

# Confirmation of Dairy Distribution Permit Issuance

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To:

[Permit Holder's Name]

[Permit Holder's Address]

[City, State, ZIP Code]

## **Subject: Confirmation of Dairy Distribution Permit**

Dear [Permit Holder's Name],

We are pleased to inform you that your application for a Dairy Distribution Permit has been successfully processed and approved. This permit allows you to distribute dairy products within [Specify Area/Region].

Your permit details are as follows:

- Permit Number: [Insert Permit Number]
- Issue Date: [Insert Issue Date]
- Expiration Date: [Insert Expiration Date]
- Distribution Area: [Specify Area/Region]

Please ensure compliance with all relevant regulations and guidelines pertaining to the distribution of dairy products. We recommend keeping this letter on file for your records.

If you have any questions or require further assistance, please do not hesitate to contact us at [Your Email] or [Your Phone Number].

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]

[Your Organization]