

**LICENSE RENEWAL  
APPLICATION  
DUE: JUNE 15, 2016**

*Commonwealth of Pennsylvania*  
**MILK MARKETING BOARD**  
**2301 NORTH CAMERON STREET – ROOM # 110**  
**HARRISBURG, PA 17110**

Website: [www.mmb.pa.gov](http://www.mmb.pa.gov)  
Phone: 717.787.4194

Fax: 717.783.6492  
Fax: 717.705.2712

**2016-2017**  
**DEALER – SUBDEALER**  
**LICENSE RENEWAL**  
**APPLICATION**

Commonwealth of Pennsylvania  
Milk Marketing Board

**DEALER / SUBDEALER LICENSE RENEWAL**

LICENSE YEAR: **JULY 1, 2016** THROUGH **JUNE 30, 2017**

Please read this license application carefully.

Make corrections by putting a line through what is incorrect and writing the new information above it.

LICENSE NUMBER: \_\_\_\_\_ LICENSE TYPE: DEALER OR SUBDEALER \_\_\_\_\_

**1. INDIVIDUAL INFORMATION: (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 (DBA OR TRADE NAME), LIST INDIVIDUAL'S NAME: \_\_\_\_\_

**ORGANIZATION INFORMATION: (If license is held by organization, list the organization's name EXACTLY as it should appear on license)**

NAME ON LICENSE: \_\_\_\_\_

IF NAME ON LICENSE IS FICTITIOUS NAME (DBA OR TRADE NAME), LIST ORGANIZATION'S LEGAL 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 HAS 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 B, ATTACH A SEPARATE SHEET PROVIDING THE INFORMATION INDICATED BELOW FOR EACH 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**

**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.
- 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. 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  OTHER \_\_\_\_\_
- 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  OTHER \_\_\_\_\_
- WRITE OR ATTACH LIST OF NAMES AND ADDRESSES OF SUBDEALERS YOU SELL TO THAT ARE DOING BUSINESS IN PENNSYLVANIA.  
\_\_\_\_\_

**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 PRODUCTS  
LIST PURCHASER (DEALER NAME(S)) \_\_\_\_\_

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

- > ATTACH SEPARATE SHEET, **EVEN IF PREVIOUSLY PROVIDED**, SHOWING SOURCES OF MILK THAT THE COOPERATIVE PURCHASES, HANDLES, RECEIVES WITHIN PA. 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) IN WHICH YOU WILL BE SELLING PACKAGED MILK/CREAM PRODUCTS:**

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:

WHOLE MILK  LOW FAT  SKIM  FLAVORED  FLUID CREAMS

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

WHOLE MILK  LOW FAT  SKIM  FLAVORED  FLUID CREAMS

DO YOU OWN THE VENDING EQUIPMENT?  YES  NO

THE SUBDEALER SURVEY FORM IS ENCLOSED AND SHOULD BE SUBMITTED WITH YOUR APPLICATION.

**DEALERS/SUBDEALERS: COMPLETE THIS SECTION**

**CONTACT INFORMATION:** PLEASE LIST THE NAME, AND PHONE NUMBER OF THE PERSON RESPONSIBLE FOR THOSE 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)

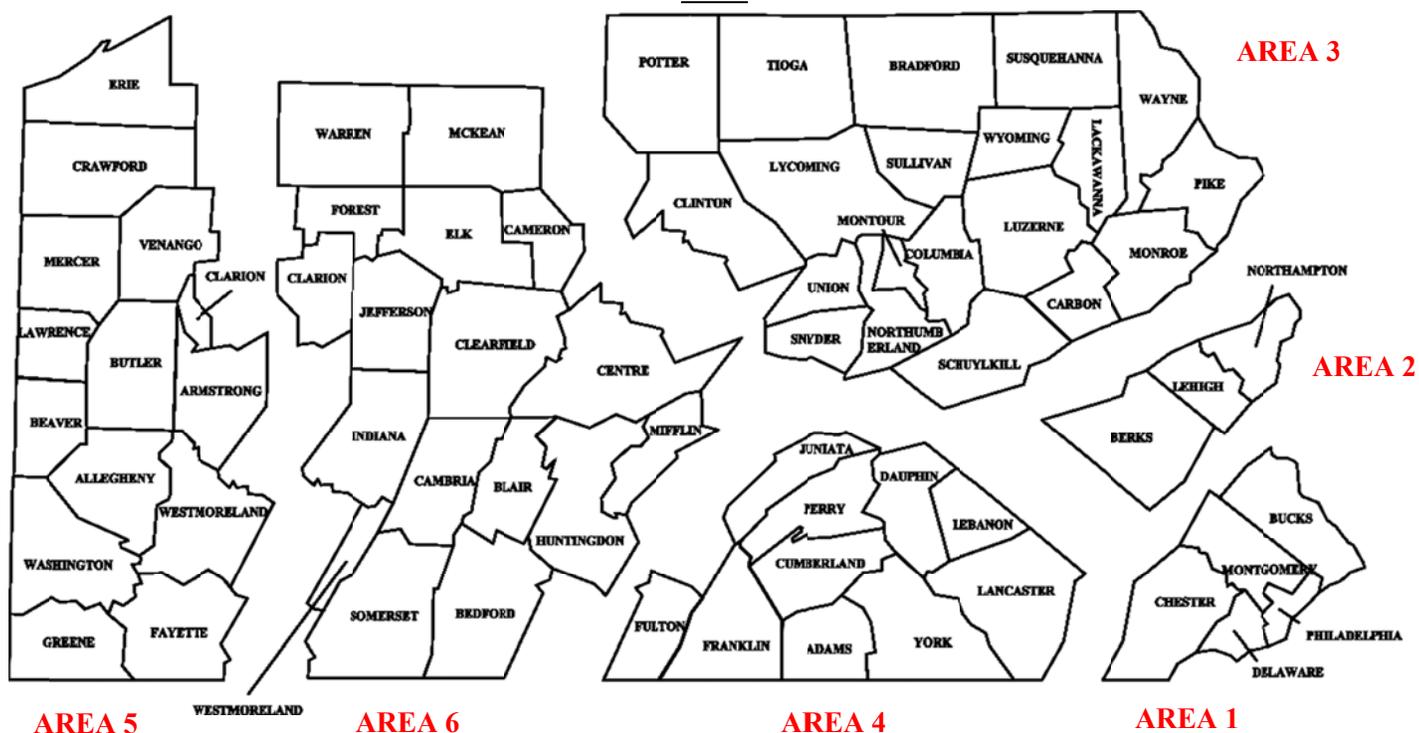
**NOTICES:** THE MILK MARKETING LAW REQUIRES MAILING OFFICIAL GENERAL ORDERS TO LICENSEES. IF YOU PREFER TO HAVE THEM E-MAILED TO YOU PLEASE PROVIDE YOUR E-MAIL BELOW. IF YOU WANT THEM MAILED TO YOU, AND ARE NOT RECEIVING THEM ALREADY, PLEASE PROVIDE THE ADDRESS AND CONTACT PERSON IN THE SPACE BELOW.

A. OFFICIAL GENERAL ORDERS/HEARING NOTICES/BULLETINS: \_\_\_\_\_  
E-MAIL

B. MONTHLY PRODUCER PRICES (IF YOU WISH TO RECEIVE THEM): \_\_\_\_\_  
E-MAIL

C. MONTHLY WHOLESALE/RETAIL PRICES (IF YOU WISH TO RECEIVE THEM): \_\_\_\_\_  
E-MAIL

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 or 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.

