Commonwealth of Pennsylvania
MILK MARKETING BOARD
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2016-2017
NEW APPLICATION

DEALER / SUBDEALER

FOR MILK LICENSE

PMMB-001
(Rev. 4/16)

Commonwealth of Pennsylvania

MILK MARKETING BOARD

DEALER / SUBDEALER LICENSE - NEW APPLICATION

Please read this license application carefully AND complete applicable information.

Please refer to page 5 for explanation of Dealer/Subdealer

ENTER LICENSE YEAR JULY 1, 20_____ THROUGH JUNE 30, 20_____

LICENSE REQUEST: ☐ **DEALER** — (DEALERS **MUST** COMPLETE PAGES 2, 3, 4, 6, AND 8 WHERE APPLICABLE)
☐ **SUBDEALER** — (SUBDEALERS **MUST** COMPLETE PAGES 2, 3, 4, 7AND 8 WHERE APPLICABLE)

1. ENTITY **TYPE:** ☐ **INDIVIDUAL** ☐ **ORGANIZATION**

IF LICENSE IS HELD BY AN INDIVIDUAL, LIST THE NAME EXACTLY AS IT SHOULD APPEAR ON LICENSE:

NAME ON LICENSE: _____

IF NAME ON LICENSE IS FICTITIOUS NAME (*D/B/A OR TRADE NAME*), LIST INDIVIDUAL OR ORGANIZATION NAME:

_____

***ORGANIZATION TYPE:** ☐ **PARTNERSHIP** ☐ **LLC** ☐ **COOPERATIVE** ☐ **CORPORATION** ☐ **OTHER** _____

(STATE INCORPORATED/ORGANIZED)_____ **(DATE INCORPORATED/ORGANIZED)** _____

Note: for partnerships, corporations, cooperatives or limited liability companies, **please attach a list** of partners, officers and directors, or members as applicable with position held and address. Attach a separate sheet of owners/stockholders that own 20% or greater share of the business and indicate the number of shares for each stockholder.

2. **LICENSEE ADDRESS: (THIS IS THE ADDRESS THAT WILL APPEAR ON PRINTED LICENSE AND WHERE ALL CORRESPONDENCE WILL BE MAILED).**

_____
(STREET) (CITY) (STATE) (COUNTY) (ZIP)

3. **(FOR OUT-OF-STATE APPLICANTS ONLY) LIST ADDRESS IN PA WHERE RECORDS ARE KEPT.** IF NO ADDRESS IS LISTED, APPLICANT CONSENTS TO PROVIDE RECORDS AT THE LICENSEE ADDRESS ABOVE, THE BOARD OFFICE, OR OTHER LOCATION DESIGNATED BY THE BOARD.

_____
(CONTACT PERSON) (STREET ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

4. **DESIGNATE AN AGENT WITHIN PENNSYLVANIA UPON WHOM SERVICE OF PROCESS MAY BE MADE BY THE BOARD:** IF NO AGENT IS LISTED, APPLICANT CONSENTS TO SERVICE BY MAIL AT THE LICENSEE ADDRESS ABOVE OR AS OTHERWISE PERMITTED BY PENNSYLVANIA LAW.

_____
(CONTACT PERSON) (STREET ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

5. **PLACE CONDUCTING BUSINESS IN PENNSYLVANIA** (IF DIFFERENT THAN 2 OR 3): _____

_____

6. **OFFICE PHONE**: _____
NUMBER - INCLUDE AREA CODE (EXTENSION) (CONTACT PERSON)

7. **FAX**: _____
NUMBER (INCLUDE AREA CODE)

8. **EMAIL ADDRESS**: _____

WEB ADDRESS: _____

9. HAS APPLICANT OR ANY PARTNER, OFFICER, OR MANAGEMENT EMPLOYEE BEEN CONVICTED OF A FELONY, OR FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE, WITHIN THE LAST FIVE YEARS? ☐ **YES** ☐ **NO** **IF YES**, EXPLAIN _____

10. IS APPLICANT A SUBSIDIARY OF, AFFILIATED WITH, OR ASSOCIATED EITHER DIRECTLY OR INDIRECTLY WITH ANY OTHER INDIVIDUAL, CORPORATION OR COMPANY (*this includes entities not involved in any way with milk)*? ☐ **YES** ☐ **NO** **IF YES**, EXPLAIN ON A SEPARATE SHEET.

