



APPLICATION FOR A SEMI-FROZEN (SOFT SERVE) MILK PRODUCTS PLANT LICENSE

Application is hereby made for a license to operate a Semi-frozen (Soft Serve) Milk Products Plant for the calendar year ending December 31, **2024** in _____ County.

NAME OF BUSINESS _____ PHONE # _____
(Include restaurant/store number if applicable)

LOCATION OF BUSINESS _____
Number Street Unit # City Zip Code

MAILING ADDRESS _____
Number Street City State Zip Code

CHECK ONE: ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation

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

LAST NAME: _____ FIRST NAME: _____

Signature: _____ Date: _____

PRODUCTS PROCESSED/MANUFACTURED: ☐ Ice Cream ☐ Frozen Yogurt ☐ Nondairy Frozen Dessert

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

<u>If you begin operating:</u>	<u>First Year's Prorated License Fee:</u>
Any Time between January 1 and March 31	\$352.00
Any Time between April 1 and June 30	\$264.00
Any Time between July 1 and September 30	\$176.00
Any Time between October 1 and December 31	\$88.00

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: _____

TYPE: ☐ Regular ☐ Seasonal ☐ Mobile VIN # _____ Plate# _____

The equipment and sanitary conditions at this facility are satisfactory for issuance of a Soft Serve License.

RDI's Signature: _____ RDI# _____ Date: _____

Amount Received \$ _____ RC# _____