



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, 2023 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

If you begin operating:

Any Time between January 1 and March 31
Any Time between April 1 and June 30
Any Time between July 1 and September 30
Any Time between October 1 and December 31

First Year's Prorated License Fee:

\$352.00
\$264.00
\$176.00
\$88.00

Please make the check payable to: TCEH and mail this application with the appropriate fee to:

**Tulare County Environmental Health
5957 S. Mooney Blvd., Visalia, CA 93277**

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# _____