11. **A.** WILL ANY STORE OR OTHER BUSINESS THAT YOU OWN, CONTROL, OR HAVE A FINANCIAL OR OTHER INTEREST IN, BUY PACKAGED MILK OR CREAM PRODUCTS? ☐ **YES** ☐ **NO**

B. WILL ANY STORE OR OTHER BUSINESS THAT OWNS, CONTROLS OR HAVE A FINANCIAL OR OTHER INTEREST IN YOU, BUY PACKAGED MILK OR CREAM PRODUCTS? ☐ **YES** ☐ **NO**

IF YES TO 11A OR 11B, ATTACH A SEPARATE SHEET PROVIDING THE INFORMATION INDICATED BELOW FOR EACH SUCH STORE OR OTHER BUSINESS:

1.) NAME AND ADDRESS **2**.) TYPE OF BUSINESS **3**.) BUSINESS RELATIONSHIP

12. DO YOU HAVE ADEQUATE TECHNICAL PERSONNEL AND ADEQUATE TECHNICAL AND PHYSICAL FACILITIES TO PROPERLY CONDUCT THE BUSINESS OF RECEIVING AND HANDLING MILK? ☐ **YES** ☐ **NO** **IF NO**, EXPLAIN _____

TYPE OF MILK BUSINESS LICENSEE OPERATES

(MUST BE COMPLETED)

FOR DEALERS ONLY: PLEASE COMPLETE THE FOLLOWING SECTIONS

13. CHECK ALL THAT APPLY:

☐ PURCHASE MILK DIRECTLY FROM INDIVIDUAL PRODUCERS **(FARMERS)**. (**ATTACH LIST OF NAME AND ADDRESS OF EACH PRODUCER [FARMER])**

☐ PURCHASE MILK FROM COOPERATIVES. **ATTACH LIST OF name and address of each cooperative you buy from OR sell to& specify accordingly.**

☐ PURCHASE BULK MILK/CREAM FROM OTHER DEALERS.

PURCHASE FROM: _____

☐ PURCHASE PACKAGED MILK/CREAM PRODUCTS FOR RESALE: **WHOLE MILK** ☐ **LOW FAT** ☐ **SKIM** ☐ **FLAVORED** ☐ **FLUID CREAMS** ☐

PURCHASE FROM _____

☐ PROCESS AND SELL MILK/CREAM PRODUCTS PRODUCED ON **OWN FARM** ONLY ☐ **LIST LOCATIONS WHERE MILK IS SOLD:**

_____

14. CHECK ALL THAT APPLY:

☐ **PROCESS AND PACKAGE MILK/CREAM PRODUCTS WHOLE MILK** ☐ **LOW FAT** ☐ **SKIM** ☐ **FLAVORED** ☐ **FLUID CREAMS** ☐

☐ **USE MILK/CREAM TO MANUFACTURE PRODUCTS ICE CREAM** ☐ **BUTTER** ☐ **CHEESE** ☐ **MILK POWDER** ☐ **OTHER** ☐_____

☐ **SELL PACKAGED MILK/CREAM PRODUCTS: WHOLE MILK** ☐ **LOW FAT** ☐ **SKIM** ☐ **FLAVORED** ☐ **FLUID CREAMS** ☐ **OTHER** ☐ _____

CHECK BUSINESS CATEGORY OF SALES: RESTAURANTS ☐ **SCHOOLS** ☐ **STORES** ☐ **SUBDEALERS** ☐ **OTHER** ☐ _____

SEE MAP - PAGE 5: INDICATE AREA(S) IN WHICH YOU WILL BE SELLING PACKAGED MILK/CREAM PRODUCTS:

AREA 1 ☐**AREA 2** ☐**AREA 3** ☐**AREA 4** ☐**AREA 5** ☐ **AREA 6** ☐

☐ **SELL BULK MILK/CREAM**

LIST PURCHASER (**DEALER NAME(S)**) _____

_____

☐ **COOPERATIVE** **PROCESSING** ☐ **MANUFACTURING** ☐ **MARKETING** ☐ (IF APPLICABLE)

