

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 SEMIFROZEN (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, 20__ in _____ County.

NAME OF BUSINESS _____ PHONE # _____
(Include restaurant/store number if applicable)

LOCATION OF BUSINESS _____
Number Street Unit # City Zip Code

MAILING ADDRESS _____

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: _____

Previous business name: _____ Previous owner's name: _____

PRODUCTS PROCESSED/MANUFACTURED: Ice Cream Frozen Yogurt PRMP

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

The first calendar year's license fee is pro-rated for new owners.

If you begin operating: Your License Fee is: Please Check One:

Any Time between January 1 and March 31	\$ 325.00
Any Time between April 1 and June 30	243.75
Any Time between July 1 and September 30	162.50
Any Time between October 1 and December 31	81.25

Please make the check payable to: **T.C.E.H.** and mail this application with the appropriate fee to:

**Tulare County Environmental Health (T.C.E.H.)
5957 South Mooney Blvd, Visalia, CA 93277**

***** **FOR REGISTERED DAIRY INSPECTOR'S USE ONLY** *****

Please be sure all information is COMPLETE & LEGIBLE. A license cannot be issued unless EVERY space is completed.

New Plant: Yes No PREVIOUS OWNER'S LAST OPERATING DATE: ____/____/____

TYPE: Regular Seasonal Mobile, Serial VIN Number: _____ Plate # _____

Registered Dairy Inspector's Signature: _____ RDI# _____ Date: _____

Amount Received \$ _____ RC# _____