

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

Website: www.mmb.state.pa.us **Phone:** 717.787.4194

DEALER/SUBDEALER
NEW APPLICATION
FOR MILK LICENSE

Commonwealth of Pennsylvania
MILK MARKETING BOARD
2301 NORTH CAMERON STREET
HARRISBURG, PA 17110

WEBSITE: WWW.MMB.STATE.PA.US

PHONE: 717.787.4194
FAX: 717.783.6492 OR 717.705.2712

DEALER/SUBDEALER LICENSE
NEW - APPLICATION

Please read this license application carefully. You must complete applicable information.
DO NOT PROVIDE ANY SOCIAL SECURITY NUMBERS

LICENSE INFORMATION ~ PLEASE REFER TO PAGE 7 FOR EXPLANATION OF DEALER – SUBDEALER ~

LICENSE YEAR: JULY 1, 20__ THROUGH JUNE 30, 20__

LICENSE TYPE BEING REQUESTED: DEALER (DEALERS **MUST** COMPLETE PAGES 2, 3, 4, 5, AND 7 WHERE APPLICABLE)
 SUBDEALER (SUBDEALERS **MUST** COMPLETE PAGES 2, 3, 4, 6, AND 7 WHERE APPLICABLE)

(1) CLIENT TYPE: INDIVIDUAL ORGANIZATION

COMPLETE ONLY IF YOU CHECKED "INDIVIDUAL" ABOVE: (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: _____

COMPLETE ONLY IF YOU CHECKED "ORGANIZATION" ABOVE: (If license is held by Organization, list the name exactly as it should appear on license)

NAME ON LICENSE: _____

*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 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) (EXTENSION)

(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 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 ONLY

CHECK ALL THAT APPLY IN THIS SECTION:

- PROCESS AND PACKAGE MILK/CREAM PRODUCTS
CHECK 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
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(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 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 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) 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 APPLY: WHOLE MILK LOW FAT SKIM FLAVORED CREAMS

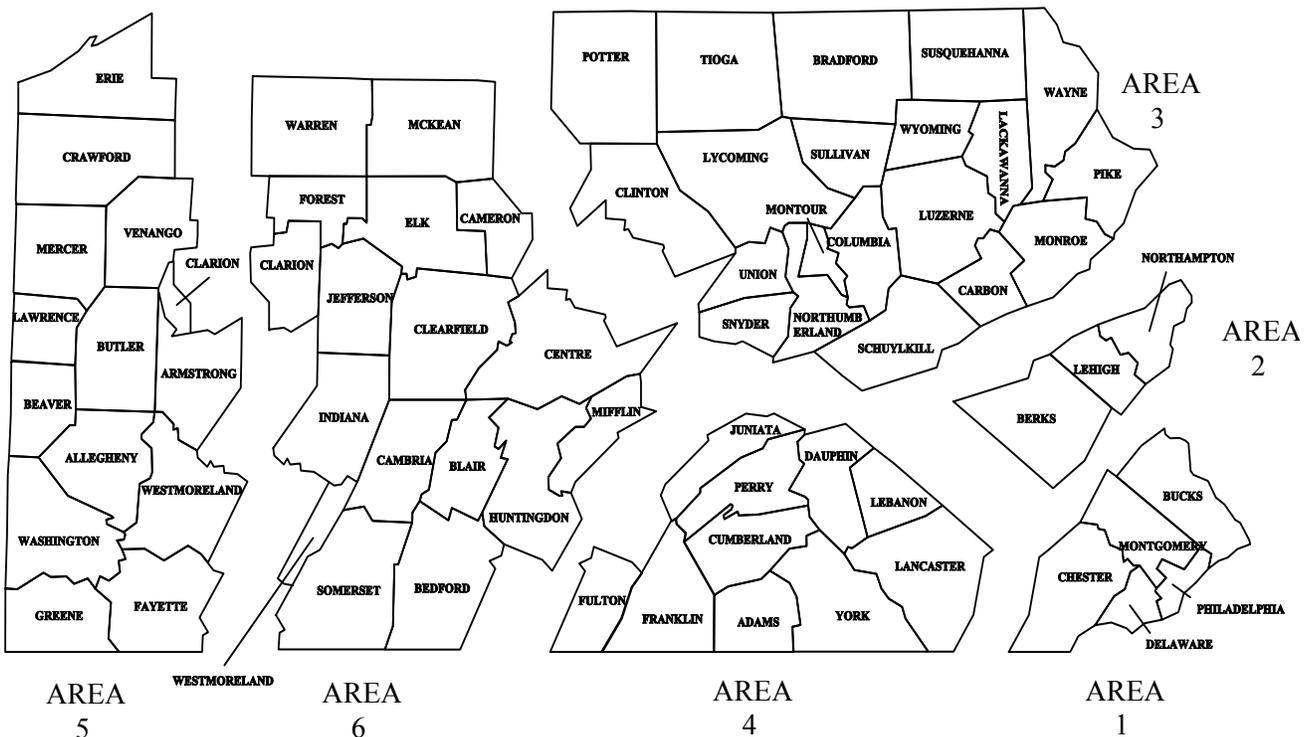
SELL PACKAGED MILK/CREAM PRODUCTS AS A "VENDOR"
 CHECK ALL THAT APPLY: WHOLE MILK LOW FAT SKIM FLAVORED CREAMS
 DO YOU OWN THE VENDING EQUIPMENT? Yes No

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



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 **\$0.045 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 **\$0.0057 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)
(SEE REVERSE SIDE OF BOND FORM FOR ACCEPTABLE COLLATERAL)

\$ _____

**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. ADDITIONAL 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 ADDITIONAL 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 **OR** PROPORTIONATE FIXED FEE \$ _____
- 2. ANNUAL FEE BASED ON AVERAGE QUARTS PURCHASED PER MONTH \$ _____

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.

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 \$ _____

(SEE REVERSE SIDE OF BOND FORM FOR ACCEPTABLE TYPES OF COLLATERAL – COLLATERAL MUST BE ATTACHED TO BOND FORM.)

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  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)
- DEALERS ONLY - FINANCIAL STATEMENT

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 OR TIM MOYER
 717.836.3114 717.836.3110

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

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 as 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.