

Ministry of Agriculture, Food and Rural Affairs

Application for an Amended Licence for the Operation of a Dairy Plant

The *Milk Act* (R.S.O. 1990, c.M12), and Regulations 761

This application is required to make changes to the species of milk used, type of plant, milk class or subclass at a licenced dairy plant receiving cow milk. Details of these changes are provided in Regulation 761, s.96 (2) under the *Milk Act* (Ontario).

This application will require:

- A list of all additional products to be manufactured at this plant, indicating the species of milk, the classes and subclasses of cow milk, if applicable and any specialty product(s) (e.g. organic, grass fed, DHA, Ultra Kosher). See Table in section 11, Regulation 753 under the *Milk Act*.
- An attached a letter from the Dairy Farmers of Ontario indicating the allotted volume of milk, the milk classes, and under what program that milk supply is being issued.
- The names of the Plant Milk Graders employed at the facility.

Fields marked with an asterisk (*) are mandatory.

| Provincial Licence Number * | Federal Licence Number (if applicable) |
|-----------------------------|--|
|-----------------------------|--|

Section 1 – Applicant Information

(A) Plant Information

Operating Name *

| Telephone Number * | | Email Address | | | |
|-------------------------------------|------------------|---------------------|----------------------------|--------------------------------------|---------------|
| Plant Manager Last Name * | | | Plant Manager First Name * | | |
| Quality Control Manager Last Name * | | | | Quality Control Manager First Name * | |
| Plant Location | | | | | |
| Unit Number | Street Number * | Street Name * | | | PO Box |
| City/Town * | | | Province * | | Postal Code * |
| Emergency Cont | tact (off hours) | | | | |
| Last Name * | | | First Name * | | |
| Telephone Numb | er * | | | | |
| (B) Legal Infor | mation | Check if same as (A |) Plant Informatio | n | |
| Legal Name * | | | | | |
| | | | | | |
| Last Name * | | | First Name * | | |
| Title | | | | | |
| Telephone Numb | er * Emai | Address | | | |
| | | | | | |

| Legal Address | | | | | |
|---------------------------|--|---|-----------------|----------------------|---|
| Unit Number | Street Number * | Street Name * | | | PO Box |
| City/Town * Province * | | | Postal Code * | | |
| Section 2 – A | pplication Detail | | | | |
| 1. If you meet on | e of the following exem | nptions, a Business Num | ber is not m | andatory: | |
| CRA Busir | ness Number Exemption | on | | | |
| | | and/or it earns under \$3 ss number under the <i>Inc</i> e | - | | fore, I confirm I am not legally |
| Religious I | Exemption | | | | |
| • | o o , | • | | | ome Tax Act (Canada), I have no to my religion, belief or consciou |
| | | siness Number (nine-digi | - | | |
| 2. Is the applicar | nt a: * 🗌 Corporatio | on 🗌 Sole Prop | prietor [| Partnership | Co-operative |
| 3. Please indicat | e reason for request fo | or an amended licence: * | | | |
| (a) 🗌 Chan | ge of Species | | | | |
| | | k products are to be proc | essed using | g milk or milk ingre | dients from the following |
| | al species of animal: (| | | | |
| | regulated under the <i>Mi</i> not regulated under the | | Goat ∏ Water | Buffalo | |
| Opecies | | $\Box \text{ Other, s}$ | | Dunaio | |
| (b) 🗌 Chan | ge of Type of Plant | _ | | | |
| Please cl | heck additional type(s |) of plant to be operated | and proces | sing activities: | |
| Aeros | ol Based Dairy Produc | cts Manufacturing | Co | ncentrated Dairy P | Product Manufacturing |
| Asept | ic Dairy Products Man | ufacturing | 🗌 Da | iry Based Confecti | onery Product Manufacturing |
| Butte | r/Butter By-product Ma | nufacturing | 🗌 Da | iry Based Formula | ted Mix Manufacturing |
| Cultu | red Dairy Product Man | ufacturing | 🗌 Da | iry By-product Mar | nufacturing |
| Cuttir | ig and Packaging of D | airy Products | 🗌 Dri | ed Dairy Product N | lanufacturing |
| Chee | se (select all that apply | /) | Ex | tended Shelf Life D | airy Products Manufacturing |
| | Firm Cheese Manufa | cturing | 🗌 Flu | iid Milk Product Ma | nufacturing |
| | Fresh Cheese Manuf | acturing | [] Fro | ozen Dairy Product | Manufacturing |
| | Hard Cheese Manufa | - | | k Transfer Station | - |
| | Non-fermented Chee | - | | | By-products Manufacturing |
| | | d Cheese Manufacturing | | | Cheese Food or Cheese Spread |
| | se Smoking | U U | | ner types (please s | |

- (c) Change of Milk Class or Subclass
 - (i) If you currently process raw cow milk, do you plan to process products using additional classes or subclasses of raw cow milk?

