



Commonwealth of Pennsylvania
Milk Marketing Board
2301 North Cameron Street
Harrisburg, PA 17110

2014-2015

DEALER/SUBDEALER LICENSE

RENEWAL

APPLICATION

Commonwealth of Pennsylvania
Milk Marketing Board
2301 North Cameron Street
Harrisburg, PA 17110

Website: www.mmb.state.pa.us

Phone: 717-787-4194
Fax: 717-705-2712

Dealer/SubDealer
License
RENEWAL

*(Please read this license application carefully. Make corrections by putting a line through what is incorrect and writing the new information above it. **DO NOT PROVIDE ANY SOCIAL SECURITY NUMBERS.** You must complete information **NOT** provided!!)*

License Information

LICENSE YEAR: JULY 1, 2014 THROUGH JUNE 30, 2015

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.

Address

(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 (Required by Section 701 of the Milk Marketing Law.)

(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:

(Contact Person) (Street Address) (City) (State) (Zip) (Phone)

a. Place of conducting business in Pennsylvania (if different than 2 or 3): _____

Communications

(5) Office Phone: _____
(Number - Include Area Code) (Extension) (Contact Person)

(6) Fax: _____
(Number (Include Area Code)

(7) Email Address _____

(8) 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:

- a. Name and address
- b. Type of business
- c. 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)**

DEALERS ONLY: PLEASE COMPLETE THE FOLLOWING SECTIONS

(13) **Check at least one from this section:**

Purchase milk directly from individual producers (farmers). (Attach listing of name and address of each producer [farmer].)

Purchase milk from cooperatives. (Attach listing of name and address of each cooperative.)

Purchase bulk milk/cream from other Dealers.

Purchase from: _____

Purchase packaged milk/cream products for resale

Check all that applies: whole milk low fat skim flavored fluid creams

Purchase from _____

Process and sell milk/cream products produced on **own** farm only

Check at least one from this section:

Process and package milk/cream products

Check all that applies: whole milk low fat skim flavored fluid creams

Use milk/cream to manufacture products

Check all that applies: ice cream butter cheese milk powder other

Sell packaged milk/cream products. (Attach Listing of name and address of each Subdealer you sell to that is doing business in Pennsylvania).

Check all that applies: whole milk low fat skim flavored fluid creams

Check business category of sales: Restaurants Schools Stores Other

See Map, page 4: 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) _____

Sell packaged milk/cream products to consumers in a store that you wholly own or operate

Check all that applies: whole milk low fat skim flavored creams

Sell packaged milk/cream products as a "VENDOR"

Check all that applies: whole milk low fat skim flavored creams

Do you own the vending equipment? Yes No

Cooperative

Processing Manufacturing Marketing

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 _____

SUBDEALERS ONLY: PLEASE COMPLETE THE FOLLOWING SECTION

(14)

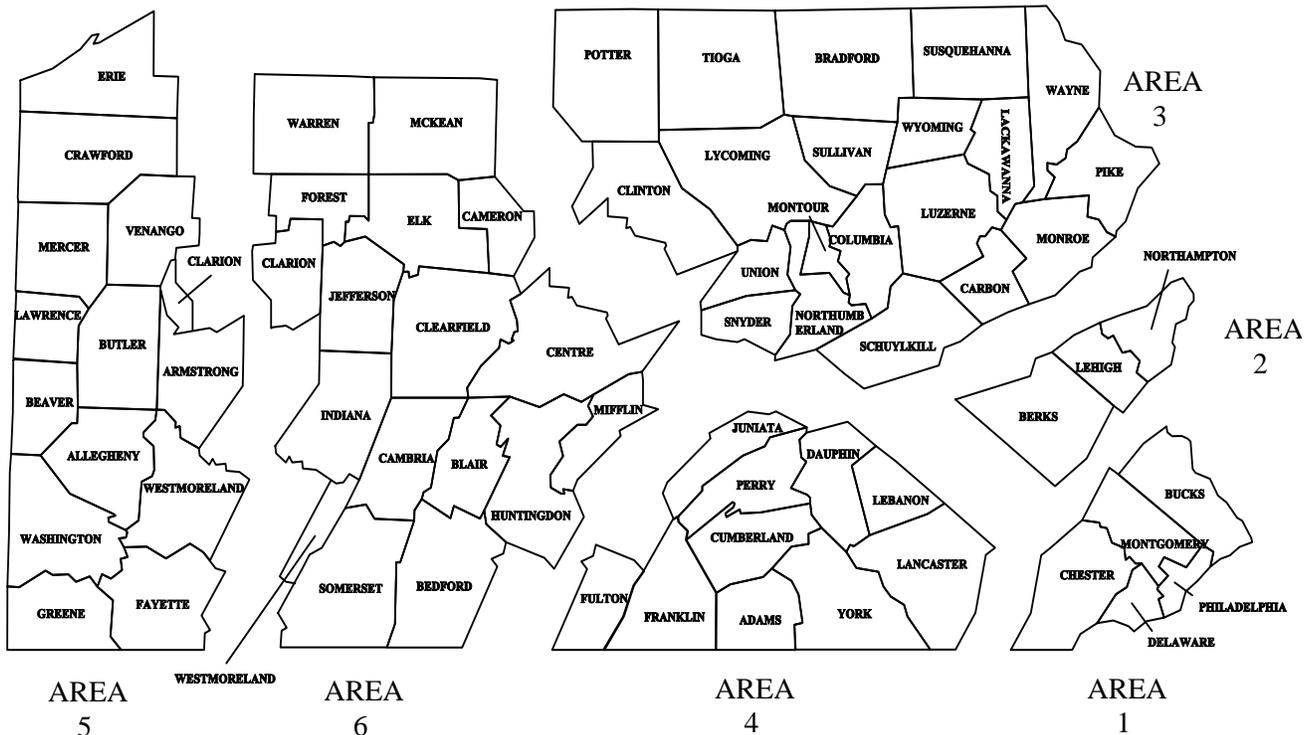
- Purchase packaged milk/cream products for resale
Check all that applies: whole milk low fat skim flavored fluid creams
Purchase from _____
- Sell packaged milk/cream products
Check all that applies: whole milk low fat skim flavored fluid creams
Check business category of sales: Restaurants Schools Stores Other _____
- See Map Below:** 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
Check all that applies: whole milk low fat skim flavored creams
- Sell packaged milk/cream products as a "VENDOR"
Check all that applies: whole milk low fat skim flavored creams
Do you own the vending equipment? Yes No
- The **Subdealer Survey** form is enclosed

