

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, 2020 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	\$ 333.00
Any Time between April 1 and June 30	\$ 249.75
Any Time between July 1 and September 30	\$ 166.50
Any Time between October 1 and December 31	\$ 83.25

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# \_\_\_\_\_