

STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 Milk and Dairy Food Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5008



APPLICATION FOR A MILK PRODUCTS PLANT LICENSE

Application is hereby made for a license to operate a Milk Products Plant for receiving, processing or manufacturing milk products, for the calendar year ending December 31, **2022** in _____ County.

NAME OF BUSINESS: _____ PHONE #: _____

LOCATION OF BUSINESS: _____
 Number Street Unit # City Zip Code

MAILING ADDRESS: _____
 Number Street City State Zip Code

CHECK ONE: Individual Partnership LLC Corporation FED TAX ID#: _____ - _____

NAME OF OWNER(S) (PLEASE PRINT; if corporation, give name of President):

LAST NAME: _____ FIRST NAME: _____

Signature: _____ Date: _____

PRODUCTS PROCESSED / MANUFACTURED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fluid Milk Products | <input type="checkbox"/> Condensed Milk | <input type="checkbox"/> Cheese-Aged Raw Milk |
| <input type="checkbox"/> Aseptic Milk Products | <input type="checkbox"/> Evaporated Milk | <input type="checkbox"/> Cheese-Fresh/Pasteurized |
| <input type="checkbox"/> Cultured Milk Products | <input type="checkbox"/> Dried Milk Products | <input type="checkbox"/> Cheese-Grating/Shredding |
| <input type="checkbox"/> Lactose Reduced Products | <input type="checkbox"/> Whey Products | <input type="checkbox"/> Cheese-Cut & Wrap |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Butter | <input type="checkbox"/> Powder Blending |
| <input type="checkbox"/> Sour Cream | <input type="checkbox"/> Frozen Dairy Product Mix | <input type="checkbox"/> Raw Milk Products (specify) _____ |
| <input type="checkbox"/> Cottage Cheese | Other _____ | |

Date to **begin** operating: _____ MO DAY YEAR Email Address: _____

If you begin operating: First year's pro-rated license fee:

Any time between January 1 and March 31	\$103.00
Any time between April 1 and June 30	\$ 77.25
Any time between July 1 and September 30	\$ 51.50
Any time between October 1 and December 31	\$ 25.75

Please make the check payable to: **CDFA 90102 L** and mail this application with the appropriate fee to:

**CASHIER, California Department of Food and Agriculture
 P.O. Box 942872, Sacramento, CA 94271-2872**

Please be sure all information is COMPLETE & LEGIBLE. A license cannot be issued if application is incomplete.

***** **FOR CDFA USE ONLY** *****

New Plant: YES NO PREVIOUS OWNER'S LAST OPERATING DATE: _____

Will Grade A products be sold in interstate commerce? YES NO

The equipment and sanitary conditions at this facility are satisfactory for issuance of a Milk Products Plant License.

RDI's Signature: _____ RDI# _____ DATE: _____

Amount Received \$: _____ RC #: _____