***Commonwealth of Pennsylvania***

Milk Marketing Board

COOPERATIVE License – New Application

Please read the application carefully and answer all applicable items.

**A Cooperative** is an agricultural association or corporation of producers organized to engage in making collective sales or in the marketing of milk for producers under current contract with it, as defined by the Federal Capper-Volstead Act.

Enter License Year July 1, \_\_\_\_\_\_\_ through June 30, \_\_\_\_\_\_\_\_

**Applications are due 30 days from date of receipt.**

1. State Incorporated/Organized:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Incorporated/Organized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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)

1. For Out-of-State Applicants Only: List PA address 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.

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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.

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

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

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

1. For All Applicants: Place conducting business in Pennsylvania (if different than #2 or #3):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Has applicant or any partner, officer or management employee been convicted of a felony, or forfeited bon or collateral in connection with a criminal charge within the last five years?

Yes  No If, Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is applicant a subsidiary of, affiliated with, or associated either directly or indirectly with any other individual, corporation or company (includes entities not involved in any way with milk?

Yes  No If, Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. 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
2. Will any store or other business than 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 #9 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
2. 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**

1. 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) ­­­­­\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

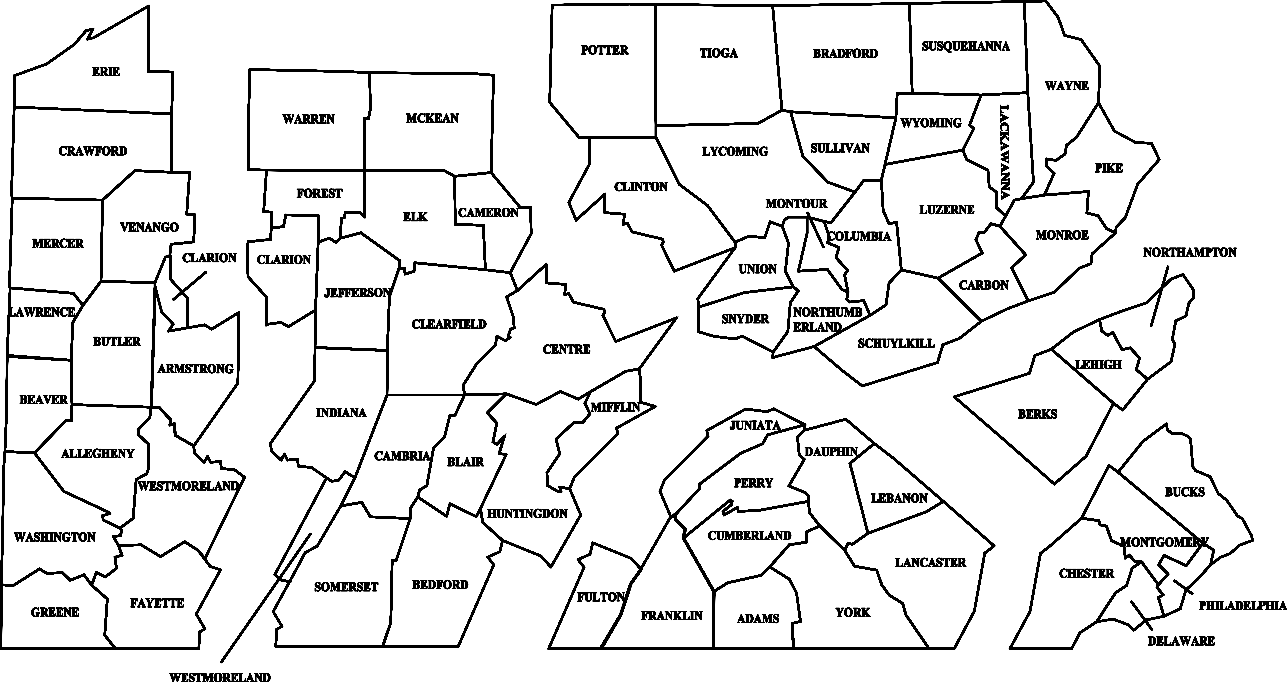
Sell bulk milk/cream (List purchaser(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you (Check all that apply):  Process  Manufacture Market

# of PA members \_\_\_\_\_\_\_\_\_\_ # of PA non-member producers \_\_\_\_\_\_\_\_\_\_

Attach separate sheet, even if previously provided, that shows sources of milk that your cooperative purchases, handles, and/or 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*.)



**Area 3**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area 2**

**Area 5**

**Area 6**

**Area 4**

**Area 1**

1. Check all that apply. In which of the PA Milk Marketing Areas will you be selling packaged milk/cream products?

Area 1  Area 2  Area 3  Area 4  Area 6  Not applicable

1. 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.aspx

List all the cooperatives you buy milk from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes  No  Does not apply

If “No” or “Does not apply,” explain who you do not have waiver(s) from or why this does not apply to your cooperative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Persons Responsible and Contact Information**

1. Please list the names of person(s) responsible for the items below. Write N/A if not applicable. Provide address, email, phone and fax number **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dealer’s Monthly Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dealer’s Financial Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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  Phone  Fax

Official General Orders/Hearing Notices/Bulletins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Producer Prices (if you wish to receive): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Wholesale/Retail Prices (if you wish to receive): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dealer Financial Schedule**

**License Fees, Financial Statement and Bond Computation**

License Fees: New 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.

1. Annual Fixed Fee:

* For license applications submitted before January 1 - $100.00
* For license applications submitted on or after January 1 - $50.00

1. Hundredweight Fee: In addition to annual fixed license fee, a milk dealer who did not hold a license for the complete calendar year shall pay, monthly, the following hundredweight fees:

* For packaged milk/cream products received, produced or brought into this commonwealth during the previous month – Fee is $0.060 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 $0.0064 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:

An annual report or a comprehensive financial statement is attached.

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, or the current month if you are already in business.

1. Record the anticipated dollar value of purchases from Pennsylvania producers (farmers) or cooperatives; and/or
2. Record the anticipated dollar value of purchases from producers (farmers) or cooperatives located outside Pennsylvania.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(A)** | **(B)** | **Total**  **(A+B)** |  | **(A)** | **(B)** | **Total**  **(A+B)** |
| January |  |  |  | July |  |  |  |
| February |  |  |  | August |  |  |  |
| March |  |  |  | September |  |  |  |
| April |  |  |  | October |  |  |  |
| May |  |  |  | November |  |  |  |
| June |  |  |  | December |  |  |  |

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**.)

1. Bond Calculation:

* From the table above, identify the two consecutive months that have the highest aggregate months. (Add Jan + Feb, Feb + Mar, Mar + Apr, etc.).
* Two highest consecutive months are \_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_

1. Total dollar amount for two highest consecutive months (from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of days in two highest consecutive months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Divide amount in Line 1 by days in Line 2 (=amount per day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Multiply dollar amount from Line 3 x 40 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Amount of deductions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Net amount (Line 4 – Line 5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. A bond equal to the amount on Line 6 must be provided.

Attached: Corporate surety bond in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Attached: Collateral bond in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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(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) 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, cooperatives 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 milk is purchased from, dealers and cooperatives.

List of all cooperatives milk is purchased from, dealers and cooperatives.

Bond form

Dealer collateral (must be attached to bond form)

Dealer surety

Waivers (if applicable)

Financial statement

Addendum (food banks only)

**Need Assistance or Information?**

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