Yes No

No

Yes

- (ii) Do you plan to process any additional cow milk products made only with ingredients composed of processed (i.e., pasteurized or UHT processed) cow milk that will fall into a new milk class or subclass?
- (d) Please list all additional products to be manufactured at this plant, indicating the species of milk, the classes and subclasses of cow milk, if applicable and any specialty product(s) (e.g. organic, grass fed, DHA, Ultra Kosher). See Table in section 11, Regulation 753 under the *Milk Act*.

| | Product | Species of Milk | Classes and Subclasses of Cow Milk | Specialty Products | | |
|-----|--|---------------------------------|---------------------------------------|----------------------|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Wil | I you be processing a new or additional supply | ∕ of raw milk? * | No If No, please p | roceed to Question 5 | | |
| (a) | Who is the supplier of the raw milk? * | | | | | |
| | Dairy Farmers of Ontario (DFO) | | | | | |
| | I have attached a letter from DFO indicating the allotted volume of milk, the milk classes, and under what program that milk supply is being issued. | | | | | |
| | Other - Please provide name(s) of raw mi | ilk supplier(s): | | | | |
| (b) | Is this an on-farm operation where you will pro | - | | Yes No | | |
| | (i) If yes, please indicate method of transfer | | - | | | |
| | Pipeline or hose Tank vehic | | | | | |
| | (ii) Indicate supplier if you will also receive r a | aw milk purchased from a | an off-farm source | | | |
| (c) | Will you receive more than 7500 litres of raw r | milk from the marketing b | ooard in any given day? * |]Yes 🗌 No | | |
| | (If Yes, you are required to construct a receiv | ving room) | | | | |
| (d) | Will you be washing tank-trucks at this locatio | n? * 🗌 Yes 🗌 | No | | | |
| (e) | Do you plan to test for inhibitors when you rec | ceive raw milk? * |] Yes 🗌 No | | | |
| | If yes, please specify which screening metho | ds you will use: | | | | |

4.

(f) Raw milk (cow or goat) must be received by a certified Plant Milk Grader (PMG).

How many PMGs will be employed at your facility? *

Please list names of the PMGs employed at your facility.

| | | Last Name * | | | First Name * | | |
|--|---|---|-----------------------|--|--|--|--|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. | If purchasing milk ingredients ple Please identify supplier(s): | ase check all that apply: |] processed m | nilk 🗌 cream | ice cream mix | | |
| 6. Please indicate the volume of milk to be processed at this plant on an annual basis on the following table: | | | | | | | |
| | Time Period | | | | | | |
| | From mm/yyyy | om mm/yyyy to mm/yyyy | | | | | |
| | | Volume of Cow Milk Purchased from DFO (litres) Include milk sourced from your on-farm operation | Cream/lo purchased | Processed Milk/ ce Cream Mix from suppliers litres) | Volume of Goat Milk Purchased from Suppliers (litres) Include milk sourced from your on-farm operation | | |
| | Total Volumes | | | | | | |
| 7. | If applicable, please indicate the | type and number of additional | pasteurizatior | n systems to be in | stalled with this application: * | | |
| | Thermal | | | | | | |
| | Vat Pasteurization | Vat Pasteurization Number of Systems | | | | | |
| | HTST Pasteurization | Number of S | ystems | | | | |
| | Extended Shelf Life (ESL) | Number of S | | | | | |

| Other (specify): | | | |
|------------------|---------|--|--|
| Non-Thermal (spe | ecify): | | |

Number of Systems

Section 3 – Declaration

Aseptic Processing and Packaging Systems

I hereby make application for an amended licence for the operation of a plant under the *Milk Act* and the regulations, verify I have the authority necessary to complete the form, and declare the information on this form and attachments to be true. I understand I must receive an amended licence approved by the Director appointed under the *Milk Act* prior to implementing any of the changes for which this application is made.

Any information and all supporting documents required for this application are collected for and will be used to verify eligibility for a licence amendment pursuant to O. Reg. 761 - Milk and Milk Products (*Milk Act*) and may be used for general enforcement and administrative purposes under the *Milk Act*.

| If you have any further questions, please contact the Inspection Programs Unit at <u>dairyfoodsafety@ontario.ca</u> . As part of |
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| providing accessible service, you can also contact the Agricultural Information Contact Centre (AICC) at 1-877-424-1300 or by |
| e-mail at ag.info.omafra@ontario.ca if you require this information in alternate formats. |

| I certify that the information submitted in this application is true and correct to the best of my knowledge. * | | | | |
|---|--|--|--|--|
| Name of Owner or Plant Manager (First and Last Name) * Title Date (yyyy/mn | | | | |
| | | | | |
| | | | | |

For mail submission, send completed form and supporting documents to: Director (*Milk Act*), Ministry of Agriculture, Food and Rural Affairs, Food Safety Inspection Delivery Branch, 1 Stone Road West, 5th Floor North West, Guelph ON N1G 4Y2.