



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

**Website:** [www.mmb.state.pa.us](http://www.mmb.state.pa.us)      **Phone:** 717.787.4194

**2015-2016**  
**DEALER – SUBDEALER**  
**LICENSE RENEWAL**  
**APPLICATION**

PMMB-002  
(Rev. 4/15)

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

Website: [www.mmb.state.pa.us](http://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.**)

LICENSE YEAR: **JULY 1, 2015** THROUGH **JUNE 30, 2016**

**LICENSE INFORMATION**

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: \_\_\_\_\_ F

**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.

\_\_\_\_\_  
(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)

**Communications**

(5) PLACE OF 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 11-A OR 11-B, 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 IN THIS SECTION:

- 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, and specify accordingly.
- PURCHASE BULK MILK/CREAM FROM OTHER DEALERS.  
PURCHASE FROM: \_\_\_\_\_
- PURCHASE PACKAGED MILK/CREAM PRODUCTS FOR RESALE  
CHECK ALL THAT APPLY: WHOLE MILK  LOW FAT  SKIM  FLAVORED  FLUID CREAMS   
PURCHASE FROM \_\_\_\_\_
- PROCESS AND SELL MILK/CREAM PRODUCTS PRODUCED ON OWN FARM.

CHECK ALL THAT APPLY IN THIS SECTION:

- PROCESS AND PACKAGE MILK/CREAM PRODUCTS  
CHECK ALL THAT ALL THAT APPLY: WHOLE MILK  LOW FAT  SKIM  FLAVORED  FLUID CREAMS
- USE MILK/CREAM TO MANUFACTURE PRODUCTS  
CHECK ALL THAT APPLY: ICE CREAM  BUTTER CHEESE  MILK POWDER  OTHER
- SELL PACKAGED MILK/CREAM PRODUCTS. (Attach list of names / address of each Subdealer you sell to that is doing business in Pennsylvania.)  
CHECK ALL THAT APPLY: 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 PRODUCTS  
LIST PURCHASER (DEALER NAME(S)) \_\_\_\_\_
- 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  FLUID CREAMS
- SELL PACKAGED MILK/CREAM PRODUCTS AS A "VENDOR"  
CHECK ALL THAT APPLY: WHOLE MILK  LOW FAT  SKIM  FLAVORED  CREAMS   
DO YOU OWN THE VENDING EQUIPMENT?  YES  NO