- ***ATTACH A SEPARATE SHEET*, EVEN IF PREVIOUSLY PROVIDED**, SHOWING SOURCES OF MILK THAT THE COOPERATIVE PURCHASES, HANDLES, OR RECEIVES WITHIN PENNSYLVANIA.
- LIST NAME, ADDRESS, AND TELEPHONE NUMBER FOR EACH SOURCE OF MILK, AND BRIEFLY DESCRIBE THE AGREEMENT FOR PURCHASING, RECEIVING, OR HANDLING THE MILK.
  (NOTE: PURCHASES FROM INDEPENDENT PRODUCERS OR OTHER COOPERATIVES MUST BE SECURED BY A BOND.)
- A COOPERATIVE SELLING TO OR PURCHASING FROM ANOTHER COOPERATIVE **MAY** WAIVE THE BOND REQUIREMENT BY PROVIDING THE BOARD WITH AN EXECUTED BOND WAIVER FOR THOSE SALES.
- IF A WAIVER HAS BEEN EXECUTED, ***ATTACH A COPY*** OF LETTER NOTIFYING MEMBERSHIP OF WAIVER OF BOND PROTECTION ON MILK SOLD TO OR PURCHASED FROM OTHER COOPERATIVES, AND A LIST OF THE MEMBERS TO WHOM THE LETTER WAS SENT.
- IF A WAIVER HAS BEEN EXECUTED, ***ATTACH A COPY*** OF THE WAIVER OF BOND PROTECTION ON MILK PURCHASED FROM OR SOLD TO OTHER COOPERATIVES.
- **NUMBER OF PENNSYLVANIA MEMBERS _____ NUMBER OF PENNSYLVANIA NON-MEMBER PRODUCERS _____**

SUBDEALERS ONLY: PLEASE COMPLETE THE FOLLOWING SECTION

15. CHECK ALL THAT APPLY:

☐ PURCHASE PACKAGED MILK/CREAM PRODUCTS FOR RESALE: **WHOLE MILK** ☐ **LOW FAT** ☐ **SKIM** ☐ **FLAVORED** ☐ **FLUID CREAMS** ☐

PURCHASE FROM:_____

☐ SELL PACKAGED MILK/CREAM PRODUCTS: **WHOLE MILK** ☐ **LOW FAT** ☐ **SKIM** ☐ **FLAVORED** ☐ **FLUID CREAMS** ☐

CHECK BUSINESS CATEGORY OF SALES: **RESTAURANTS** ☐ **SCHOOLS** ☐ **STORES** ☐ **OTHER** ☐ _____

SEE MAP PAGE 5 **INDICATE AREA(S) OF SALES:**

AREA 1 ☐ **AREA 2** ☐ **AREA 3** ☐ **AREA 4** ☐ **AREA 5** ☐ **AREA 6** ☐

☐ SELL PACKAGED MILK/CREAM PRODUCTS TO CONSUMERS IN A STORE THAT YOU WHOLLY OWN OR OPERATE

CHECK ALL THAT APPLY: WHOLE MILK ☐ **LOW FAT** ☐ **SKIM** ☐ **FLAVORED** ☐ **CREAMS** ☐

☐ SELL PACKAGED MILK/CREAM PRODUCTS AS A "VENDOR"

WHOLE MILK ☐ **LOW FAT** ☐ **SKIM** ☐ **FLAVORED** ☐ **CREAMS** ☐ **OTHER** ☐_____

DO YOU OWN THE VENDING EQUIPMENT? ☐ **YES** ☐ **NO**

DEALERS / SUBDEALERS: COMPLETE THIS SECTION

CONTACT INFORMATION: PLEASE LIST THE NAME AND PHONE NUMBER OF THE PERSON RESPONSIBLE FOR THE ITEMS LISTED BELOW. WRITE "N/A" IF NOT APPLICABLE.

A. RENEWAL APPLICATION: _____

(NAME) (PHONE NUMBER – INCLUDE AREA CODE)

B. DEALER'S MONTHLY REPORT: _____

(NAME) (PHONE NUMBER – INCLUDE AREA CODE)

C. DEALER'S FINANCIAL STATEMENT: _____

(NAME) (PHONE NUMBER – INCLUDE AREA CODE)

NOTICES: THE MILK MARKETING LAW REQUIRES MAILING OFFICIAL GENERAL ORDERS TO LICENSEES. IF YOU PREFER TO HAVE THEM EMAILED TO YOU PLEASE PROVIDE YOUR EMAIL BELOW. IF YOU WANT THEM MAILED TO YOU, AND ARE NOT RECEIVING THEM ALREADY, PLEASE PROVIDE THE ADDRESS AND CONTACT PERSON IN THE SPACE BELOW.

