



State of California
Milk Handler's License Application
- New Distributor -

Department of Food and Agriculture
 Dairy Marketing Branch
 1220 N Street
 Sacramento, CA 95814
 Telephone: (916) 900-5012
 Fax: (916) 900-5340 Email: dairy@cdfa.ca.gov

The undersigned hereby applies for a license pursuant to Chapter 2, Part 3, Division 21; or Chapter 1, Part 3, Division 21 of the Food and Agricultural Code

TWO-YEAR LICENSE FEE \$25.00
FOR THE PERIOD ENDING DECEMBER 31, 2015

PLEASE PRINT OR TYPE

1. DATE BUSINESS STARTED OPERATION	TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL ADDRESS
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2. BUSINESS NAME

3. BUSINESS LOCATION ADDRESS

4. BUSINESS MAILING ADDRESS

5. TYPE OF BUSINESS ENTITY: **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **LLC** **LLP**

6. INDIVIDUAL, MEMBER OF PARTNERSHIP, OR OFFICERS OF CORPORATIONS MUST ANSWER THE FOLLOWING:

NAME AND TITLE	ADDRESS	PHONE NUMBER

7. IF A CORPORATION, LIST NAMES AND ADDRESS OF PERSONS HOLDING MORE THAN 25% OF THE STOCK ON A SEPARATE SHEET.

7a. STATE INCORPORATED	7b. CORPORATE NO.	7c. DATE INCORPORATED	7d. LIST NAME AND ADDRESS OF PERSON IN CALIFORNIA AUTHORIZED TO ACCEPT SERVICE OF SUMMONS
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8. WHO IS YOUR SUPPLIER(S)? (LIST NAME, ADDRESS AND PHONE NUMBER OF ALL. LIST ON A SEPARATE SHEET IF NECESSARY.):

9. LIST THE TYPES OF DAIRY PRODUCTS YOU DISTRIBUTE:

10. LIST THE **ORGANIC PACKAGED FLUID PRODUCTS** YOU DISTRIBUTE IN CALIFORNIA THAT YOU **OBTAIN FROM OUTSIDE OF CALIFORNIA**:

ANNUAL VOLUME IN GALLONS FOR THE ABOVE: *LESS THAN 100,000* *100,000-500,000* *MORE THAN 500,000*

11. LIST **ALL OTHER PACKAGED FLUID PRODUCTS** YOU DISTRIBUTE IN CALIFORNIA THAT YOU **OBTAIN FROM OUTSIDE OF CALIFORNIA**:

ANNUAL VOLUME IN GALLONS FOR THE ABOVE: *LESS THAN 100,000* *100,000-500,000* *MORE THAN 500,000*

ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS ON THE REVERSE SIDE

12. SALES ARE MADE TO: RETAIL STORES WHOLESALE CUSTOMERS HOME DELIVERY

13. DO YOU PURCHASE ANY BULK FLUID MILK (NOT PACKAGED)? NO YES FROM WHOM: _____

NOTE: INFORMATION BELOW MUST BE COMPLETED UNDER PENALTY OF PERJURY

14. HAVE YOU OR ANY MEMBER OF THE PARTNERSHIP OR ANY OFFICER OF THE CORPORATION EVER:

BEEN DENIED OR REFUSED A LICENSE? YES NO

HAD A LICENSE PLACED ON PROBATION, REVOKED, OR SUSPENDED? YES NO

BEEN CONVICTED OF A FELONY? YES NO

IF ANY OF THE ABOVE BOXES ARE CHECKED "YES", EXPLAIN FULLY ON A SEPARATE SHEET

**APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, BY A MEMBER OF THE PARTNERSHIP,
OR AN OFFICER OF THE CORPORATION UNDER PENALTY OF PERJURY.**

SIGNATURE OF APPLICANT	PRINT NAME	TITLE	DATE

Attach check or money order made payable to:

CASHIER, CDFA 34004-L

and return completed application to:

CASHIER, DEPARTMENT OF FOOD & AGRICULTURE

P.O. BOX 942872

SACRAMENTO, CA 94271-2872

DO NOT SEND COIN OR CURRENCY

The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with Government Code sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, Sacramento, CA 95814, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

FOR DEPARTMENT USE ONLY

LICENSE #: _____

RC #: _____

AMOUNT: _____

LICENSE FEE: _____

RC #: _____

AMOUNT: _____

DATE: _____

LINE: _____

PENALTY: _____

DATE: _____

LINE: _____