

INDIANA STATE BOARD OF ANIMAL HEALTH  
1202 EAST 38TH STREET  
INDIANAPOLIS IN 46205

December 31, 2022  
*Expires*

*THIS IS TO CERTIFY THAT:*

Permit: PB 18-1974

Issued to: SIROCCO RIDGE FARMSTEAD CREAMERY LLC

Located at: 6000 HENRYVILLE OTISCO RD HENRYVILLE IN 47126  
*Street City / State Zip*

To Operate as a: Manufactured Grade Milk Products Processor

Until the expiration date above and pursuant to compliance with the provisions of applicable Indiana Laws and all rules promulgated thereunder. Permits so issued may be revoked for cause:

**IN WITNESS WHEREOF**, the State Board of Animal Health has caused this permit to be issued on this day of March 4<sup>th</sup>, 2022.

STATE BOARD OF ANIMAL HEALTH



*Patrick Ash*

Authorized Signature

March 14, 2022

Date



**APPLICATION FOR PERMIT TO HANDLE MILK  
OR MILK PRODUCTS**

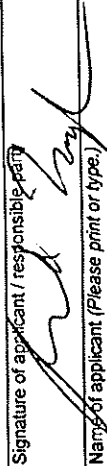
State Form 36560 (RS / 11-18)

**INDIANA STATE BOARD OF ANIMAL HEALTH  
DAIRY DIVISION**  
Discovery Hall  
1202 East 38th Street, Suite 100  
Indianapolis, IN 46205-2898  
Telephone number: (317) 544-2400  
Fax number: (317) 974-2011

Pursuant to the provisions of IC 15-18-1-3, the following is an application form for a permit to handle, process, store, pasteurize, package, or prepare for distribution of milk or milk products. Such permits remain valid, pursuant to compliance with provisions of law and regulations of the Board of Animal Health, until December 30th of each year, and must be renewed at that time.

- INSTRUCTIONS:**
1. Please print or type.
  2. Please complete this form and return it to the address above.
  3. Please list name and location of each manufacturer of finished products supplied to you, and/or list names and locations of all distribution points in Indiana on reverse side (if applicable).
  4. Please list name and location of each Grade A dairy manufacturer you supply on reverse side.

INFORMATION FOR PERMIT			
To operate as: (Please check one.)			
<input type="checkbox"/> Grade A milk / milk products processor	<input checked="" type="checkbox"/> Manufactured milk products processor	<input type="checkbox"/> Transfer station	<input type="checkbox"/> Receiving station
<input type="checkbox"/> Milk / milk products distributor	<input type="checkbox"/> Single service container manufacture	<input type="checkbox"/> Wash station	
Indiana permit number	Home state permit number (if outside Indiana)		
Name of establishment			
Sirocco Ridge Farmstead Creamery, LLC			
Telephone number	Fax number	E-mail address	
( 812 ) 704-4465	(   )	siroccoridgefarm@gmail.com	
Address of establishment (number and street, city, state, and ZIP code)			
6000 Henryville Otisco Rd, Henryville, IN 47126			
Mailing address (if different) number and street, city, state, and ZIP code			
Name of responsible party making application		Legal status of firm (corporation, privately owned)	
David Taylor		LLC	
Type of products handled, processed and/or manufactured			
Cheese, gelato			

APPLICANT AFFIRMATION	
This is to affirm under penalty of perjury that the above facts are true and that I am complying with, and will continue to comply with, all laws and rules pertaining to my business.	
Signature of applicant / responsible party	Date signed (month, day, year)
	07/14/2021
Name of applicant (Please print or type.)	Title of applicant
David Taylor	Vice President

<b>DO NOT WRITE BELOW THIS LINE.</b>	
This is to certify that said premises have been found to be in compliance with applicable rules and regulations either by direct examination or certification by a legally constituted health jurisdiction or official agency. The issuance of a permit is hereby requested.	
State milk regulatory agency	Date signed (month, day, year)