A. OFFICIAL GENERAL ORDERS / HEARING NOTICES/ BULLETINS: _____

(EMAIL)

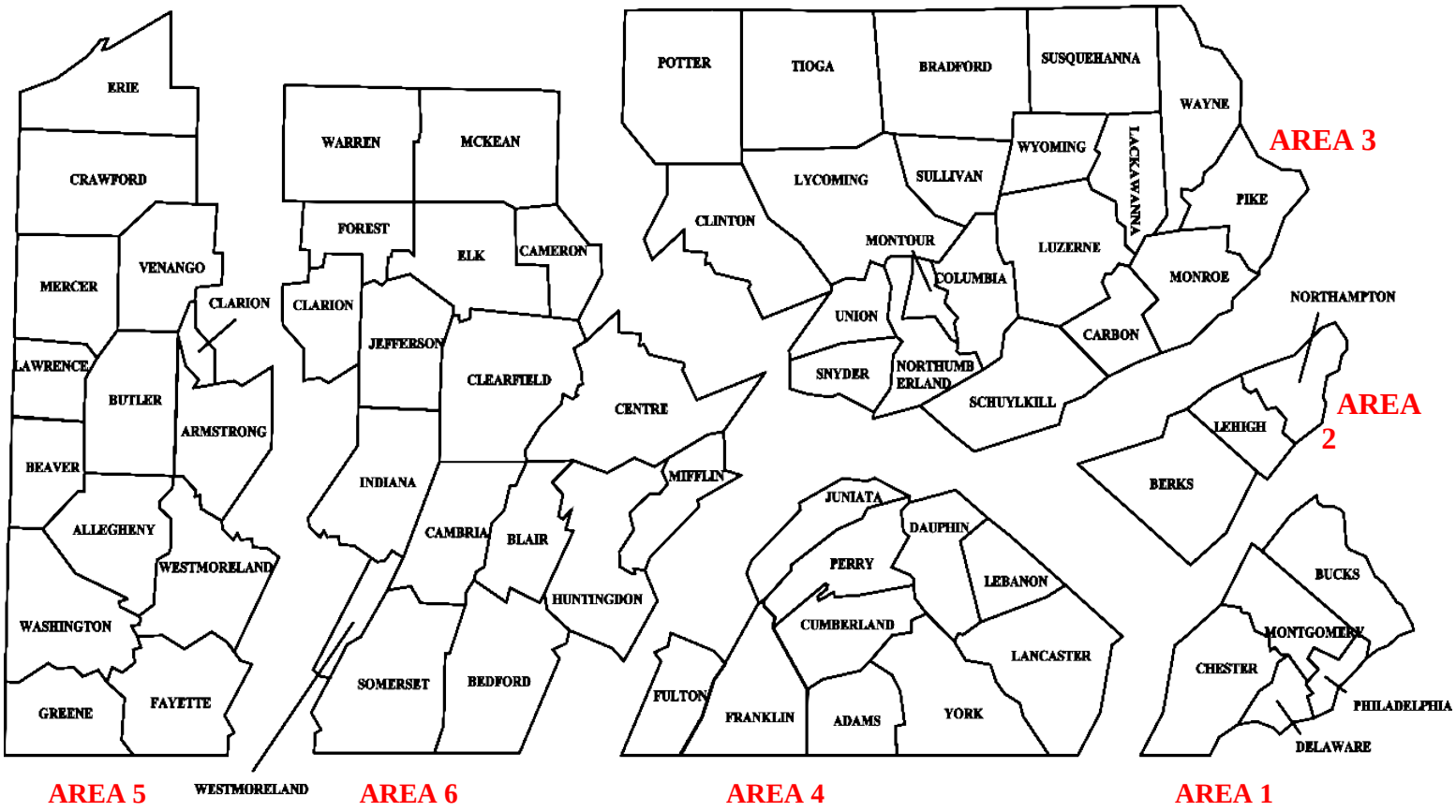
B. MONTHLY PRODUCER PRICES (IF YOU WISH TO RECEIVE THEM): _____

(EMAIL)

C. MONTHLY WHOLESALE/RETAIL PRICES (IF YOU WISH TO RECEIVE THEM): _____

(EMAIL)

MAP



DEALER

A Dealer purchases, receives, or handles milk within Pennsylvania, for processing or manufacture and further sale, within or out of Pennsylvania. A producer who only delivers milk to a dealer is not considered a dealer. A cooperative that distributes milk in Pennsylvania to stores, consumers, or other milk dealers, or acts as an agent for its members is considered a dealer as to that part of its business.

