

**LICENSE RENEWAL
APPLICATION
DUE: JUNE 15, 2018**

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

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2018-2019
DEALER – SUBDEALER
LICENSE RENEWAL
APPLICATION

Commonwealth of Pennsylvania
Milk Marketing Board

DEALER / SUBDEALER LICENSE RENEWAL

LICENSE YEAR: **JULY 1, 2018** THROUGH **JUNE 30, 2019**

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: (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 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 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

FOR DEALERS ONLY: PLEASE COMPLETE THE FOLLOWING SECTIONS

13. CHECK ALL THAT APPLY:

PURCHASE MILK DIRECTLY FROM INDIVIDUAL PRODUCERS (FARMERS) → ATTACH LIST OF NAME /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

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

CHECK BUSINESS CATEGORY OF SALES: RESTAURANTS SCHOOLS STORES SUBDEALERS OTHER

WRITE OR ATTACH LIST OF NAMES OF SUBDEALERS YOU SELL TO THAT IS 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 _____

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 CREAMS

SELL PACKAGED MILK/CREAM PRODUCTS IN VENDING MACHINES
WHOLE MILK LOW FAT SKIM FLAVORED CREAMS OTHER _____
DO YOU OWN THE VENDING MACHINES? 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 THE ITEMS LISTED BELOW.

WRITE "N/A" IF NOT APPLICABLE. THE ANNUAL LICENSE RENEWALS AND FINANCIAL STATEMENT FORMS WILL BE MAILED TO THE ATTENTION OF THE PERSON NAMED IN A.

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 EMAILED TO YOU PLEASE PROVIDE YOUR EMAIL BELOW. IF YOU WANT THEM MAILED TO YOU, AND ARE NOT CURRENTLY RECEIVING THEM BY MAIL, PLEASE PROVIDE THE ADDRESS AND CONTACT PERSON IN THE SPACE BELOW.

A. OFFICIAL GENERAL ORDERS / HEARING NOTICES/ BULLETINS: _____
(EMAIL)

B. MONTHLY PRODUCER PRICES (IF YOU WISH TO RECEIVE THEM): _____
(EMAIL)

C. MONTHLY WHOLESALE /RETAIL PRICES (IF YOU WISH TO RECEIVE THEM): _____
(EMAIL)

