



Commonwealth of Pennsylvania
MILK MARKETING BOARD
COOPERATIVE LICENSE – NEW APPLICATION

Please read the application carefully and answer all applicable items.

A Cooperative is a cooperative agricultural association or corporation of producers organized under the laws of this Commonwealth or of any other state and engaged in making collective sales or in the marketing of milk for producers under contract with it.

Enter License Year July 1, _____ through June 30, _____

Applications are due 30 days from date of receipt.
A separate application is required for each of your locations.

1. Applicant Name as it should appear on license: _____

2. 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 at the Board office or other location designated by the Board.

(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 as 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 any 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 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 #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: _____

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): _____)
-

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.*)

14. **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: _____

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 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: _____

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: _____

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

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

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.

A. Annual Fixed Fee:

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

B. 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 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.

- 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 (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.**)

A. 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 _____

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) 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

To Submit

By Mail:

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

By Email:

Fatima Roberge
froberge@pa.gov

Note: Licenses submitted by email will not be processed until fee and bond are received in our office.

Need Assistance or Information?

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