SUBDEALER

A Subdealer handles milk within Pennsylvania and delivers the milk to consumers, schools, institutions, or stores in the same containers in which the subdealer purchased it. Stores are not subdealers.

These are general descriptions and do not cover every situation. Please contact us if you are not sure whether to apply to be a dealer or a subdealer.

DEALER FINANCIALSCHEDULE
LICENSE FEES, FINANCIAL STATEMENT, AND BOND COMPUTATION

LICENSE FEES:

NEW LICENSEE APPLICANTS OR APPLICANTS NOT LICENSED FOR A FULL CALENDAR YEAR ARE REQUIRED TO ATTACH THE ANNUAL FIXED FEE AS DESCRIBED IN A. BELOW. REVIEW THE HUNDREDWEIGHT FEE DESCRIBED IN B WHICH WILL BE DUE ON A MONTHLY BASIS UPON BEING LICENSED.

A. ANNUAL FIXED FEE

1. **NEW LICENSEES LICENSED AS OF JULY 1 SHALL PAY AN ANNUAL FIXED FEE OF $100.00**
2. **LICENSEES NOT ENGAGED IN THE MILK BUSINESS ON JULY 1, SHALL PAY A PROPORTIONATE FIXED ANNUAL FEE AS FOLLOWS:**
   - **For a license issued on or after October 1 but before January 1 of the succeeding year, the fee is $75.00.**
   - **For a license issued on or after January 1 but before April 1, the fee is $50.00.**
   - **For a license issued on or after April 1 but before July 1, the fee is $25.00.**

B. HUNDREDWEIGHT FEE

IN ADDITION TO THE ANNUAL FIXED FEE, A MILK DEALER WHO DID NOT HOLD A LICENSE FOR THE COMPLETE PRECEDING CALENDAR YEAR SHALL PAY ON A MONTHLY BASIS THE FOLLOWING HUNDREDWEIGHT FEES. **THE MONTHLY PAYMENT SHALL ACCOMPANY THE PMMB-62, MILK DEALER'S MONTHLY REPORT.**

- FOR PACKAGED MILK/CREAM PRODUCTS RECEIVED, PRODUCED, OR BROUGHT INTO THIS COMMONWEALTH DURING THE PREVIOUS MONTH: **FEE IS $.045 PER HUNDREDWEIGHT.**
- FOR MILK ON WHICH THE BOARD HAS NOT FIXED A PRICE, RECEIVED, PRODUCED, OR BROUGHT INTO THIS COMMONWEALTH DURING THE PREVIOUS MONTH: **FEE IS $.0057 PER HUNDREDWEIGHT.**

THESE MONTHLY PAYMENTS SHALL CONTINUE THROUGH JUNE OF THE YEAR FOLLOWING A FULL CALENDAR YEAR OF MONTHLY PAYMENTS.
THE MONTHLY REPORTS AND FEES FOR THE FULL CALENDAR YEAR WILL BE USED AS THE BASIS FOR THE CALCULATION OF FEES AND BONDING REQUIREMENTS FOR THE SUCCEEDING LICENSE YEAR.

FINANCIAL STATEMENT:

☐ **ATTACHED IS AN ANNUAL REPORT OR A COMPREHENSIVE FINANCIAL STATEMENT.**

COMPUTATION OF DEALER BOND:

AS A NEW APPLICANT, YOU MUST COMPLETE THIS SECTION. ENTER DOLLAR VALUES IN THE FOLLOWING TABLE BY ESTIMATING THE ANTICIPATED PURCHASES FOR EACH MONTH, STARTING WITH THE MONTH YOU ANTICIPATE STARTING BUSINESS.

(A) RECORD THE ANTICIPATED DOLLAR VALUE OF PURCHASES FROM PENNSYLVANIA PRODUCERS (FARMERS) OR COOPERATIVES; AND/OR
(B) RECORD THE ANTICIPATED DOLLAR VALUE OF PURCHASES FROM PRODUCERS (FARMERS) OR COOPERATIVES LOCATED OUTSIDE PENNSYLVANIA.

