



APPLICATION FOR A MILK PRODUCTS PLANT LICENSE

Application is hereby made for a license to operate a Milk Products Plant for receiving, processing or manufacturing milk products, for the calendar year ending December 31, **2024** in _____ County.

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 FED TAX ID#: ____-____

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

LAST NAME: _____ FIRST NAME: _____

Signature: _____ Date: _____

PRODUCTS PROCESSED / MANUFACTURED:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fluid Milk Products | <input type="checkbox"/> Condensed Milk | <input type="checkbox"/> Cheese-Aged Raw Milk |
| <input type="checkbox"/> Aseptic Milk Products | <input type="checkbox"/> Evaporated Milk | <input type="checkbox"/> Cheese-Fresh/Pasteurized |
| <input type="checkbox"/> Cultured Milk Products | <input type="checkbox"/> Dried Milk Products | <input type="checkbox"/> Cheese-Grating/Shredding |
| <input type="checkbox"/> Lactose Reduced Products | <input type="checkbox"/> Whey Products | <input type="checkbox"/> Cheese-Cut & Wrap |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Butter | <input type="checkbox"/> Powder Blending |
| <input type="checkbox"/> Sour Cream | <input type="checkbox"/> Frozen Dairy Product Mix | <input type="checkbox"/> Raw Milk Products |
| <input type="checkbox"/> Cottage Cheese | Other _____ | (specify) _____ |

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

If you begin operating: First year's pro-rated license fee:

| | |
|--|----------|
| Any time between January 1 and March 31 | \$106.00 |
| Any time between April 1 and June 30 | \$ 79.50 |
| Any time between July 1 and September 30 | \$ 53.00 |
| Any time between October 1 and December 31 | \$ 26.50 |

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 USE ONLY** *****

New Plant: ☐ YES ☐ NO PREVIOUS OWNER'S LAST OPERATING DATE: _____

Will Grade A products be sold in interstate commerce? ☐ YES ☐ NO

The equipment and sanitary conditions at this facility are satisfactory for issuance of a Milk Products Plant License.

RDI's Signature: _____ RDI# _____ DATE: _____

Amount Received \$: _____ RC #: _____