



Mailroom Received: _____

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Fee Received: _____

 Credit Card Check

Receipt #: _____ Deposit #: _____

Reviewed: _____ Date: _____

Approved: _____ Date: _____

MILK DEALER LICENSE APPLICATION NEW APPLICANTS ONLY

1. **Name of Business** (if individual, person's name): _____2. **DBA, if applicable** _____

Where filed? _____ Date Filed? _____ Please provide a copy of the filing.

3. **Federal EIN #:** _____ **SSN#** (individual only): _____4. **Phone Number:** _____ **Email:** _____5. **Business Address:** _____

Street

City

State

Zip

a. **Do you have multiple locations to include under this license?** No Yes **If Yes**, please attach a list of all locations that need to be licensed under this application.

6. **Mailing Address:** Same as Above Different, enter below

Street

City

State

Zip

7. **Are you an individual?** Yes (please move to question #13) NO (please move to question #8)8. **Business Type:** LLC Corporation Limited Partnership General Partnership9. **Have you have registered with the NYS Department of State, Division of Corporations, as required by NYS**law? No Explain: _____ Yes Please provide proof.10. **Corporations:**a. **State Incorporated:** _____ **Date Incorporated:** _____b. **Please provide officer's information:** (if you need more space, please attach a sheet)

	Full Name	Title
1.		
2.		
3.		
4.		
5.		

11. Partnerships:

a. **Please provide the name and address of each partner:** (if you need more space, please attach a sheet)

	Full Name	Title
1.		
2.		
3.		

12. Do any owners/stockholders own 15% or greater share of the business? No Yes **If yes, please list name and percentage below:** (if you need more space, please attach a sheet)

	Full Name	Title	Percentage Ownership
1.			
2.			
3.			
4.			

13. Do any persons, other than listed above in question #s 10, 11, or 12, hold an interest or power of control in the company? No Yes **If yes, please list name and title below:** (if you need more space, please attach a sheet)

	Full Name	Title/Position
1.		
2.		
3.		

14. Is any bankruptcy proceeding now pending against the applicant or any individual holding any position or interest or power of control? No Yes **If yes, the location of court?** _____

15. Has a money judgment been instituted or secured against the applicant or any individual holding any position or interest or power of control that remains unsatisfied?
 No Yes **If yes, what court?** _____

16. Has the applicant, or any individual holding any position, interest, or power of control, been convicted of a crime within the past five years? No Yes
If yes, provide name, title/position and details: _____

17. Have you ever been licensed as a milk dealer in NYS?

No Yes: **If yes, Year Last Licensed:** _____ **Name licensed under:** _____

18. Will you succeed a licensed milk dealer? Yes No

a. If yes:

1. Name of Dealer: _____
2. Address of Dealer:

Street	City	State	Zip
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3. Will you be taking over operation of a plant or plants? Yes No
4. If you are succeeding a milk dealer who purchased milk from individual producers or cooperatives, will all payments be paid in full prior to the transfer?
 Yes No If no, provide explanation: _____

19. Are you affiliated with another NYS milk dealer? Yes No

a. If yes, list name and address of dealer _____

20. What type of milk business are you planning to operate? Check one box.

Plant:

- Producer-Dealer:** A milk producer that primarily processes or manufactures milk produced from their own farm.
- Plant Operator – Processor Only:** A company that operates a facility(s) within NYS or mobile unit which pasteurizes fluid milk or manufactures milk into other dairy products, but only on a commission basis. The company does not purchase the milk being processed.
- NYS Plant Operator:** A company that operates a facility(s) within NYS or mobile unit which pasteurizes fluid milk or manufactures milk into other dairy products. They purchase the milk that will be processed. ***Out of state plants are considered distributors, see below***

Distributor:

- Distributor:** A company that purchases NYS sourced fluid milk or cream or sells fluid milk or cream into locations within NYS.
- Out-of-State Plant Operator:** A company that operates a facility(s) outside of NYS or mobile unit which pasteurizes fluid milk or manufactures milk into other dairy products. They purchase NYS milk that will be processed and/or sell milk from the plant into NYS.

Cooperative:

- Operating Cooperative:** An incorporated group of producers that negotiate for the sale of its members' milk, and is also responsible for the operation of farm bulk tank routes to bring its member's milk from farm to plant, or plant to plant. It may also process or manufacture its members' milk by operating a processing or manufacturing facility or transfer station.
- Bargaining and Collecting Cooperative:** An incorporated group of producers who negotiate for the sale of its members' milk and the receipt of sale proceeds. They do not: operate bulk tank routes; determine the day-to-day shipment of their milk; nor directly bill specific accounts.

Hauler:

- Milk Hauler:** A company that transports fluid milk or cream (bulk or packaged) but **does not own** the milk that they are transporting.

Broker:

- Milk Broker:** A company that does not purchase or sell any milk but negotiates for the purchase or sale of milk on behalf of another licensed milk dealer

21. Do you plan to purchase, sell, or transport over 3,000 pounds (~350 gallons) of milk/cream per month:

- a. Into NYS: Yes No
- b. Out of NYS: Yes No
- c. Within NYS: Yes No

22. Please describe the nature of your business as it relates to milk/cream: _____

23. Will you be purchasing milk or cream from NYS producers or cooperatives that represent NYS producers?
 No Yes **If yes**, please attach a copy of your latest prepared balance sheet.

24. List all dealers, producer-dealers and/or cooperatives from whom you intend to PURCHASE milk or cream (or attach list):

	Name	State	Estimated Monthly Pounds
1.			
2.			
3.			
4.			

Not applicable- I will not be purchasing milk or cream from any dealers, producer-dealers and/or cooperatives

25. List all dealers you intend to SELL milk or cream to (or attach list):

	Name	State	Estimated Monthly Pounds
1.			
2.			
3.			
4.			

