

NYS Dept. of Agriculture & Markets
 Division of Milk Control
 and Dairy Services
 10B Airline Dr.
 Albany, NY 12235
 Phone No. (518) 457-5731
 Fax No. (518) 485-5816
www.agriculture.ny.gov

**APPLICATION FOR
 MILK DEALER LICENSE
 (New Applicants Only)**

Minimum License Fee is \$100

Date Received: _____

Fee Received \$ _____

Cash Check M.O.
 Receipt No. _____

Reviewed: _____ Approved: _____

1a. Name (If business type is individual, must be person's name)		Phone No. ()	
		Fax No. ()	
1b. Trade Name (if different from above)		1c. Federal ID # or SS # (if individual)*	
1d. Are you affiliated with any other milk dealer? If so, state name and address of such dealer:			
2. Business Location Address		City	State Zip Code
3. Business Mailing Address (if different from above)		City	State Zip Code
4a. Check Business Type and Attach Appropriate Filing Certificate (except for individual) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)		4b. State Incorporated and Date	

If you checked *Individual* in item 4a, go to item 6.

5a. Members of Partnership, Officers of Corporation, Cooperative or Members of LLC must answer the following:

Name	Title

5b. For all business types, except individual, list owners/stockholders who own 15 percent or greater share of the business:

Name	%	Name	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Type of milk business you plan to operate? Check only one box. (See instructions for descriptions.)

- a. Producer-dealer. (Process and sell milk or manufacture milk using milk produced from own farm)
- b. Distributor. (purchase, sell, or distribute fluid milk products)
- c. Plant Operator- Processor only. (do not purchase or sell milk, process milk for a commission)
- d. Operating cooperative.(milk cooperative that operates bulk tank routes, operates a milk plant, or markets its members milk)
- e. Bargaining and collecting cooperative.(milk cooperative that operates for the sole purpose of negotiating for the sale of its members milk)
- f. Plant Operator (purchase milk to make a manufactured product (cheese, yogurt, ice cream, sour cream, etc) or to process and distribute for fluid use)
- g. Milk broker only. (arranges for the purchase and/or sale of milk for other licensed milk dealer. Not authorized to take title or sell milk for own account.
- h. Milk hauler only. (transports bulk milk from farms to plants or from plant to plant or transports packaged milk for the account of another licensed milk dealer. Not authorized to purchase or sell any milk)

7a. Have you ever been licensed as a milk dealer in New York State? Yes No

7b. If yes, what was the last year licensed? _____

8a. Will you succeed a licensed milk dealer? Yes No

8b. If yes, name and address of such dealer: _____

8c. Date transfer will take place: _____

- 8d. Will you be taking over the operation of a plant or plants? Yes No
- 8e. If you are succeeding a milk dealer who purchased milk from individual producers or cooperatives, what arrangements have been made to ensure such producers are paid in full for milk delivered? _____

QUESTIONS RELATED TO PRODUCER SECURITY

9. Will you be purchasing milk from cooperatives or individual producers? Yes No
- 9a. If yes, what is the maximum volume of milk you expect to purchase in any month during the license year? _____ pounds
- 9b. How do you intend to provide the security required by Section 258-b of the Agriculture and Markets Law?
- Surety Bond Letter of Credit Milk Producers Security Fund

10. List dealers, producer-dealers and/or cooperatives from whom you intend to purchase milk (or attach list):

Name	Address	State**	Product	Estimated Monthly Volume (Lbs.)

**If outside New York State, do you hold a current Import Permit issued by this Division -- Applicant? Yes No

11. List each plant you plan to operate in New York State:
 P = Processing; M = Manufacturing; T = Transfer or Receiving Station (Bulk Milk)

Type P, M, T	Plant Location Address	Processing Plant Superintendent

12. List dealers you intend to sell or supply milk to (or attach list):

Name	Address	State

13a. List New York counties where you plan to sell or distribute milk: (If entire state, enter "ALL")

County	County	County	County

13b. Estimated total monthly sales or distribution of milk in New York State in pounds is _____

Of this amount, indicate estimated percent to be sold or delivered:

