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



APPLICATION FOR A SEMI-FROZEN (SOFT SERVE) MILK PRODUCTS PLANT LICENSE

Application is hereby made for a license to op-	erate a Semi-froze	en (Soft Serve) Milk Products	Plant for	the
calendar year ending December 31, 2023 in			ounty.		
NAME OF BUSINESS (Include restaurant/s	tore number if app	licable)	_ PHONE#_		
LOCATION OF BUSINESS					
Number	Street	Unit #	City		Zip Code
MAILING ADDRESS Number Street	Ci	ty		State	Zip Code
CHECK ONE: Individual Partnership	LLC Co	rporation FE	D TAX ID#		
NAME OF OWNER(S) (PLEASE PRINT; if co	orporation, give na	me of Preside	ent):		
LAST NAME:		FIRST NAME:			
Signature:			Date:		
DATE TO BEGIN OPERATING: MO DAY 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	First Yea \$352.00 \$264.00 \$176.00	r's Prorated L	<u>license Fee:</u>		
Please make the check payable to: TCEH and ma	·	th the appropri	ate fee to:		
	nty Environmental ney Blvd., Visalia, (
Please be sure all information is COMPLETE & LE	GIBLE. A license ca	nnot be issued	if application is	incomplete	Э.
*******************************	OR CDFA USEO	NLY******	*********	*******	*****
New Plant: Yes No P	REVIOUS OWNER'	S LAST OPERA	ATING DATE:		
TYPE: Regular Seasonal Mobi	ile, Serial VIN Numb	er:	Plate	#	
The equipment and sanitary conditions at this facil	lity are satisfactory fo	or issuance of a	a Soft Serve Lice	ense.	
RDI's Signature:	R	DI#	_ Date:		_
Amount Received \$			RC#		

Form 72-244/271 (rev.9/19)