through the process. If you click on a link below and nothing appears to happen, you must change your computer setting to allow for POP-UPS when using this site and then try again.

[DAIRY PROGRAM RELATED](#)
[MANUFACTURED FOOD / BOTTLED WATER / FARMERS MARKET SAMPLER](#)
[TANNING FACILITY or BODY ART ESTABLISHMENT](#)

Step 2

Once you create user account and log in, click on the “Add New Business” bar regardless of whether applying for a facility permit or an individual permit such as a Bulk Milk Hauler/Sampler or Evaluated Industry Sampler permit.

Facility Portal Add existing business:

[Click Here for Renewal Instructions](#)



NOTE: If you want to apply for multiple permits or licenses, you will need to complete the process for each one. To do this, after the completion of entering one, click the “Add New Business” bar to start on the next. You will be able to pay for all of them at one time after you are done with all entries.

Step 3

If you are the owner **or** if you are applying for a Bulk Milk Hauler Samplers (BMHS), Bulk Milk Samplers (BMS), Raw Milk Samplers (RMS), Evaluated Industry Samplers (EIS), or a Pasteurizer Sealers (PS) check the “I am owner” box. Otherwise leave unchecked. If there are multiple owners, you may add later as additional contacts.

New Business

Program Owner Information

I am the owner.

Legal Name*: Dairy Plants USA

Business Name*: Dairy Plants USA

Phone Number*: 217-213-0000

If you did not click the “I am owner” box, begin entering the information about the owner/business.

Program Owner Information

I am the owner.

Legal Name*: Jim Brown

Business Name*: Brown Brothers Inc

Phone Number*: 217-092-3099 Alternate or Cell Phone:

Email Address*: brown7681@comcast.com No Email Available

- Legal Name:** This is the legal name of business (Corporation, LLC, Sole Proprietor, Individual etc.)
- Business Name:** This is the name of the business (or Individual). This may be the same as Legal Name.
- Phone Number:** This is the telephone number of the business.
- Alternate or Cell Phone:** Optional, but useful in attempting to contact during non-business hours
- Email Address:** This is the email address of the business. (check box if no business email exists).

In the **Program Owner Address** section, enter the mailing address information for the owner account and this may differ from the mailing address for the facility. Please note: If applying for a BMHS, BMS, RMS, EIS, or PS, you may enter place of employment OR your personal address.

- Number:** Enter street number
- Street Name:** Enter Street Name (and then ST, RD, BLVD, etc. in the next box/drop-down).
- Enter Zip:** Only enter a 5-digit zip. Once you enter zip and tab forward, the State, County, and City will automatically populate.

Program Owner Address ←

Mailing Address International Address

Number*: 23 Street Name*: Wintergreen Secondary Unit Type*: DR Secondary Unit Number*:

Zip*: 62629 State*: Illinois County*: Sangamon City*: Chatham

In the **Business Information** section:

-Doing Business As: Enter the actual name of the facility/business. This is the name that will appear on your permit or license. If applying for a BMHS, BMS, RMS, EIS, or PS, you will enter your name, for example “William Smith”.

-Business Phone Number: Enter the telephone number of your facility/business. If applying for a BMHS, BMS, RMS, EIS, or PS, you may enter employer number OR your phone number. Do not check “None Available”. This is how we contact you.

-Alternate or Cell Phone: Optional.

-Business Email Address: Enter the email address of your facility/business. If applying for a BMHS, BMS, RMS, EIS, or PS, you may enter employer email OR your email address. Do not check “No Email Available”. This is how we contact you.

The screenshot shows the 'Business Information' section of a web form. It includes the following fields and options:

- Doing Business As:** Text input field containing 'The Brown Stop'.
- Business Phone Number*:** Text input field containing '217-999-0923' and a checkbox for 'None Available'.
- Alternate or Cell Phone:** Empty text input field.
- Business Email Address*:** Text input field containing 'TheBrownStop@gmail.com' and a checkbox for 'No Email Available'.

Complete the **Business Address** section. This is the information about the actual facility location or about the individual (If applying for a BMHS, BMS, RMS, EIS, or PS, you may enter employer email OR your email address).

-Number: Enter street number

-Street Name: Enter Street Name (and then ST, RD, BLVD, etc. in the next box/drop-down).