**COOPERATIVE**

PROCESSING     MANUFACTURING     MARKETING

- **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** \_\_\_\_\_

**SUBDEALERS ONLY: PLEASE COMPLETE THE FOLLOWING SECTION**

**(14) CHECK ALL THAT APPLY IN THIS SECTION:**

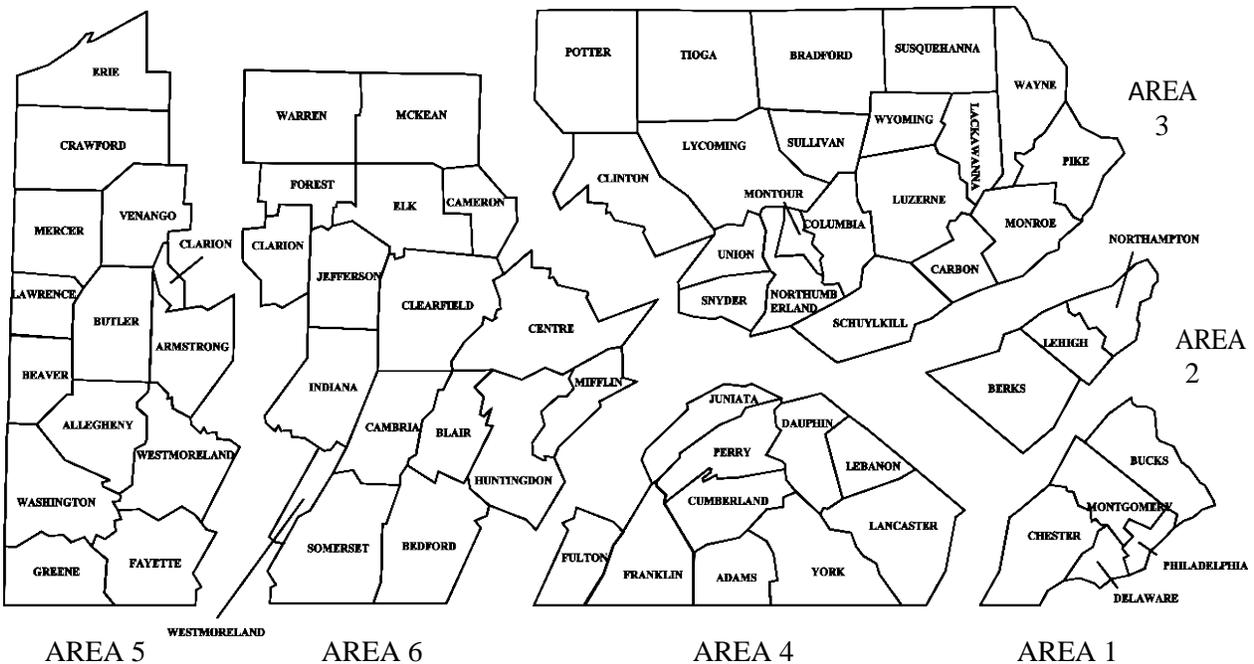
- PURCHASE PACKAGED MILK/CREAM PRODUCTS FOR RESALE  
CHECK ALL THAT APPLY: WHOLE MILK  LOW FAT  SKIM  FLAVORED  FLUID CREAMS   
PURCHASE FROM: \_\_\_\_\_
- SELL PACKAGED MILK/CREAM PRODUCTS  
CHECK ALL THAT APPLY: WHOLE MILK  LOW FAT  SKIM  FLAVORED  FLUID CREAMS   
CHECK BUSINESS CATEGORY OF SALES: 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 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.) **SUBDEALERS:** COMPLETE (A) ONLY. **DEALERS:** 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 717-836-3114. YOUR LICENSE FEE DUE FOR THE 2015-2016 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 2015-2016 LICENSING YEAR IS INDICATED BELOW.

**TOTAL BOND REQUIRED 2015-2016**

\* BOND FORM MUST BE ATTACHED TO RENEWAL APPLICATION.

BOND AMOUNT: \$ \_\_\_\_\_

SECURITY FUND: "YES" \_ "NO" \_

DESCRIPTION:  DEALER COLLATERAL  DEALER SURETY  SUB-DEALER COLLATERAL  SUB-DEALER SURETY  COD LETTER

**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: \_\_\_\_\_

(PLEASE TYPE OR PRINT NAME SIGNED ABOVE)

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE TYPE OR PRINT NAME SIGNED ABOVE

TITLE: \_\_\_\_\_

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 C . O . D . (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 ).
- SUBDEALER ONLY: SURVEY FORM**
- COOP WAIVER(S) (IF APPLICABLE)

<b>FILING DEADLINES:</b>		<b>SUB-DEALERS:</b>		
		<u>Average Quarts Purchased Per</u>		<u>FEE</u>
		<u>Month</u>		
<b>DEALERS</b> .....	June 15, 2015	1	- 29,999	\$50.00
<b>SUB-DEALERS</b> .....	June 15, 2015	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	\$1,200.00
		1,000,000	- & Over	\$1,400.00

**FIXED LICENSE RENEWAL FEES:**

**DEALERS** .....\$50.00  
 PLUS CWT FEE:  
     Controlled Fee .....\$.045/cwt  
     Non-Controlled.....\$.0057/cwt

**SUB-DEALERS** .....\$25.00

**PLUS an additional fee based on average quarts purchased per month. SEE FOLLOWING CHART:**

\*\* 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.