

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, 20____ 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 FED TAX ID # _____ - _____

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: ____ / ____ / ____
 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	\$ 325.00
Any Time between April 1 and June 30	\$ 243.75
Any Time between July 1 and September 30	\$ 162.50
Any Time between October 1 and December 31	\$ 81.25

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 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, Serial VIN Number: _____ 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# _____