-Enter Zip: Only enter a 5-digit zip. Once you enter zip and tab forward, the State, County, and City will automatically populate.

-Same as Mailing Address: Click this box if the facility’s physical address is the same as the mailing address. If it is not, enter the physical address information.

The screenshot shows the 'Business Address' section of a web form, divided into 'Mailing Address' and 'Physical Address' sections.

Mailing Address: Includes a checkbox for 'International Address'. Fields include:

- Number*:** 27
- Street Name*:** Westchester
- State*:** ST
- Secondary Unit Type:** (empty)
- Secondary Unit Number:** (empty)
- Zip*:** 62629
- State*:** Illinois
- County*:** Sangamon
- City*:** Chatham

Physical Address: Includes a button labeled 'Same as Mailing'. Fields include:

- Number*:** 27
- Street Name*:** Westchester
- State*:** ST
- Secondary Unit Type:** (empty)
- Secondary Unit Number:** (empty)
- Zip*:** 62629
- State*:** Illinois
- County*:** Sangamon
- City*:** Chatham

Under the **Facility Classification Section**, use the drop-down arrow and check the box(es) of the appropriate **facility or individual classification(s)**. For the following classifications, you will also need to select a **Subclassification**.

Classification	Subclassification Choices
Grade A and Manufactured Dairy Plant	In-State or Out-of-State
Single Service Plant	In Dairy Plant or Stand-Alone
Certified Pasteurizer Sealer	VAT, HTST, HHST, or Both VAT and HTST
If applying for a Raw Milk Sampler, choose the Bulk Milk Sampler classification	

Facility Classifications

Classifications: Grade A Dairy Plant

Sub-Classifications: In-State

Grade A Dairy Plant

In-State

Out-Of-State

Classification Reference Data

Reference Data Text

For the previous calendar year (the year prior to the expiration of your permit), what is the TOTAL number of pounds of milk received:

For the previous calendar year (the year prior to the expiration of your permit), what is the TOTAL number of pounds of product produced:

Is your total annual food/dairy sales less than \$1,000,000?

Does your plant produce any non-dairy products such as juice?

Options

Yes

No

Yes

No

IMS Listed Date

As you select the all the classifications (and subclassification if applicable), questions for you to complete will appear. Please answer all questions if applicable. Once done, click the **“Save New Business with Program”** tab that is at the bottom (do not select the Save New Business tab). When done, proceed to Step 4.

Facility Classifications

Classifications: Grade A Dairy Plant

Sub-Classifications: In-State

Classification Reference Data

Reference Data Text

For the previous calendar year (the year prior to the expiration of your permit), what is the TOTAL number of pounds of milk received:

For the previous calendar year (the year prior to the expiration of your permit), what is the TOTAL number of pounds of product produced:

Is your total annual food/dairy sales less than \$1,000,000?

Does your plant produce any non-dairy products such as juice?

Options

Yes

No

Yes

No

IMS Listed Date

~~Save New Business~~ Save New Business With Program

Once you click “**Save New Business with Program**”, two more sections will appear: **Contacts** and **Attachments**.

Contacts			
Contact's Name	Address	Relationship	Cell Phone
Add New Contact			


Attachments		
File Name	Description	Delete
Add New Attachment		

If you are applying for a Bulk Milk Hauler Sampler (BMHS), Bulk Milk Sampler (BMS), Raw Milk Sampler (RMS), Evaluated Industry Sampler (EIS), or a Pasteurizer Sealer (PS), you do NOT have to enter any contacts or upload any attachments. You can go straight to the “**Save Changes**” button at the bottom of the screen and then to Step 4. All other applicants read on.

Adding Contacts

Adding additional contacts is not required; however, if you would like to add Contacts, click this blue bar. For a complete listing of contact types, click this blue panel and use the drop-down at the top to see what is available.

Contact ✕

Relationship*:
 ▼ 

First Name*: Middle Name: Last Name*:

Title:

Email*: None Available

Contact Address

Street Address:

Zip : State: County: City:

Cell Phone*: Fax:

When done adding each contact, click the “OK” button at the bottom of the page or click Cancel if you do not wish to add a contact.

