



**APPLICATION FOR OR RENEWAL OF ANNUAL PERMIT
FOR MANUFACTURER OF SINGLE-SERVICE PRODUCTS**

**PLEASE COMPLETE APPLICABLE SECTIONS AND RETURN TO THE
DE DIVISION OF PUBLIC HEALTH, OFFICE OF FOOD PROTECTION
417 FEDERAL STREET, DOVER, DE 19901**

1. Provide applicant/plant information below:

<u>APPLICANT</u>	<u>PLANT</u>
Name _____	_____
Address _____	_____
City, State, Zip _____	_____
Phone _____	_____
Contact Person _____	_____

2. The National Uniform Code Number (FIPS) for the plant is _____

3. Products and Materials (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Containers | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Closures | <input type="checkbox"/> Paper (includes laminates) |
| <input type="checkbox"/> Other products | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Containers and closures | <input type="checkbox"/> Metal and paper |
| <input type="checkbox"/> Containers and other products | <input type="checkbox"/> Metal and plastic |
| <input type="checkbox"/> Closures and other products | <input type="checkbox"/> Paper and plastic |
| <input type="checkbox"/> Containers, closures and other products | <input type="checkbox"/> Metals, paper and plastic |
| | <input type="checkbox"/> Glass |

4. Lab Conducting Required Bacterial Examination: _____

OPERATOR'S SIGNATURE _____ DATE _____

PRINTED SIGNATURE _____

OFFICIAL USE ONLY. . . DO NOT WRITE BELOW THIS LINE

RECOMMENDED FOR: **ANNUAL** _____ COMMENTS: _____

PROGRAM MANAGER: _____ DATE: _____

APPROVED _____ **DISAPPROVED** _____

ADMINISTRATOR: _____ DATE: _____

PERMIT # _____ **DATE ISSUED:** _____