

NEW YORK STATE
DEPARTMENT OF AGRICULTURE & MARKETS
DIVISION OF MILK CONTROL & DAIRY SERVICES
 10B AIRLINE DRIVE, ALBANY, NY 12235
WHOLESALE FROZEN DESSERT MANUFACTURERS & HANDLERS
TWO YEAR LICENSE APPLICATION

Please check type: **Manufacturer** _____ **Handler** _____

Read and complete all three pages of this application.
 Prepare a separate application for each location.
 Include license fee by check/money order payable to
"Commissioner of Agriculture and Markets"
 Section (1): Enter names and processing facility address.
 Section (2) through (8) must be completed.
 Section (8): an original signature of owner or
 corporate officer is required.

| | |
|--|------------------------|
| | Office Use Only |
| | Est. No.: _____ |
| | Amount: \$ _____ |
| | Receipt No.: _____ |
| | Date Issued: _____ |
| | Expiration Date: _____ |

| | | | | |
|--|---------------------|-----------------|----------------|-----|
| (1) Individual Owner Name, Partnership (names of all partners), or Full Name of Corporation: | | | County | |
| Trade Name: | | | Bus. Tele. No. | |
| Street: | | City | State | Zip |
| (2) Federal ID Number | Social Security No. | Fax No. | | |
| *Reason for not providing Federal ID No. and/or Social Security No. | | E-mail Address: | | |
| (3) Mailing address if different from above: | | City | State | Zip |

(4) IF APPLICANT IS AN INDIVIDUAL, PARTNERSHIP or LLP, THE FOLLOWING MUST BE COMPLETED

| Name of Owner If Partnership, Name Each Partner | Residence - Home Address Street & No., City, State, Zip |
|--|--|
| | |
| | |
| | |
| | |

(5) IF APPLICANT IS A CORPORATION or LLC, THE FOLLOWING MUST BE COMPLETED

| Full Name of Officers | Residence - Home Address |
|---------------------------------|--------------------------|
| President: | |
| Vice Pres.: | |
| Secretary: | |
| Treasurer: | |
| Directors (attach if necessary) | |

| | |
|-----------------------------------|------------------------------|
| (5a.) Principal Office Address? | |
| (5b.) In what state incorporated? | (5c.) Date of Incorporation: |

IF YOU ARE A FOREIGN OR OUT OF STATE CORPORATION, YOU MUST COMPLETE 5D AND 5E

| |
|---|
| (5d.) Foreign or out of state corporation: Date of filing in New York State? |
| (5e.) Name and address of a New York State resident upon whom service of process may be made? |

APPLICANTS MUST PROVIDE ALL REQUESTED INFORMATION**

SHOULD YOU FAIL TO DO SO, YOUR APPLICATION MAY NOT BE PROCESSED. IF YOU HAVE QUESTIONS CONCERNING THE INFORMATION REQUESTED, PLEASE CALL (518) 457-1772 OR WRITE TO THE ADDRESS ON THE FRONT OF THIS FORM.

(6.) FOR FROZEN DESSERT MANUFACTURERS ONLY:

(Must check one)

Domestic Manufacturer: _____ Foreign Manufacturer: _____

(Foreign Manufacturers Must Complete A Supplemental Questionnaire)

1. Total gallons from the previous year: _____

2. LICENSE FEE SCHEDULE (Calculated From Previous Year Gallonage):

| | | |
|--------------------------|---------------------|----------|
| <input type="checkbox"/> | 1 - 100,000 gallons | \$50.00 |
| <input type="checkbox"/> | 100,000 - 200,000 | \$100.00 |
| <input type="checkbox"/> | 200,000 - 500,000 | \$200.00 |
| <input type="checkbox"/> | Over 500,000 | \$300.00 |

3. Where are dairy ingredients or frozen desserts obtained? 4, Are any dairy ingredients of frozen desserts from a foreign source? Y____N____

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

(7.) FOR FROZEN DESSERT HANDLERS ONLY:

1. License Fee: **\$20.00**

2. Kind of Frozen Dessert(s) Handled: _____

3. Where obtained:

Name: _____

Is this source a: Manufacturer

Address: _____

Distributor/Handler

4. Are any of the products listed in Question 2 from a foreign source? If so, provide the name and address of the manufacturer.

Name: _____

Address: _____

PLEASE NOTE: Any changes to any information contained in Question 6 and/or 7 must be reported to the Department immediately. Specific changes to new supplies and/or sources of product must be reported. Changes involving new foreign sources require submission of an updated DMC-72 Supplemental Questionnaire.

NOTE: For products listed as obtained from a foreign source, the applicant must complete the DMC-72 Supplemental Questionnaire, which shall become a part of the application.

(8.) Workers' Compensation Law requires that businesses seeking state issued permits demonstrate that they have appropriate Workers' Compensation Insurance (WCI). Indicate your WCI status:

Insured with _____
Name of Insurance Provider

Self Insured

Exempt from WCI

The undersigned applies for a license to manufacture or handle frozen desserts, at this location only, pursuant to Article 4A of the Agriculture and Markets Law of the State of New York and in support of this application, makes the above statements and agrees to comply with the requirements of Article 4A.

The applicant represents that adequate physical facilities, equipment, sanitary controls, records and practices exist to maintain the establishment in a clean and sanitary condition, and that the cleaning, maintenance and operation of the establishment is such that products produced and handled therein will not be adulterated.

The issuance of a license is based upon continued compliance with all requirements associated with the processing operations performed. New or additional food processing activities are to be reported to the Department for approval prior to the start of the processing operation. Applicant consents to free entry and will permit free access to the licensed premises, buildings and offices to the Commissioner, the Commissioner's agents and inspectors in pursuance of the Commissioner's duty to supervise and regulate the production, storage, sale and use of articles subject to the Commissioner's jurisdiction.

| (8.) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER | TITLE | DATE |
|---|--------------|-------------|
| | | |

AUTHORIZATION AND PURPOSE

* Disclosure of your federal social security and federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance and for any other purpose authorized by the Tax Law.

** The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law and in the sections relating to the specific license you are seeking. This information is collected to enable the Department to evaluate your application, to determine if the license should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.