Adding Attachments

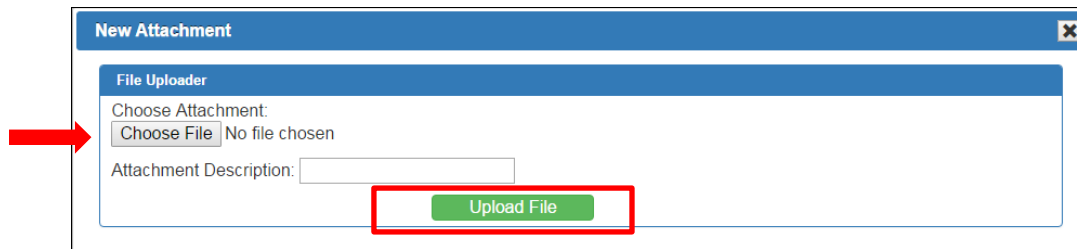
Page 1 lists the **MANDATORY** attachments you must upload for each classification. Failure to upload the attachments may cause long delays in processing your application. Also be sure to name each attachment as specified under the “Naming File in Upload” column on page 1.

To attach/upload the required documents. Click on the “**Add New Attachment**” panel.



File Name	Description	Delete
Add New Attachment		

Click on Choose File. A separate window will appear on the screen. From here, find the document on your computer and select it. In the Attachment Description field, type in the specific document name (as listed on page 1). Once completed, click the “**Upload File**” button.



New Attachment

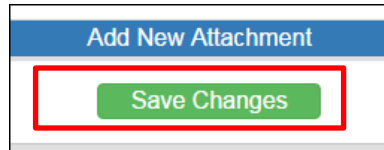
File Uploader

Choose Attachment:
Choose File No file chosen

Attachment Description:

Upload File

Continue this process until all required documents are uploaded and then click the “**Save Changes**” button at the bottom of the screen.

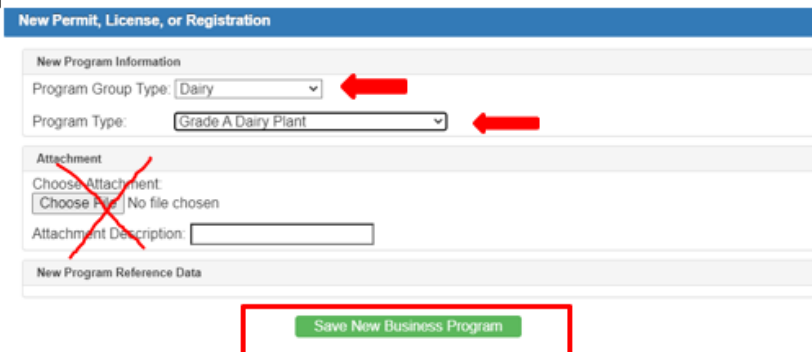


Add New Attachment

Save Changes

Step 4

Once you click “**Save Changes**” another window will open (New Permit, License, or Registration). Using the drop-down arrow, select the Program Group Type (Dairy), and then the program type which is the permit/license you are applying for. In this Section ignore the Attachment area (there is nothing to upload here). Once done, click the “Save New Business Program” tab. **Special Notes:** *If applying for a Raw Milk Sampler, choose Bulk Milk Sampler. If applying for both a Grade A and Manufacturing dairy plant, select that combo choice because you can only choose one program type.*



New Permit, License, or Registration

New Program Information

Program Group Type: Dairy

Program Type: Grade A Dairy Plant

Attachment

Choose Attachment:
Choose File No file chosen

Attachment Description:

New Program Reference Data

Save New Business Program

If you are applying for a Bulk Milk Hauler Sampler (BMHS), Bulk Milk Sampler (BMS), Raw Milk Samplers (RMS), Evaluated Industry Sampler (EIS), or a Pasteurizer Sealer (PS), you will need to answer the child support verification and then click the **“Save New Business Program”** tab.

New Permit, License, or Registration

New Program Information

Program Group Type: Dairy

Program Type: Bulk Milk Hauler/Sampler

Attachment

Choose Attachment:
Choose File No file chosen

Attachment Description:

New Program Reference Data

You must check one statement regarding child support in order to continue. Under Illinois law (5 ILCS 100/10-65(c)), you must select one of the following choices regarding child support otherwise; the Illinois Department of Public Health will be unable to process your application. Making a false statement shall subject the applicant to contempt of court. *

I AM more than 30 days delinquent in complying with my child support order

I AM NOT more than 30 days delinquent in complying with any child support order

This statement does not apply

Save New Business Program

Step 5

Once you click the **“Save New Business Program”** button, you will be directed back to the main Facility Portal as illustrated below.

