



## APPLICATION FOR A FROZEN MILK PRODUCTS PLANT LICENSE

Application is hereby made for a license to operate a Frozen Milk Products Plant for receiving, processing or manufacturing frozen milk products, or diabetic/dietetic frozen milk products, for the calendar year ending December 31, **2024** in \_\_\_\_\_ County.

NAME OF BUSINESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_  
Number Street Unit# City

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: \_\_\_\_\_ MI: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRODUCTS PROCESSED / MANUFACTURED:

- ☐ Ice Cream/Gelato ☐ Sherbet ☐ Frozen Yogurt ☐ Diabetic Ice Cream\*  
☐ Frozen Dessert ☐ Yogurt Sherbet ☐ Quiescently Frozen Confection ☐ Dietetic Ice Cream\*  
F Frozen Dairy Dessert Frozen Novelties ☐ Other Diabetic frozen product\* (specify) \_\_\_\_\_  
☒ Other Dietetic Frozen Product\* (specify) \_\_\_\_\_

**\*An additional Diabetic/Dietetic License fee must be submitted for the manufacture of Diabetic/Dietetic frozen milk products or mix.**

Date to begin operating: \_\_\_\_\_ MO DAY YEAR Email Address: \_\_\_\_\_

If you <b>begin</b> operating:	Frozen	+ Diabetic/Dietetic
	First year's pro-rated license fee:	First year's pro-rated license fee:
Any time between January 1 and March 31	\$106.00	\$212.00
Any time between April 1 and June 30	\$ 79.50	\$159.00
Any time between July 1 and September 30	\$ 53.00	\$106.00
Any time between October 1 and December 31	\$ 26.50	\$ 53.00

Please make the check payable to: **MDFS 908** and mail this application with the appropriate fee to:

**CASHIER, California Department of Food and Agriculture  
P.O. Box 942881, 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: \_\_\_\_\_

License Type: ☐ Frozen ☐ Diabetic/Dietetic

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

RDI's Signature: \_\_\_\_\_ RDI# \_\_\_\_\_ DATE: \_\_\_\_\_

Amount Received \$: \_\_\_\_\_ RC #: \_\_\_\_\_