



MISSOURI DEPARTMENT OF AGRICULTURE  
 STATE MILK BOARD  
 PO BOX 630  
 1616 MO BLVD, JEFFERSON CITY, MO 65102



Executive Secretary  
 Gene Wiseman  
 Phone (573) 751-3830

**APPLICATION FOR DISTRIBUTOR'S PERMIT**

OWNER'S NAME	
OWNER'S ADDRESS	
LOCATION OF DISTRIBUTION POINT	
ADDRESS	TELEPHONE NUMBER
PRODUCTS DISTRIBUTED (CHECK PRODUCT OR PRODUCTS)	
<input type="checkbox"/> HOMO MILK	<input type="checkbox"/> LOWFAT MILK
<input type="checkbox"/> SKIM MILK	<input type="checkbox"/> CHOCOLATE MILK
<input type="checkbox"/> SOUR CREAM	<input type="checkbox"/> HALF & HALF
<input type="checkbox"/> CREAM	<input type="checkbox"/> YOGURT
<input type="checkbox"/> EGGNOG FLAVORED MILK	<input type="checkbox"/> EGGNOG FLAVORED LOWFAT MILK
<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> 2% LOWFAT MILK	<input type="checkbox"/> 1% LOWFAT MILK
<input type="checkbox"/> CHOC. LOWFAT MILK	<input type="checkbox"/> BUTTERMILK
<input type="checkbox"/> WHIPPED CREAM	<input type="checkbox"/> WHIPPING CREAM
<input type="checkbox"/> LOWFAT YOGURT	<input type="checkbox"/> EGGNOG
TO WHOM ARE THE PRODUCTS DISTRIBUTED? (PLEASE CHECK)	
<input type="checkbox"/> GROCERY STORES	<input type="checkbox"/> HOSPITALS
<input type="checkbox"/> RESIDENCES	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SCHOOLS	<input type="checkbox"/> INSTITUTIONS
TYPE OF VEHICLES (PLEASE CHECK)	
<input type="checkbox"/> REFRIGERATED	<input type="checkbox"/> INSULATED
<input type="checkbox"/> SPECIFY OTHERS _____	
LIST PLANTS (GRADE A PRODUCTS RECEIVED FROM)	
1.	
2.	
3.	
4.	
LIST OTHER FOOD PRODUCTS DISTRIBUTED	
1.	
2.	
3.	
4.	
LIST CITIES OR TOWN SERVICED FROM DISTRIBUTION POINT	
1.	
2.	
3.	
4.	
OWNER'S SIGNATURE	