On routes: Home Delivery _____%
 Wholesale _____%

To Other Dealers: _____%

Own Store _____%

Total _____ 100 %

14. If a **cooperative**, complete the following:
- 14a. Attach a list of the names and addresses of the Board of Directors.
- 14b. Are you a member of a federation of cooperatives? Yes No If yes, give name _____
- 14c. Does your cooperative have an affiliation agreement with another cooperative? Yes No
If yes, with whom? _____
- 14d. Does your cooperative have a marketing agreement with another cooperative? Yes No
If yes, with whom? _____ **Attach a copy of your current marketing agreement.**
- 14e. 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
- 14f. Will your cooperative determine on a day-to-day basis where your members' milk will be shipped? Yes No
- 14g. Will your cooperative directly bill accounts and receive payment directly from accounts? Yes No
- 14h. Number of NY members: _____ Estimated number of pounds to be marketed for a month: _____ pounds
- 14i. Will the dealers purchasing your milk pay your members directly? Yes No
- 14j. If you distribute payment to your members, on what dates will they receive payment each month? _____
What period will each payment cover? _____
- 14k. 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
- 14l. When is the cooperative's fiscal year-end? _____ When do you expect to hold your annual meeting? _____
15. If applicant operates a **store**, do you plan to:
- 15a. Transport milk? Yes No
- 15b. Sell milk for resale? Yes No
16. To be completed by applicants applying as **broker** only:
- 16a. Will you be purchasing or selling milk for licensees on a fee or commission basis? Yes No
- 16b. Will you be responsible for making payments for any milk? Yes No
If yes, please indicate name and address of payee: _____
- 16c. Will you physically handle any milk? Yes No
17. To be completed by **milk hauler** only:
- 17a. Where will detailed records of your operation be kept? _____
- 17b. List milk dealers you plan to transport milk for? _____
- 17c. Check type(s) of hauling performed: Bulk Milk Packaged Milk Both
- 17d. For farm bulk tank routes: (1) How many drivers do you have? _____ (2) Does each driver hold a Milk Receiver's License issued by this Division? Yes No
18. Financial condition: (Not required if you checked (a), (f), (g) or (h) in question 6) Complete this balance sheet or attach a copy of latest prepared financial statement or tax return.

BALANCE SHEET

as of _____, 20 _____

CURRENT ASSETS:		CURRENT LIABILITIES:	
Cash and Cash Equivalents	\$ _____	Accounts Payable	\$ _____
Receivables (Net)	_____	Short-Term Loans/Notes	_____
Other Current Assets	_____	Current Portion of Long-Term Debt	_____
TOTAL CURRENT ASSETS	\$ _____	TOTAL CURRENT LIABILITIES	\$ _____
LONG-TERM ASSETS:		LONG-TERM LIABILITIES:	
Land	\$ _____	Long-Term Portion Loans/Notes	\$ _____
Buildings, Machinery, Equipment, (Net of Depreciation)	_____	Long-Term Debt	_____
Intangibles	_____	Other	_____
Other Long-Term Assets	_____		
TOTAL LONG-TERM ASSETS	\$ _____	TOTAL LONG-TERM LIABILITIES	\$ _____
		TOTAL EQUITY	\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES & EQUITY	\$ _____

Are any assets pledged as collateral for loans? Yes No If yes, indicate amount of loans and value of assets used as collateral: _____

Is the applicant responsible for debt or any other obligation not included in the liabilities stated in the above balance sheet?
 Yes No If so, give names and amounts: _____

INCOME STATEMENT

	Projected
Sales	\$ _____
Cost of Goods to be Sold	_____
GROSS PROFIT	_____
Operating Expenses	_____
Income from Operations	_____
Other Income (Expenses)	_____
Taxes	_____
NET INCOME	\$ _____

19. Other than persons listed in items 5a. and 5b. above, please list individuals holding interest or power of control:

20. Is any bankruptcy proceeding now pending against the applicant or any individual holding any position or interest or power of control? Yes No If yes, the location of court? _____
21. 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? Yes No If yes, what court? _____
22. Has the applicant or any individual holding any position or interest or power of control been convicted of a crime within the past five years? Yes No If yes, give name, title or position and details: _____

“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 as a result 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	Print Name	
Title	Date	
Contact Person	Title	Phone No.

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 Department of Agriculture and Markets to determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department of Agriculture and Markets to evaluate your application and to enforce and administer the 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.

If you fail to provide all of the requested information or to include the \$100 minimum license fee, your application will not be processed.