



**APPLICATION FOR OR RENEWAL OF ANNUAL PERMIT FOR  
BULK TANK WASH CLEANING FACILITY**

**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>CLEANING FACILITY</u>
Name _____	_____
Address _____	_____
City, State, Zip _____	_____
Phone _____	_____
Contact Person _____	_____

2. Have you submitted a current wash ticket?     Yes     No

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:** \_\_\_\_\_