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.)
SubDealers to complete (a) only. **Dealers** to complete (a) through (d).

- (a) Renewal Application: _____
(Name) _____ (Phone Number – Include Area Code) _____
- (b) Dealer's Monthly Report: _____
(Name) _____ (Phone Number – Include Area Code) _____
- (c) Milk Dealer's Financial Statement: _____
(Name) _____ (Phone Number – Include Area Code) _____
- (d) Official General Orders/Hearing Notices: _____
(Name) _____ (Phone Number – Include Area Code) _____

Map



DEALERS/SUBDEALERS: COMPLETE THIS SECTION

LICENSE FEES, FINANCIAL RESPONSIBILITY, AND BOND REQUIREMENTS

License Fees

Your license fee calculation is attached. If you disagree with the calculation, please call the Licensing and Bonding staff of the Board at 717-787-4231. Your license fee due for the 2014-2015 licensing year is indicated below. **Your fee could be modified based on information we receive subsequent to this calculation.**

Total License Fee Due

License Fee: \$ _____

(CHECK OR MONEY ORDER MUST BE ATTACHED TO RENEWAL AND MADE PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA.)

Bond Requirements

If a bond is required for the renewal of an existing license, refer to the enclosed Bond calculation. If you disagree with the calculation, please call the Licensing and Bonding staff of the Board at 717-836-3114. Your bond requirement due for the 2014-2015 licensing year is indicated below. **(NOTE: If a Bond Amount is not indicated but one was required for the previous year, you must continue to provide a bond.)**

Total Bond Required 2014-2015

Bond Amount: \$ _____
 Security Fund: (Cliff to place "Yes" or "No" here)
 Description: Dealer Collateral Dealer Surety Sub-Dealer Collateral Sub-Dealer Surety COD Letter

(BOND FORM MUST BE ATTACHED TO RENEWAL.)

Financial Statement (Dealers Only): An annual report or a comprehensive financial statement must be provided.

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:*
- Renewal Application (Signed)
 - License Fee (Check made payable to: "Commonwealth of Pennsylvania") **
 - Bond Form
 - Dealer Collateral Sub-Dealer Collateral
 - Dealer Surety Sub-Dealer Surety
 - COD (Cash on Delivery) Letter
 - Quarterly Forms (if applicable)
 - Waivers
 - Dealers Only** - Financial Statement (annual report or comprehensive financial statement)
 (If you have already submitted a Financial Statement, please check here).

**** There is a \$20.00 service charge for any returned checks, and you may be subject to interest and penalties. Please contact Fatima Roberge -717-836-3114, or Tim Moyer -717-836-3110 regarding any questions or concerns.**

THANK YOU!!

FILING DEADLINES:	SUB-DEALERS:		
	<u>Average Quarts Purchased Per Month</u>		<u>Fee</u>
DEALERS June 15, 2014	1	- 29,999	\$50.00
SUB-DEALERS June 15, 2014	30,000	- 59,999	\$100.00
	60,000	- 119,999	\$150.00
<u>FIXED LICENSE RENEWAL FEES:</u>	120,000	- 149,999	\$200.00
DEALERS \$50.00	150,000	- 199,999	\$250.00
PLUS CWT FEE:	200,000	- 299,999	\$300.00
Controlled Fee..... \$.045/cwt	300,000	- 399,999	\$400.00
Non-Controlled \$.0057/cwt	400,000	- 599,999	\$500.00
	600,000	- 799,999	\$800.00
SUB-DEALERS \$25.00	800,000	- 999,999	\$1200.00
PLUS an additional fee based on average quarts purchased per month. See following chart:	1,000,000	- & Over	\$1400.00