Home Portal Tools Logout

Facility Portal

Click Here for Renewal Instructions

Filter by Business Name Show All

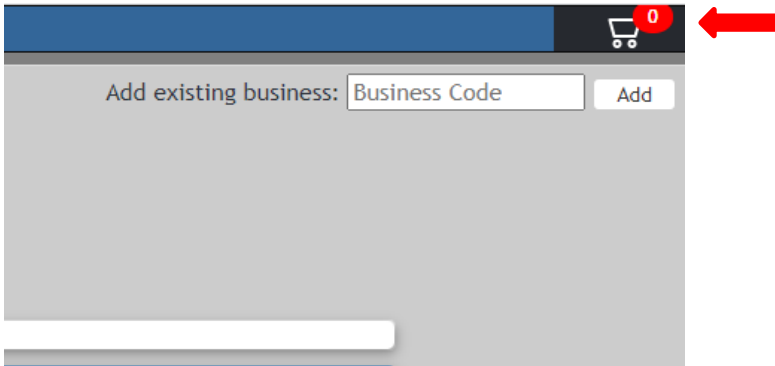
Add New Business

Petes Plant - 11942 - (0) -

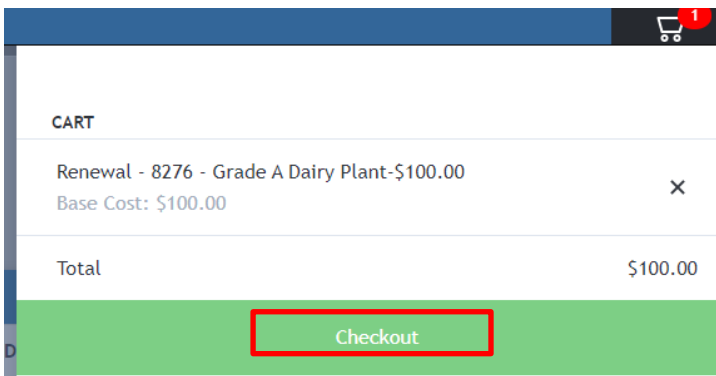
You are now ready finalize your application and make payment if there is a fee associated with the permit or license.

Click on **Shopping Cart** icon in the upper right-hand corner. Review the information and then click **Checkout**.

NOTE: Sometimes the Shopping Cart indicator will show a “0”. Just ignore this (not always accurate) and click shopping cart icon.

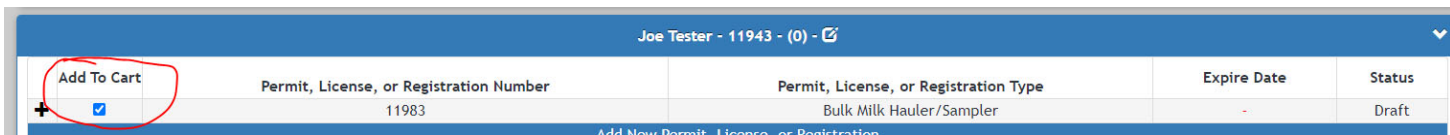


IMPORTANT NOTE: Some permits or licenses (such as farms) do not have a fee. However, you will still need to proceed to Checkout. Simply click “Shopping Cart” and then “Checkout” to finalize application.



After you Checkout, you will be directed to the payment provider website (if there is a fee to pay). Follow the payment provider’s on-screen instructions and complete payment.

If nothing shows in the Shopping Cart, click on the blue bar to open your application. Check the “**Add to Cart**” box.



If the box is already checked but the item does not appear in the Shopping Cart, remove the check mark, and then recheck the box. This should fix it; but note, when you recheck the box, an informational section of the application will appear. Navigate to the bottom and click **Save Changes** even though no changes were made.

The item should now appear in the Shopping Cart and is ready for Checkout.

hments

File Name	Description	Delete
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Add New Attachment

Save Changes

Once you click the **Checkout** button, you will be directed to the payment provider website (if there is a fee to pay). Follow the on-screen instructions carefully to complete your payment. There is a third part processing fee of \$1.00 for an electronic check or 2.35% (minimum \$1.00) for credit/debit cards will be added to your total renewal fee.

