

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

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**LICENSE RENEWAL  
APPLICATION  
DUE: JUNE 15, 2019**

**2019-2020  
DEALER – SUBDEALER  
LICENSE RENEWAL  
APPLICATION**

Commonwealth of Pennsylvania  
Milk Marketing Board

**DEALER / SUBDEALER LICENSE RENEWAL**

LICENSE YEAR: **JULY 1, 2019** through **JUNE 30, 2020**

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

#### **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**].

**ATTACH LIST** \_\_\_\_\_

PURCHASE MILK FROM COOPERATIVES → **ATTACH LIST** OF NAME AND ADDRESS OF EACH COOPERATIVE YOU BUY FROM OR SELL TO.

**ATTACH LIST** \_\_\_\_\_

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 ARE DOING BUSINESS IN PENNSYLVANIA**

**SEE MAP: PAGE 5: INDICATE PA. 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)

➤ **NUMBER OF PENNSYLVANIA MEMBERS** \_\_\_\_\_

➤ **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.)

**SUBDEALERS ONLY: PLEASE COMPLETE THE FOLLOWING SECTIONS**

**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 and 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)
- D. SECURITY FUND - (IF APPLICABLE) \_\_\_\_\_  
(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)

**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: \_\_\_\_\_

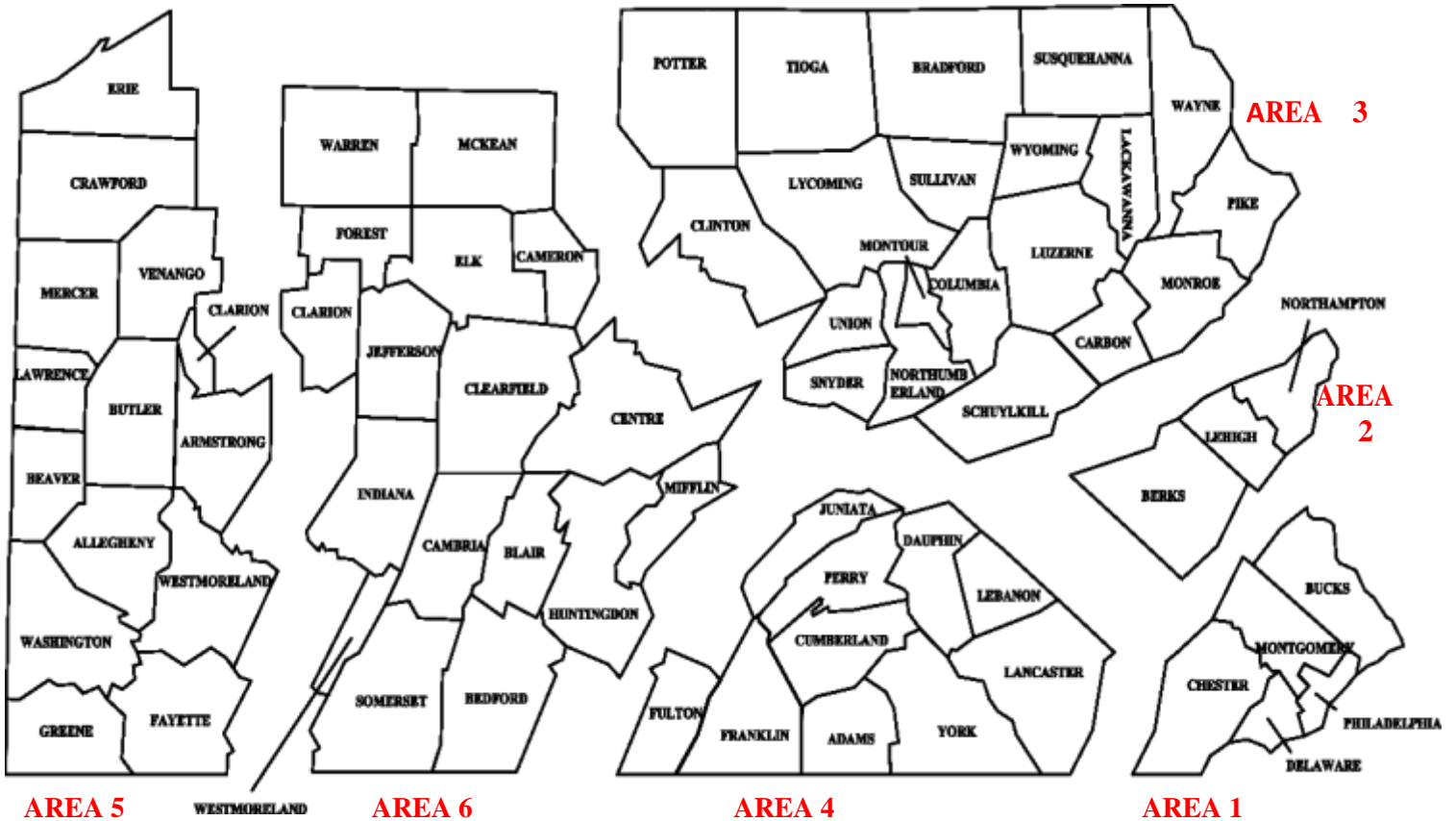
Have you submitted to PMMB a bond waiver from all cooperatives you are buying from? \_\_\_\_\_

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.mma.pa.gov/Licensing/Pages/default.aspx](http://www.mma.pa.gov/Licensing/Pages/default.aspx)

# PENNSYLVANIA MAP



## 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 or 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 are not subdealers.

