

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 LIMITED FROZEN MANUFACTURING PERMIT**

Application is hereby made for a **Limited Frozen Manufacturing Permit** to manufacture hard frozen or semi-frozen dairy products or hard frozen or semi-frozen nondairy desserts for the calendar year ending December 31, **2024** in \_\_\_\_\_ County. **These products shall not be sold for wholesale, resale, or at locations off the premises, and the facility shall not manufacture more than 7,500 gallons during any year.** (FAC section 35016). Records documenting the volume of products manufactured for the preceding 12-month period must be maintained on site and be available for inspection by CDFA.

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

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

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

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

#### **PRODUCTS PROCESSED / MANUFACTURED:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ice Cream/Gelato | <input type="checkbox"/> Sherbet              | <input type="checkbox"/> Frozen Yogurt                  |
| <input type="checkbox"/> Frozen Novelties | <input type="checkbox"/> Frozen Custard       | <input type="checkbox"/> Quiescently Frozen Confections |
| <input type="checkbox"/> Frozen Dessert   | <input type="checkbox"/> Frozen Dairy Dessert | <input type="checkbox"/> Nondairy Frozen Dessert        |

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

#### **If you begin operating:**

#### **First year's pro-rated permit fee:**

Any time between January 1 and March 31	\$651.00
Any time between April 1 and June 30	\$488.25
Any time between July 1 and September 30	\$325.50
Any time between October 1 and December 31	\$162.75

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 permit cannot be issued if application is incomplete.

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

New Plant: ☐ Yes ☐ No PREVIOUS OWNER'S LAST OPERATING DATE: \_\_\_\_\_

The equipment and sanitary conditions at this facility are satisfactory for issuance of a Limited Frozen Manufacturing Permit.

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

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