STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE Milk and Dairy Food Safety Branch 1220 N Street Sacramento, CA 95814 (916) 900-5008



## <u>APPLICATION FOR A PRODUCTS RESEMBLING MILK PRODUCTS PLANT LICENSE</u>

Application is t the calendar ye								
NAME OF BUSINESS:					PHONE #:			
LOCATION OF I	BUSINESS:							
		Number	Street		Unit #	City	Zip Code	
MAILING ADDR	ESS:							
	Number	Street		City			Zip Code	
CHECK ONE:	Individual	Partnership	LLC	Corporation	on FED T	AX ID#:		
NAME OF OWN	IER(S) (PLEASI	E PRINT; if corp	oration, give	e name of Pi	esident):			
LAST NAME: FIR				ST NAME:				
Signature:	ture: Date:							
PRODUCTS PR	OCESSED / MA	ANUFACTURED	D:					
NONDAIRY	All MILKFAT	All MILKFAT REPLACED			ADDED FATS/OILS			
(no milk or milk s	solids)	(by other fats/oils)			(in addition to milk fat)			
Note: Each pro	duct is require	d to be register	ed separat	ely. See Ap	plication	Form 72-25	9	
Please mak	e the check pa	ayable to: <b>CDF</b>	A 90104.	Mail this ap	plication	and <u>\$100.0</u>	<u>0</u> fee to:	
		ASHIER, Californi P.O. Box 942872,				ture		
Please be sure a	all information is (	COMPLETE & LEG	GIBLE. A lice	nse cannot be	e issued if a	application is in	ncomplete.	
*******	******	****** FOR CD	FA USE OI	NLY ******	******	******	*****	
New Plant: 🔲 YE	S NO	PREVIO	OUS OWNER	R'S LAST OPE	ERATING D	OATE:/_		
The equipment an Products License.	nd sanitary conditi	ons at this facility	are satisfacto	ory for issuan	ce of a Prod	ducts Resemb	ling Milk	
RDI's Signatur	e:			RDI #	!	Date		
Amount Receiv	/ed: <u>\$</u>				R	C#:		

Form 72-254 (Rev. 12/18)