



Commonwealth of Pennsylvania
MILK MARKETING BOARD
DEALER LICENSE - RENEWAL APPLICATION

Please read the application carefully and answer all applicable items.

License Year July 1, 2021 through June 30, 2022

Applications are due June 15, 2021

1. List the Name on license

License #:

If name on license is fictitious name (d/b/a, or trade name), list individual or organization name:

2. Entity Type: Partnership LLC Corporation Other:

State Incorporated/Organized: Date Incorporated/Organized:

3. Licensee Address: (Address which will appear on printed license and where all correspondence will be mailed)

(Street) (City) (State) (County) (Zip Code)

(Primary Contact Person) (Phone - include area code) (Email address)

(Secondary Contact Person) (Phone - include area code) (Email address)

(Office fax number - include area code) (Web address)

4. For Out-of-State Applicants Only: List PA address where records are kept. If no address is listed, applicant consents to provide records to Board office or other designated location.

(Contact Person) (Phone - include area code) (E-mail address)

(Street) (City) (State) (County) (Zip Code)

(Office fax number - include area code) (Web address)

5. **For Out-of-State Applicants Only:** 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 otherwise permitted by Pennsylvania law.

(Contact Person) (Phone – include area code) (E-mail)

(Street) (City) (State) (County) (Zip Code)

(Office fax number – include area code) (Web address)

6. **For All Applicants:** Place conducting business in Pennsylvania (if different than #3 or #4):

(Contact Person) (Phone – include area code) (E-mail)

(Street) (City) (State) (County) (Zip Code)

(Office fax number – include area code) (Web address)

7. 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: _____

8. Is applicant a subsidiary of, affiliated with, or controlling owner in other individual, corporation or company (includes entities not involved in any way with milk?)

Yes No If, Yes, explain: _____

9. 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 Does not apply

10. Will any store or other business that owns, controls or has a financial or other interest in you/your business, buy packaged milk or cream products? Yes No Does not apply

If you answered, “Yes,” to #8 or #9, attach a separate sheet to provide the information below for each store or other business:

1. Name and Address 2. Type of Business 3. Business Relationship

11. 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.

Details of Business Operations

12. **Check all that apply.** Your purchases.

- Purchase milk directly from individual producers (farmers). **Attach list** of name and address of each producer/farmer.
- Purchase milk from cooperative(s). **Attach list** of name and address of each cooperative you buy from OR sell to and specify which (buy or sell)
- Purchase bulk milk/cream from other dealers.

Purchase from: _____


- Purchase packaged milk/cream for resale: Whole milk 2% or 1% Skim Flavored
 Fluid creams

Purchase from: _____

- Process and sell milk/cream that is produced **on own farm only**.

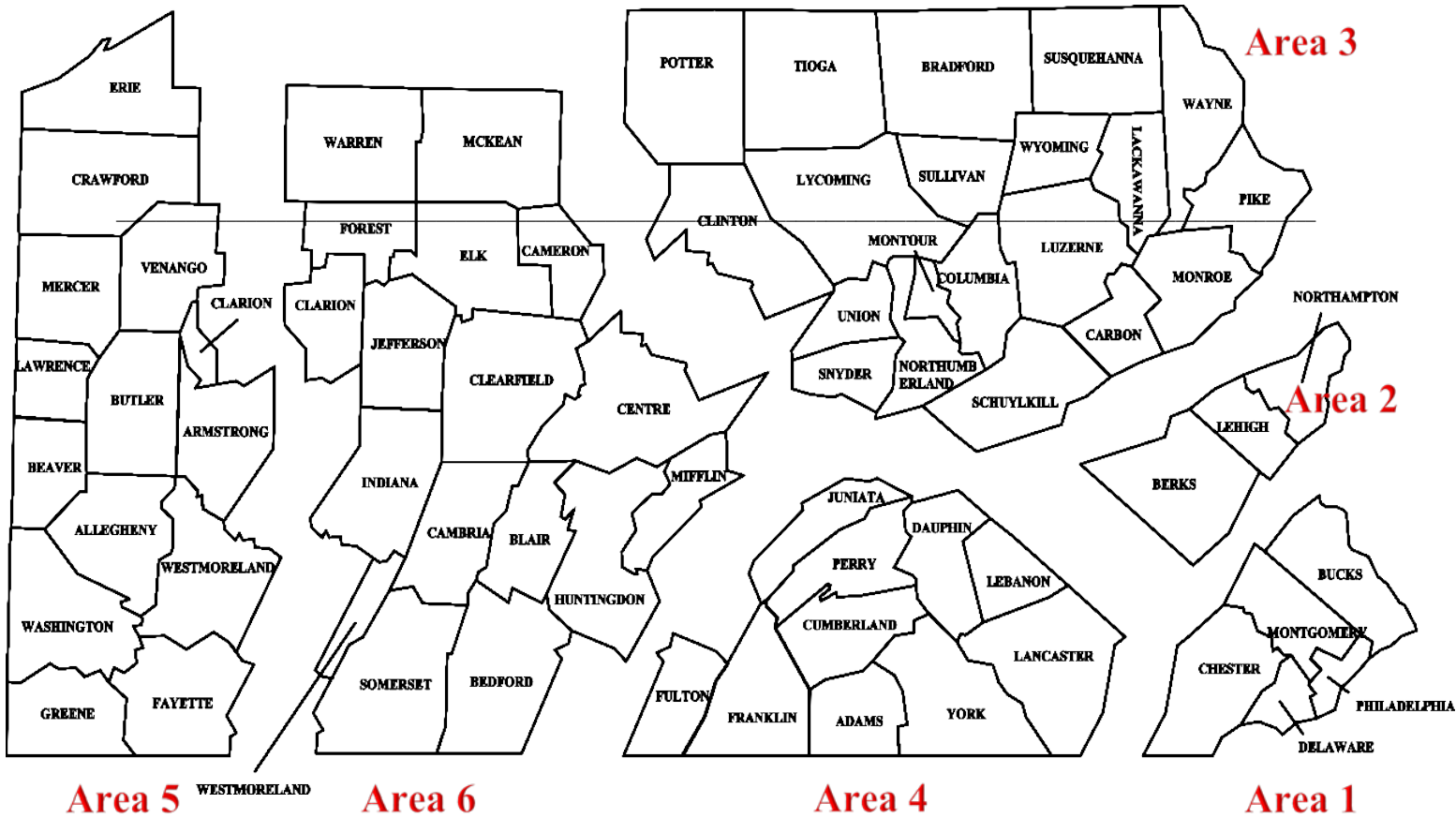
Location of sales: On farm sales only Off-farm sales locations (Specify) _____