After payment is complete, exit the website. Your application will be automatically submitted to the Department. You will be notified by the Department of the next step in a few days once your application is processed.

Updating the Application

At any time, you can edit only certain parts of the application such as adding an attachment or updating mailing/email address. To do so, Login into USAFoodSafety, and in the blue panel, click on the pen/paper icon.

Filter by Business Name

Show All

A1TESTFACILITY X3 - 8231 - (1)

Note: To exit screen, navigate to the bottom and click Save Changes even if changes were not made.

Description

Add New Attachment

Save Changes

Food Safety 4.4.0.596

APPENDIX A, B, C, D and E

Appendix A

Ownership / Purpose for Application

Appendix B

Dairy Plant Product Inventory Template

Appendix C

Water Source Information Template

Appendix D

Farm Field Representative Recommendation Template

Appendix E

Raw Dairy Farm Certification Template

Appendix A

Ownership / Purpose of Application

Purpose of Application (check one)

- New
- Change of Ownership
- Change of Location Effective: _____
List Previous Address Here: _____

Ownership Type

Check One Box and complete information.

Sole Proprietor or Individual Person: List Name: _____

Partnership/Multiple Owners. List Name of Each Owner

Government

Non-Profit

Cooperative. List Exact Full Cooperate Name

Limited Liability Company (LLC). FEIN: _____
List Complete Name of LLC: _____
List the registered agent on file with the Secretary of State: _____

Corporation. FEIN: _____
List Complete Name of Corporation: _____
List the registered agent on file with the Secretary of State: _____

Appendix B - Dairy Plant Product Inventory

List all Dairy plant products manufactured and very briefly describe process

Product 1:
Process for Product 1:
Product 2:
Process for Product 2:
Product 3:
Process for Product 3:
Product 4:
Process for Product 4:
Product 5:
Process for Product 5:
Product 6:
Process for Product 6:
Product 7:
Process for Product 7:
Product 8:
Process for Product 8:
Product 9:
Process for Product 9:

Add additional pages if needed.

Appendix C - Water Source Information

Complete only the areas that describe the source of water

Water is received from this community water supply _____

Water is received from this non-community water supply _____

Water is received from this private water supply _____

Water is hauled from _____

Water comes from this surface water source _____

Water comes from well(s). We have _____ well(s).

- Name of Well(s) and brief location description

Water comes from well pit(s). We have _____ well pit(s).

- Name of Well pit(s) and brief location description

Water comes from this spring _____

Circle if water type is: Glycol Recirculated Sweetwater Cistern

Other source or comments: _____

Appendix D – FARM FIELD REPRESENTATIVE CONFIRMATION

Who installed milking equipment?
BTU Field Representative (Rep) Name
Field Rep Telephone Number
Field Rep Email Address
Name of Dairy Plant, Transfer Station, Receiving Station or BTU
Estimated Effective Date of Shipping (pending permit issuance)
Fieldperson's Recommendation

Fieldperson's Signature Required

I have inspected the producer's operation and premises and we have fully discussed the requirements for raw milk production. I agree to keep this producer fully informed of all raw milk production and handling requirements.

Signature

Date

Appendix E - RAW DAIRY FARM CERTIFICATION

For Raw Milk for Sale on the Farm, before you apply, you must read the “*Raw Dairy Farm Permit Packet*” document and sign the certification statement below. This document can be found at:

<http://www.dph.illinois.gov/sites/default/files/publications/publicationsohpraw-dairy-farm-permit-packet-2016.pdf>

Complete and Sign this Certification Statement

I, _____, have thoroughly read the “*Raw Dairy Farm Permit Packet*”. I fully understand all the requirements listed in that document. I hereby make application for a Raw Dairy Farm Producer’s Permit for the production and sale of raw milk on the premises of this dairy farm only. I agree to the inspection of this dairy operation by an authorized/identified person of the Department at any reasonable hour and understand that refusal for any part of an inspection or harassment to the authorized/identified person will result in denial, suspension, or revocation of this permit. I agree to conduct operations and maintain premises in accordance with the State of Illinois Grade A Pasteurized Milk and Milk Products Act excluding the PMO rules and requirements.

Print Name: _____

Date: _____

Signature: _____