

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, **2022** 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: _____

<u>If you begin operating:</u>	<u>First year's pro-rated permit fee:</u>
Any time between January 1 and March 31	\$633.00
Any time between April 1 and June 30	\$474.75
Any time between July 1 and September 30	\$316.50
Any time between October 1 and December 31	\$158.25

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 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 #: _____