13. **Check all that apply.** Your processing, manufacturing and sales.

- Process and package milk/cream products: Whole Milk 2% or 1% Skim Flavored
 Fluid creams
 - Use milk/cream to manufacture products: Ice cream Butter Cheese Milk Powder
 Other
 - Sell packaged milk/cream products: Whole milk 2% or 1% Skim Flavored Other
 Check business(es) sold to: Restaurants Schools Stores Subdealers Other
 - Sell bulk milk/cream (List purchaser(s): _____)
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14. **Refer to Pennsylvania map on following page.** In which PA Milk Marketing Areas will you be selling packaged milk/cream products? Check all that apply.

- Area 1 Area 2 Area 3 Area 4 Area 5 Area 6



Persons Responsible and Contact Information

15. Please list the names of **person(s) responsible** for the items below. Write N/A if not applicable. Provide address, email, phone, **if not provided on pages 1 and 2**. The Annual License Renewal and Financial Statement forms will be sent to the person identified as contact for Renewal Application.

Preferred Contact by: Mail Email Phone Fax

Renewal Application contact name: _____

Email: _____ Phone: _____

Dealer's Monthly Report Name: _____ Email: _____

Dealer's Financial Statement Name: _____ Email: _____

16. The Milk Marketing Law requires mailing Official General Orders to licensees. Please list the names of person(s) responsible for receiving the items below. Provide address, email, phone and fax number if not provided on pages 1 and 2 or in Item 15.

Preferred Contact by: Mail Email

Official General Orders/Hearing Notices/Bulletins: Email: _____

Monthly Producer Prices (if you wish to receive) Email: _____

Monthly Wholesale/Retail Prices (if you wish to receive) Email: _____

THIS SECTION below MUST BE COMPLETED BY ALL COOPERATIVES

A cooperative buying milk from another cooperative must include purchases in the amount of their bond unless the selling cooperative has waived the bond requirement. List all the cooperatives you buy milk from:

Have you submitted to PMMB a bond waiver from all cooperatives you are buying from?

____ YES ____ NO If no, which do you not have a waiver from?

YOU MUST SUBMIT A WAIVER WITH THIS APPLICATION FOR ANY COOPERATIVE YOU ARE BUYING FROM THAT YOU HAVE NOT SUBMITTED A WAIVER FOR PREVIOUSLY.

The waiver form is available on our website at www.mmb.pa.gov/Licensing/Pages/default.aspxDealer

Financial Schedule

License Fees, Financial Statement and Bond Computation

License Fees: Renewal applicants 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 once licensed.

A. Annual Fixed Fee: \$100.00

- For license applications submitted between July 1 and before January 1 - \$100.00
- Must accompany application – Make checks payable to Commonwealth of Pennsylvania.

Plus

B. Hundredweight Fee: Your license fee calculation is attached. If you disagree with the calculation, please contact a member of the Board's Licensing and Bonding Staff at 717-836-3114. Your fee could be modified based on information received subsequent to the calculation.

License Fee: \$ _____

Financial Statement:

An annual report or a comprehensive financial statement is attached.

Computation of Dealer Bond: As renewal applicant, you must complete this section.

A. Please review the bond calculation information attached to this renewal application. If you disagree with the calculation, please contact the Licensing and Bonding staff of the Board at 717-836-3114. Your bond requirement is due for the 2021-22 is available on the attached sheet.

Bond Amount from attached sheet: \$ _____

B. Attached herein is a (Select One)

Corporate Surety Bond in the amount of \$ _____

Collateral Bond in the amount of \$ _____

COD Letter \$ _____

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 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.

(Typed or Printed Name) (Title) (Date)

(Signature)

(Typed or Printed Name) (Title) (Date)

(Signature)

Required Attachments Checklist

Signed application (Electronic signatures are acceptable if applications is submitted via email).

Note: Application will not be processed until check(s) and bond are received in PMMB office.

Check for license fee in the amount of \$_____ made out to Commonwealth of Pennsylvania. (**Note:** A \$20 fee is assessed for any returned check.)

Partnerships, corporations, and LLCs must attach a list of partners, officers and directors, or members (as applicable) with positions held and addresses.

Separate sheet of owners/stockholders that own 20% or greater share in the business. Indicate the number of shares for each stockholder.

List of all producers that milk is purchased from

List of all cooperatives milk is purchased from

Bond form (attached original)

Dealer collateral (must be attached to bond form)

Dealer surety

Financial statement

Need Assistance or Information?

Jim Petrascu, Staff Attorney: (717) 787-4194 or by email at jpetrascu@pa.gov

To Submit Your Application

Mail to:

PA Milk Marketing Board
2301 N. Cameron St. Room 108
Harrisburg, PA 17110

Email to:

Fatima Roberge
froberge@pa.gov