

Application for a New Licence for the Operation of a Dairy Plant

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

Fields marked with an asterisk (*) are mandatory.

Application Type *

- ☐ New Plant
- ☐ Change of Ownership
- ☐ Change of Plant Location

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 or Village *		Province *	Postal Code *

Emergency Contact (off hours)

Last Name *	First Name *
Telephone Number *	

(B) Legal Information

☐ Check if same as (A)

Legal Name *

Telephone Number *	Email Address		
Last Name *		First Name *	
Title			

Legal Address

Unit Number	Street Number *	Street Name *	PO Box
City, Town or Village *		Province *	Postal Code *

Section 2 – Application Detail

1. If you meet one of the following exemptions, a Business Number is not mandatory:

☐ CRA Business Number Exemption
(My business has no employees and/or it earns under \$30,000 in gross revenue. Therefore, I confirm I am not legally required to obtain a CRA business number under the *Income Tax Act* (Canada).)

☐ Religious Exemption
(I confirm although I am legally required to obtain a CRA business number under the *Income Tax Act* (Canada), I have not obtained one because I have a sincerely held belief that doing so would be or is contrary to my religion, belief or conscience.)

Canada Revenue Agency (CRA) Business Number (nine-digit)

2. Is the applicant a: *

☐ Corporation

☐ Sole Proprietor

☐ Partnership

☐ Co-operative

3. Milk products to be processed using milk or milk ingredients from the following species of animal regulated under the *Milk Act*:
(Check all that apply) *

☐ Cow

☐ Goat

4. Other species whose milk will be processed at the plant:

☐ Sheep

☐ Water Buffalo

☐ Other, specify

5. Will you be using any non-milk fats (such as coconut oil)? *

☐ Yes

☐ No

6. Will you process raw milk? *

☐ Yes

☐ No

If No, please proceed to Question 7

(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 milk supplier(s):

(b) Is this an on-farm operation where you will process raw milk from your own farm operation? *

☐ Yes

☐ No

(i) If yes, please indicate method of transferring milk from the farm bulk tank to the plant: *

☐ Pipeline or hose

☐ Tank vehicle

☐ Tank-truck

☐ Other, specify

(ii) Indicate supplier if you will also receive **raw** milk purchased from an off-farm source *

(c) Will you receive more than 7500 litres of raw milk from the marketing board in any given day? *

☐ Yes

☐ No

(If Yes, you are required to construct a receiving room.)

(d) Will you be washing tank-trucks at this location? *

☐ Yes

☐ No

(e) Do you plan to test for inhibitors when you receive raw milk? *

☐ Yes

☐ No

If yes, please specify which screening methods you will use:

(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 *

7. If purchasing milk ingredients please check all that apply: ☐ processed milk ☐ cream ☐ ice cream mix

Please identify supplier(s):

8. Please indicate the volume of milk to be processed at this plant on an annual basis on the following table:

Time Period

From Date mm/yyyy To Date mm/yyyy

	Volume of Cow Milk Purchased from DFO (litres) Include milk sourced from your on-farm operation	Volume of Processed Milk/ Cream/Ice Cream Mix purchased from supplier (litres)	Volume of Goat Milk Purchased from Suppliers (litres) Include milk sourced from your on-farm operation
Total Volumes			

9. Type(s) of plant to be operated and processing activities (check all that apply) *

- ☐ Aerosol Based Dairy Products Manufacturing
- ☐ Aseptic Dairy Products Manufacturing
- ☐ Butter/Butter By-product Manufacturing
- ☐ Cultured Dairy Product Manufacturing
- ☐ Cutting and Packaging of Dairy Products
- ☐ Cheese (select all that apply)
- ☐ Firm Cheese Manufacturing

☐ Fresh Cheese Manufacturing

☐ Hard Cheese Manufacturing

☐ Non-fermented Cheese Manufacturing

☐ Soft and Semi-ripened Cheese Manufacturing

☐ Cheese Smoking
- ☐ Concentrated Dairy Product Manufacturing
- ☐ Dairy Based Confectionery Product Manufacturing
- ☐ Dairy Based Formulated Mix Manufacturing
- ☐ Dairy By-product Manufacturing
- ☐ Dried Dairy Product Manufacturing
- ☐ Extended Shelf Life Dairy Products Manufacturing
- ☐ Fluid Milk Product Manufacturing
- ☐ Frozen Dairy Product Manufacturing
- ☐ Milk Transfer Station
- ☐ Non-fermented Dairy By-products Manufacturing
- ☐ Processed Cheese, Cheese Food or Cheese Spread
- ☐ Other types (please specify)

10. Please list all 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) Refer to Regulations 761 and 753. See Table in section 11, Regulation 753 under the *Milk Act*.

Product	Species of Milk	Classes and Subclasses of Cow Milk	Specialty Products

11. Type of Pasteurization Systems (please indicate all that are applicable and number of systems): *

Thermal

☐ Vat Pasteurization

Number of Systems

☐ HTST Pasteurization

Number of Systems

☐ Extended Shelf Life (ESL)

Number of Systems

☐ Aseptic Processing and Packaging Systems

Number of Systems

☐ Other (specify)

☐ Non-Thermal (specify)

Section 3 – Declaration

I hereby make application for a 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 that production of dairy products for consumers at this facility may not commence until I have been issued a licence to operate a plant by the Director appointed under the *Milk Act*.

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

If you have any further questions, please contact the Inspection Programs Unit at dairyfoodsafety@ontario.ca. As part of 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 – Owner or Plant Manager (First and Last Name) *

Title of Official Signing *

Date (yyyy/mm/dd) *

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.