	(A)	(B)	Total Value (A+B)		(A)	(B)	Total Value (A+B)
JANUARY				JULY			
FEBRUARY				AUGUST			
MARCH				SEPTEMBER			
APRIL				OCTOBER			
MAY				NOVEMBER			
JUNE				DECEMBER			

TO CALCULATE THE AMOUNT OF BOND TO BE POSTED, USE THE FOLLOWING:

From the Total Value column on the above chart, **identify the two (2) consecutive month period with the highest aggregate amount** (i.e. add Months 1 and 2, then Months 2 and 3, etc.)

1. MONTHS OF _____AND_____ TOTAL FOR BOTH MONTHS: $_____

DEDUCTIONS: VALUE OF MILK PURCHASED OR RECEIVED FROM PRODUCERS AND COOPERATIVES OUTSIDE OF PENNSYLVANIA FOR WHICH A BOND HAS BEEN FILED WITH THE STATE WHERE THE MILK IS PURCHASED. (**MUST** ATTACH COPIES OF BONDS FILED IN OTHER STATES.)

2. **LESS** ANY DEDUCTIONS $_____
3. NET AMOUNT: LINE 1 MINUS LINE 2 ABOVE $_____
4. NET AMOUNT: LINE 3 DIVIDED BY NUMBER OF DAYS IN MONTHS IN LINE 1 TIMES 40 $_____

If applicant has not been engaged in the milk business (defined as purchasing or acquiring or receiving or intending to purchase or receive milk from producers) during the preceding 12 months, a bond equal to the amount on line 4 must be posted.

If applicant's acquired business has been engaged in the milk business (as defined in line 4 above) during the preceding 12 months, the bond amount is calculated based on line 4.

5. ATTACHED: ☐ CORPORATE SURETY BOND IN THE AMOUNT OF
   ☐ COLLATERAL BOND IN THE AMOUNT OF (Collateral **must** be attached to Bond form) $_____

SUB-DEALER FINANCIAL SCHEDULE
LICENSE FEES, EVIDENCE OF FINANCIAL RESPONSIBILITY, AND BOND COMPUTATION

LICENSE FEES:

A. **ANNUAL FIXED FEE**

NEW LICENSEES SHALL PAY AN ANNUAL FIXED FEE OF $50.00 OR A PROPORTIONATE FIXED FEE AS FOLLOWS:

(1) $37.50 FOR A LICENSE ISSUED ON OR AFTER OCTOBER 1 BUT BEFORE JANUARY 1 OF THE SUCCEEDING YEAR.
(2) $25.00 FOR A LICENSE ISSUED ON OR AFTER JANUARY 1 BUT BEFORE APRIL 1 OF THE SAME YEAR.
(3) $12.50 FOR A LICENSE ISSUED ON OR AFTER APRIL 1 BUT BEFORE JULY 1 OF THE SAME YEAR.

PLUS

B. **QUARTS- EQUIVALENT FEE**

IN ADDITION TO THE ANNUAL FIXED FEE, A SUB-DEALER SHALL PAY, ON AN ANNUAL BASIS, A FEE ON MILK ON WHICH THE BOARD SETS PRICES. THE QUART-EQUIVALENT FEE SHALL BE ASSESSED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.

AVERAGE QUARTS PURCHASED PER MONTH	ANNUAL FEE
1 - 29,999	$50.00
30,000 - 59,999	$100.00
60,000 - 119,999	$150.00
120,000 - 149,999	$200.00
150,000 - 199,999	$250.00
200,000 - 299,999	$300.00
300,000 - 399,999	$400.00
400,000 - 599,999	$500.00
600,000 - 799,999	$800.00
800,000 - 999,999	$1200.00
1,000,000 & Over	$1400.00

C. **CALCULATE** YOUR LICENSE FEE

1. ANNUAL FIXED FEE $ _____
2. ANNUAL QUART -EQUIVALENT FEE $ _____

TOTAL LICENSE FEE DUE $ _____

EVIDENCE OF FINANCIAL RESPONSIBILITY:

THE FOLLOWING IS BEING FILED WITH THIS APPLICATION (CHECK **ONLY** ONE):

☐ CORPORATE SURETY
☐ COLLATERAL BOND
(COLLATERAL **MUST** BE ATTACHED TO BOND FORM. PLEASE SEE REVERSE SIDE OF BOND FORM FOR TYPES OF ACCEPTABLE COLLATERAL).
☐ COD (COLLECT ON DELIVERY) LETTER

COMPUTATION OF SUB-DEALER BOND:

AS A NEW APPLICANT, YOU MUST COMPLETE THIS SECTION IF A BOND IS NEEDED.