These are general descriptions and do not cover every situation.

# DEALERS & SUBDEALERS: COMPLETE THIS SECTION

## LICENSE FEES, FINANCIAL RESPONSIBILITY, AND BOND REQUIREMENTS

### LICENSE FEES

YOUR LICENSE FEE CALCULATION IS ATTACHED. IF YOU DISAGREE WITH THE CALCULATION, PLEASE CALL THE LICENSING AND BONDING STAFF OF THE BOARD AT 717-836-3114. YOUR LICENSE FEE DUE FOR THE 2019-2020 LICENSING YEAR IS INDICATED BELOW. YOUR FEE COULD BE MODIFIED BASED ON INFORMATION WE RECEIVE SUBSEQUENT TO THIS CALCULATION.

**TOTAL LICENSE FEE DUE**      **CHECK MUST BE ATTACHED TO APPLICATION - PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA**

LICENSE FEE:                      \$ \_\_\_\_\_

**BOND REQUIREMENTS** - IF A BOND IS REQUIRED FOR THE RENEWAL OF AN EXISTING LICENSE, REFER TO THE ENCLOSED BOND CALCULATION. IF YOU DISAGREE WITH THE CALCULATION, PLEASE CALL THE LICENSING AND BONDING STAFF OF THE BOARD AT 717.836.3114. YOUR BOND REQUIREMENT DUE FOR THE 2019-2020 LICENSING YEAR IS INDICATED BELOW.

**TOTAL BOND REQUIRED 2019-2020** / BOND FORM MUST BE ATTACHED TO RENEWAL APPLICATION.

BOND AMOUNT:                      \$ \_\_\_\_\_

SECURITY FUND:

DESCRIPTION:                       DEALER COLLATERAL     DEALER SURETY     SUBDEALER COLLATERAL     SUB-DEALER SURETY     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 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: \_\_\_\_\_

ENCLOSE THE FOLLOWING:



- RENEWAL APPLICATION (SIGNED)
- LIST OF OFFICERS - DIRECTORS - PARTNERS - ETC. (SEE PAGE 2)
- ATTACH PERTINENT LISTS AS APPLICABLE.
- LICENSE FEE (CHECK MADE PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA")
- BOND FORM
  - DEALER COLLATERAL                       SUB-DEALER COLLATERAL
  - DEALER SURETY                               SUB-DEALER SURETY
- C. O. D. (COLLECT ON DELIVERY) LETTER
- QUARTERLY FORMS (IF APPLICABLE) WAIVERS
- DEALERS ONLY - FINANCIAL STATEMENT (PMMB-60)  
(IF YOU HAVE ALREADY SUBMITTED A FINANCIAL STATEMENT, PLEASE CHECK HERE .
- SURVEY FORM SUBDEALER ONLY:
- COOP WAIVER(S) (IF APPLICABLE)
- ADDENDUM (FOOD BANKS ONLY)

| <b>FILING DEADLINES:</b> |                      | <b>SUB-DEALERS:</b>                       |                     |                   |
|--------------------------|----------------------|---|---------------------|-------------------|
|                          |                      | <b>Average Quarts Purchased Per Month</b> |                     | <b>FEE</b>        |
| <b>DEALERS</b> .....     | <b>June 15, 2019</b> | <b>1</b>                                  | <b>- 29,999</b>     | <b>\$50.00</b>    |
| <b>SUB-DEALERS</b> ..... | <b>June 15, 2019</b> | <b>30,000</b>                             | <b>- 59,999</b>     | <b>\$100.00</b>   |
|                          |                      | <b>60,000</b>                             | <b>- 119,999</b>    | <b>\$150.00</b>   |
|                          |                      | <b>120,000</b>                            | <b>- 149,999</b>    | <b>\$200.00</b>   |
|                          |                      | <b>150,000</b>                            | <b>- 199,999</b>    | <b>\$250.00</b>   |
|                          |                      | <b>200,000</b>                            | <b>- 299,999</b>    | <b>\$300.00</b>   |
|                          |                      | <b>300,000</b>                            | <b>- 399,999</b>    | <b>\$400.00</b>   |
|                          |                      | <b>400,000</b>                            | <b>- 599,999</b>    | <b>\$500.00</b>   |
|                          |                      | <b>600,000</b>                            | <b>- 799,999</b>    | <b>\$800.00</b>   |
|                          |                      | <b>800,000</b>                            | <b>- 999,999</b>    | <b>\$1,200.00</b> |
|                          |                      | <b>1,000,000</b>                          | <b>- &amp; Over</b> | <b>\$1,400.00</b> |

| <b>FIXED LICENSE RENEWAL FEES:</b>   |                    |
|--|--------------------|
| <b>DEALERS</b> .....   | <b>\$50.00</b>     |
| <b>PLUS, CWT FEE:</b>  |                    |
| <b>CONTROLLED FEE</b> .....  | <b>\$.045/CWT</b>  |
| <b>NON-CONTROLLED</b> .....  | <b>\$.0057/CWT</b> |
| <b>SUB-DEALERS</b> .....   | <b>\$25.00</b>     |
| <b>PLUS, QUARTS-EQUIVALENT FEE BASED ON AVERAGE QUARTS PURCHASED PER MONTH. SEE FOLLOWING CHART:</b> |                    |

There is a \$20.00 service charge for any returned checks, and you may be subject to interest and penalties. Please contact Fatima Roberge 717.836.3114 or email froberge@pa.gov / or Tim Moyer 717.836.3110 regarding any questions or concerns.