



APPLICATION FOR A FROZEN MILK PRODUCTS PLANT LICENSE

Application is hereby made for a license to operate a Frozen Milk Products Plant for receiving, processing or manufacturing frozen milk products, or diabetic/dietetic frozen milk products, for the calendar year ending December 31, 20____ 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: _____ MI: _____

Signature: _____ Date: _____

PRODUCTS PROCESSED / MANUFACTURED:

- Ice Cream/Gelato Sherbet Frozen Yogurt Diabetic Ice Cream*
- Frozen Dessert Yogurt Sherbet Quiescently Frozen Confection Dietetic Ice Cream*
- Frozen Dairy Dessert Frozen Novelties Other Diabetic frozen product* (specify) _____
- Other Dietetic Frozen Product* (specify) _____

***An additional Diabetic/Dietetic License fee must be submitted for the manufacture of Diabetic/Dietetic frozen milk products or mix.**

DATE TO BEGIN OPERATING: ____ / ____ / ____
 MO DAY YEAR

<u>If you begin operating:</u>	<u>Frozen</u> <u>First year's pro-rated license fee:</u>	<u>+ Diabetic/Dietetic</u> <u>First year's pro-rated license fee:</u>
Any time between January 1 and March 31	\$100.00	\$200.00
Any time between April 1 and June 30	\$ 75.00	\$150.00
Any time between July 1 and September 30	\$ 50.00	\$100.00
Any time between October 1 and December 31	\$ 25.00	\$ 50.00

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: ____ / ____ / ____

License Type: Frozen Diabetic/Dietetic

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

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

Amount Received \$: _____ RC #: _____