Enter dollar values in the following table by estimating the ***anticipated*** purchases of packaged milk/cream products for each month, starting with the month you ***anticipate*** starting business.

	VALUE		VALUE
JANUARY		JULY	
FEBRUARY		AUGUST	
MARCH		SEPTEMBER	
APRIL		OCTOBER	
MAY		NOVEMBER	
JUNE		DECEMBER	

THE AMOUNT OF THE BOND TO BE POSTED WILL BE THE HIGHEST VALUE FOR THE MONTH IDENTIFIED FROM THE VALUE COLUMN IN THE ABOVE CHART.

1. **MONTH OF**_____ **TOTAL FOR MONTH IDENTIFIED** $_____
2. **ATTACHED HERETO IS A:** ☐ **CORPORATE SURETY BOND** IN THE AMOUNT OF $_____
☐ **COLLATERAL BOND** IN THE AMOUNT OF $_____

I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE, AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I AM AWARE THAT ALL STATEMENTS MADE BY ME ON THIS DOCUMENT ARE SUBJECT TO INVESTIGATION PRIOR TO ISSUANCE OF ANY LICENSE. I ALSO UNDERSTAND THAT I MAY BE REFUSED A LICENSE AND THAT MY LICENSE MAY BE SUSPENDED OR REVOKED IF I MAKE ANY STATEMENT UPON WHICH THE LICENSE WAS ISSUED, WHICH STATEMENT IS FOUND TO HAVE BEEN FALSE OR MISLEADING IN ANY MATERIAL PARTICULAR.

A DULY AUTHORIZED INDIVIDUAL MUST EXECUTE THIS APPLICATION. IF THE APPLICANT IS A CORPORATION, THE SIGNATURE OF AN OFFICER OF THE CORPORATION IS REQUIRED. IF THE APPLICANT IS A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF THE APPLICANT IS A SOLE PROPRIETORSHIP, THE SOLE PROPRIETOR MUST SIGN. IF AN INDIVIDUAL, THE INDIVIDUAL MUST SIGN.

SIGNATURE _____ DATE _____

_____ TITLE _____
(Please type or print name signed above)

SIGNATURE _____ DATE _____

_____ TITLE _____
(Please type or print name signed above)

I HAVE ENCLOSED THE FOLLOWING:

- ☐ **LICENSE APPLICATION** (SIGNED)
- ☐ **LICENSE FEE** OF $_____ (CHECK MADE PAYABLE TO: "**COMMONWEALTH OF PENNSYLVANIA**") **
- ☐ **BOND FORM**
- ☐ **DEALER COLLATERAL** (COLLATERAL **MUST** BE ATTACHED TO BOND FORM)
- ☐ **DEALER SURETY**
- ☐ **SUB-DEALER COLLATERAL** (COLLATERAL **MUST** BE ATTACHED TO BOND FORM)
- ☐ **SUB-DEALER SURETY**
- ☐ **COD** (COLLECT ON DELIVERY) **LETTER**
- ☐ **WAIVERS** (WHERE APPLICABLE)
- ☐ **FINANCIAL STATEMENT** (DEALERS ONLY)
- ☐ **ADDENDUM** (FOOD BANKS ONLY)

FAILURE TO PROVIDE ALL REQUESTED INFORMATION INCLUDING LICENSE FEES AND BOND (IF APPLICABLE) WILL RESULT IN APPLICATION BEING RETURNED, AND NO LICENSE ISSUED.

THIS APPLICATION MUST BE COMPLETED AND FILED PRIOR TO ENGAGING IN BUSINESS.
RENEWAL APPLICATIONS ARE REQUIRED ANNUALLY THEREAFTER,
ON, OR BEFORE JUNE 15 FOR THE LICENSE YEAR STARTING JULY 1.

CONTACT INFORMATION:

FATIMA ROBERGE **717.836.3114** OR **TIM MOYER** **717.836.3110**

**** THERE IS A $20.00 SERVICE CHARGE FOR ANY RETURNED CHECKS, AND YOU MAY BE SUBJECT TO INTEREST AND PENALTIES**