Not applicable- I will not be selling milk or cream

Please proceed to questions related to your business type only:

26. Haulers:

a. Where will detailed records be kept for the business?

Street	City	State	Zip
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b. Please list name and address of milk dealers you plan to transport milk for: (if more room is needed, please attach a list)

#	Milk Dealer	Milk Dealer Address	Type of Hauling
1.	Name of Dealer: _____ _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Both
2.	Name of Dealer: _____ _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Both
3.	Name of Dealer: _____ _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Both

c. Will you have farm bulk tank routes? Yes No

1. If yes, how many drivers operate farm bulk tank routes? _____
2. Drivers operating farm bulk tank routes are required to hold a Milk Receiver's License. Please list only drivers operating farm bulk tank routes. (if you require more space, attach a list)

#	Name of Driver Picking up Milk	Milk Receiver ID #
1.		
2.		
3.		
4.		
5.		

27. Brokers:

- a. Will you be purchasing or selling milk for licensees on a fee or commission basis? Yes No
- b. Will you be responsible for making payments for any milk? Yes No
- c. Will you physically handle any milk? Yes No
- d. Where will detailed records be kept for your business?

Street	City	State	Zip
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28. Plants located in NYS:

- a. List each plant you plan to operate in New York State: (if you require more space, attach a list)

	Plant Address	Plant Supervisor	Type of Plant
1.	Street: <hr/> City: <hr/> Zip: <hr/>	Name: <hr/> Phone: <hr/> Email: <hr/>	<input type="checkbox"/> Processing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transfer
2.	Street: <hr/> City: <hr/> Zip: <hr/>	Name: <hr/> Phone: <hr/> Email: <hr/>	<input type="checkbox"/> Processing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transfer
3.	Street: <hr/> City: <hr/> Zip: <hr/>	Name: <hr/> Phone: <hr/> Email: <hr/>	<input type="checkbox"/> Processing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transfer

29. Cooperatives:

- a. **Attach a list of the names and addresses of your current Board of Directors**
 - b. **Is the Cooperative an Operating Cooperative?** Yes No
 - c. **Is the Cooperative a Bargaining Cooperative?** Yes No
 - d. **Does your cooperative have an affiliation agreement with another cooperative?** Yes No
If yes, with whom? _____
 - e. **Does your cooperative have a marketing agreement with another cooperative?** Yes No
If yes, with whom? _____ **Attach a copy of your current marketing agreement.**
 - f. **Do you plan to operate bulk tank routes by owning or leasing trucks to pick up milk at farms or by arranging to have someone else operate the bulk tank routes on your behalf?** Yes No

 - g. **Will your cooperative determine on a day-to-day basis where your members' milk will be shipped?**
 Yes No
 - h. **Will your cooperative directly bill accounts and receive payment directly from accounts?**
 Yes No
Number of NY members: _____
Estimated number of pounds to be marketed for a month: _____ pounds
 - i. **Will the dealers purchasing your milk pay your members directly?** Yes No
 - j. **If you distribute payment to your members, on what dates will they receive payment each month?**

 - k. **What period will each payment cover?** _____
 - l. **Will you be purchasing any milk from non-members located in New York?** Yes No
If yes, number of NY producers _____
Estimated number of pounds to be marketed for a month: _____ pounds
 - m. **When is the cooperative's fiscal year-end?** _____
 - n. **When do you expect to hold your annual meeting?** _____
-

Filing Fee:

There is a fee of \$100 for your initial application. You may pay by mailing a check with your application or with a credit card by completing the attached credit card authorization form and mailing with your application.

Make Checks Payable to:

NYS Department of Agriculture and Markets

Mail Application, Required Forms and Payment to:

NYS Department of Agriculture and Markets
Division of Milk Control & Dairy Services
10B Airline Drive
Albany, NY 12235

Acknowledgement:

By signing this document, I understand that the statements made in this application will be accepted for all purposes as the equivalent of an affidavit and that any false statements made herein, in addition to being the possible basis for a revocation of any license issued because of this application, may be punishable as a misdemeanor under the provisions of Section 210.45 of the Penal Law of the State of New York.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Contact Person: _____ **Title:** _____

Contact Email: _____ **Contact Phone #:** _____

The authority to request the information contained in this document is found in Section 16 of the Agriculture and Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration, or permission which you seek. The principal purpose for which this information is collected is to enable the NYS Department of Agriculture and Markets to determine whether to issue the requested license, permit, certificate, approval, registration, or permission. This information will be used by the NYS Department of Agriculture and Markets to evaluate your application and to enforce and administer the NYS Agriculture and Markets Law.

Disclosure of your Federal ID number and social security number is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is 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 liabilities 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.

Application Completion Information & Checklist for ALL applicants:

Question #	Information	Completed?
1-7	Must be completed by all applicants	
8-13	Must be completed by all business types, except individual	
14-25	Must be completed by all applicants	
23	If you answered YES , you must provide a copy of your latest prepared balance sheet	
26	Must be completed if you are applying as a hauler	
27	Must be completed if you are applying as a broker	
28	Must be completed if you are applying as a NYS Plant	
29	Must be completed if you are applying as a Cooperative	
Additional Items	Information	Completed?
Acknowledgement	All applicants must sign, date and provide contact information	
Fee	All applicants are required to pay the \$100 initial filing fee. You may pay by check or complete the attached credit card authorization and mail in with your application.	
NYS DOS Registration	Any company conducting business in NYS must be registered with the NYS Department of State, Division of Corporations. Out of State entities can find more information here: https://dos.ny.gov/application-authority-foreign-business-corporation In State Entities can find more information here: https://dos.ny.gov/form-corporation-or-business	
DBA	If you have a DBA, you must provide a copy of the filing.	