

NEW YORK STATE  
 DEPARTMENT OF AGRICULTURE AND MARKETS  
 DIVISION OF MILK CONTROL AND DAIRY SERVICES  
 10B AIRLINE DRIVE  
 ALBANY, NY 12235

WHOLESALE FROZEN DESSERT MANUFACTURERS & HANDLERS  
 TWO YEAR LICENSE APPLICATION

Read and complete both sides of this application.  
 Prepare a separate application for each location.  
 Include license fee by check or 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.

Please check type: Manufacturer \_\_\_\_\_ Handler \_\_\_\_\_

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

**(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  
CALL (518) 457-1772 OR WRITE TO THE ADDRESS ON THE FRONT OF THIS FORM.

**(6.) FOR FROZEN DESSERT MANUFACTURER'S ONLY:**

**Office Use Only**

Est. No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Expiration Date \_\_\_\_\_

1. Total gallonage from the previous year: \_\_\_\_\_

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

- 1 – 100,000 Gallons     \$ 50.00
- 100,000 – 200,000     \$100.00
- 200,000 – 500,000     \$200.00
- OVER 500,000             \$300.00

**3. Where are ingredients obtained?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR FROZEN DESSERT HANDLERS ONLY:**

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

2. Kind of Frozen Dessert Handled: \_\_\_\_\_

**3. Where Obtained:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**(7) 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: \_\_\_\_\_  Self Insured      Exempt from WCI

(Name of Insurance Provider) \_\_\_\_\_

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.