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 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, **2026** in _____ County.

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

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

MAILING ADDRESS _____
Number Street Unit# 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

VENDING MACHINE ☐ YES **(CDPH WAIVER REQUIRED AND ATTACHED)** ☐ NO

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

If you begin operating:	First Year's Prorated License Fee:
Any Time between January 1 and March 31	$372.00
Any Time between April 1 and June 30	$279.00
Any Time between July 1 and September 30	$186.00
Any Time between October 1 and December 31	$93.00

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 USEONLY**_**********

New Plant: ☐ Yes
☐ NO Plant #_____ Change of Ownership Date:_____
Previous Owner's Name: _____

TYPE: Year-Round ☐ 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# _____ RC Date: _____