



State of California  
California Department of Food and Agriculture  
Division of Marketing Services

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1220 N Street  
Sacramento, CA 95814  
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# MILK HANDLER LICENSE

## New Processor Application

205-031C (Rev.10/25)

*The undersigned hereby applies for a license pursuant to Chapter 1 or 2;  
Part 3, Division 21 of the Food and Agricultural Code*

**Two Year License Fee of \$25.00 for the Period Ending December 31, 2027**

PLEASE PRINT OR TYPE

1. Handler Number		2. Date Business Started Operation			
3. Business Name					
4. DBA (if applicable)					
5. Parent Company (if applicable)					
6. Plant Location					
7. Mailing Address (if same as above, mark same)					
8. Telephone Number		9. Fax Number		10. E-mail Address (Required)	
11. Type of Business Entity					
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
				<input type="checkbox"/> LLC	
				<input type="checkbox"/> LLP	

12. Owners/Members of Partnership/Officers of Corporation	Title	Address	Phone Number

13. If a corporation:		
State Incorporated In	Corporate Number	Date Incorporated
14. If a corporation, list the names and addresses of persons/entities who hold more than 10% of the company's stock on a separate sheet (If none, please write none)		

15. Will you purchase or acquire ownership of bulk unprocessed or pasteurized milk from a producer, producer-cooperative, or another milk handler for the purpose of manufacturing, processing, sales or other handlings?

☐ Yes                      ☐ No

16. Will you purchase or acquire ownership of unprocessed or pasteurized milk in packaged or other type of container size?

☐ Yes                      ☐ No    If yes, describe product \_\_\_\_\_

17. Will you purchase or acquire ownership of milk which has had non-dairy additives or ingredients added to it?

☐ Yes                      ☐ No    If yes, describe product \_\_\_\_\_

18. Type of product(s) processed or manufactured (example: fluid milk, yogurt, ice cream, butter, cheese, etc.)

\_\_\_\_\_

19. Source of milk being purchased		
<i>Type</i>	<i>Daily Pounds</i>	<i>Name of Source</i>
<b>Own Production</b>		
<b>Contract Producers (Direct Shippers)</b>		
<b>Cooperative Association</b>		
<b>Producer-Handler</b>		
<b>Handler</b>		

20. Of the persons/entities listed above in #19, do any of them have beneficial ownership interest in your operation? If yes, please provide name(s) and address(s) on a separate sheet.

☐ Yes                      ☐ No

21. Have you entered into a written contract with all *producers/cooperatives* from whom bulk milk is purchased?

☐ Yes                      ☐ No

22. If purchasing from a producer(s) or a producer-cooperative(s), a bond is required. If not purchasing from a producer/cooperative, please write "None" under Name of bonding company. (Please note, the name on the license application and the milk handler's bond must match.)

Name of bonding company	Phone Number	Bond amount

23. Has the owner, or any member of the partnership, or any officer of the corporation ever: (Please check one for each of the following questions)

a. Been denied or refused a license?	b. Had a license revoked or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Received a conditional license?	d. Had a payment made from a surety bond?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Received a One Business Day Demand Notice for failure to pay producers or the Quota Implementation Fund?	f. If so, is payment still owed to producers or the Quota Implementation Fund?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Failed to pay agricultural producers for products?	h. Been convicted of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Failed to pay assessments in accordance with the Food and Agriculture Code?	j. Failed to pay Quota Implementation Plan fees and assessments?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*If any of the above boxes are checked "Yes" for question #23, please explain fully on a separate sheet\*\***

24. Are you now, or have you ever been licensed as a milk producer in any other state?
<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No

**\*\*The application *must* be signed by an owner, a member of the partnership, or an officer of the corporation under penalty of perjury and submitted with an original signature\*\***

<b>Authorized Signature</b>	<b>Print Name</b>
<b>Title</b>	<b>Date</b>

*Food and Agricultural Code Section 62144.* Applications for the license provided by this article shall be made on forms prescribed by the director, accompanied by a fee as prescribed in Section 62145, and state the name and address of the applicant and any details specifically related to the nature of the applicant's business that the director may require. The applicant shall further satisfy the director of his or her character, responsibility, and good faith in seeking to carry on the business stated in the application.

The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with government Code sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, Sacramento, CA 95814, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

**Attach check or money order made payable to:  
CASHIER, CDFA 90286 – L**

**and return completed application to:  
CASHIER, DEPARTMENT OF FOOD AND AGRICULTURE  
PO BOX 942872  
SACRAMENTO, CA 94271-2872**

FOR DEPARTMENT USE ONLY			
LICENSE #			
RC#		DATE	
AMOUNT		LINE	
LICENSE FEE		PENALTY	
RC#		DATE	
AMOUNT		LINE	