

11-2016

**Pennsylvania Department of Agriculture Bureau  
of Food Safety and Laboratory Services  
717-787-4315  
[www.EatSafePA.com](http://www.EatSafePA.com)**

Dear **Frozen Dessert** Applicant:

Enclosed are the necessary forms and applications for obtaining a Frozen Dessert License from the Pennsylvania Department of Agriculture. The enclosed material must be fully completed, returned with all necessary accompanying documentation, and reviewed by the appropriate regional Food Sanitarian and/or Food Sanitarian Supervisor with the Bureau of Food Safety & Laboratory Services prior to work begun in construction, remodeling, alteration of a facility, change in type of food operation, new ownership or the preparation/sale of frozen desserts from the facility or within Pennsylvania. Please note failure to provide all required information could delay your license approval. Return all materials to your Regional Office, as listed below.

This application is intended for retail food facilities who are manufacturing/selling frozen dessert; for wholesale manufacturers and/or distributors of frozen dessert products; and for out-of-state wholesale manufacturers and/or distributors who wish to sell product in PA.

***Please note: All wholesale manufacturers and distributors of Frozen Dessert Products, such a soft serve mixes, must additionally apply for a Milk Products Permit. If your manufacturing or distribution facility is located within PA, you may contact a Milk Sanitarian by calling 717-787-4315 or their local regional office. If you are a manufacturer or distributor outside of PA, you may complete the Milk Permit application, attach a copy of your most recent food safety inspection and submit with your frozen dessert application.***

The Department of Agriculture regional Food Sanitarian and/or Supervisor will review the application and contact you at least ten (10) days prior to operation to arrange a licensing inspection. In-State manufacturer and/or distributor applicants will receive their frozen dessert license upon completion of the milk permitting process. Out-of-state applicants will be sent their Frozen Dessert License via USPS after the application is reviewed and verified.

Sincerely,  
Bureau of Food Safety & Laboratory Services Staff

**MAILING ADDRESSES:**

**The Pennsylvania Department of Agriculture  
Bureau of Food Safety and Laboratory Services  
Followed by the below address...**

**Region 1** (Clarion, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango and Warren)  
**13410 DUNHAM RD, MEADVILLE PA 16335      814-332-6890      Fax: 814-333-1431**

**Region 2** (Cameron, Clinton, Columbia, Lycoming, Northumberland, Montour, Potter, Snyder, Tioga and Union)  
**542 COUNTY FARM RD, SUITE #102, MONTOURSVILLE PA 17754      570-433-2640      Fax: 570-433-4770**

**Region 3** (Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Wayne and Wyoming)  
**RT 92 SOUTH, PO BOX C, TUNKHANNOCK PA 18657      570-836-2181      Fax: 570-836-6266**

**Region 4N/4S** (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland)  
**226 DONOHOE RD, SUITE 101, GREENSBURG PA 15601      724-832-1073      Fax: 724-832-1013**

**Region 5** (Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset)  
**Martinsburg Commons 403 E. Christiana St. Martinsburg PA 16662      814-793-1849      Fax: 814-793-1869**

**Region 6A/6B** (Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Perry, Schuylkill and York)  
**ROOM 100, 2310 NORTH CAMERON ST., HARRISBURG PA 17111      717-346-3223      Fax: 717-346-3229**

**Region 7** (Berks, Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton, Philadelphia)  
**1015 BRIDGE RD, COLLEGEVILLE PA 19426      610-489-1003      Fax: 610-489-6119**

Pennsylvania Department of Agriculture  
Bureau of Food Safety and Laboratory Services  
717-787-4315  
[www.EatSafePA.com](http://www.EatSafePA.com)

**APPLICATION FOR FROZEN DESSERT LICENSING**

**RETAIL MANUFACTURERS & WHOLESALE MANUFACTURERS & DISTRIBUTORS WHOLESAL MANUFACTURERS AND/OR DISTRIBUTORS OF FROZEN DESSERT PRODUCTS, MUST ALSO APPLY FOR A MILK PRODUCTS PERMIT.**

**SECTION 1 (COMPLETE AND MOVE TO SECTION 2)**

**PURPOSE OF THE APPLICATION**

THIS FACILITY IS A:  Permanent Structure  Mobilized Unit / Structure  Out-of-State Facility

PLEASE SELECT ANY THAT APPLY:

- New Facility and/or License In-State
- Remodel of Facility In-State
- Other, Describe \_\_\_\_\_
- Change of Ownership of an Existing Facility In-State
- Out-of-State Manufacturer/Distributor

**SECTION 2 (COMPLETE AND MOVE TO SECTION 3)**

**FACILITY INFORMATION**

NAME OF FACILITY/BUSINESS \_\_\_\_\_

ADDRESS OF FACILITY: (physical location or storage location if a mobile unit)

Facility Street Number and Name	City	State	Zip Code
County	Township/Borough		
( ) _____ Facility Phone Number	) _____ Facility Fax Number		
Email Address	( ) _____ Cell Number or Alternate Phone		

Number FACILITY MAILING ADDRESS (If Other Than Above):

Name	City	State	Zip Code
------	------	-------	----------

LEGAL BUSINESS NAME (if different than the Establishment Name): \_\_\_\_\_

LEGAL OWNER MAILING ADDRESS (If different than above mailing address):

Owner Street Number	City	State	Zip Code
( ) _____ Owner Phone Number	( ) _____ Owner Fax Number	_____ Owner E-Mail Address	

**\*PLEASE FILL IN THE DETAILED INFORMATION ON OWNER / PROPRIETORSHIP ON PAGE 5 OF THIS APPLICATION**

**SECTION 3: (IN-STATE FACILITIES ONLY COMPLETE THIS SECTION AND MOVE TO SECTION 5)**

**IF RETAIL:**

○ DO YOU HAVE (OR APPLIED FOR) A RETAIL FOOD FACILITY LICENSE?  YES  NO

**IF NO: STOP HERE** AND PLEASE SUBMIT A “RETAIL FOOD FACILITY PLAN REVIEW APPLICATION”.

**IF YES:** INDICATE THE LICENSING JURISDICTION: \_\_\_\_\_

**AND** ANSWER THE FOLLOWING QUESTIONS:

1. Water Supply (choose one)  PUBLIC OR  NON-PUBLIC (i.e.; well)
  - a. Public Water Supplier for the facility (if applicable): \_\_\_\_\_  
(Example: Pa Am Water)
  - b. If a non-public water supply, such as a well, is utilized a water test for Coliform and Nitrate/Nitrite must be performed as required by the Retail Food Facility Licensor.
2. Sewer Authority for the facility (for mobile units, list disposal site for gray water) \_\_\_\_\_
3. If the facility is a structure/building, have all local zoning requirements been met?  YES  NO
4. Do you have a PA Sales Tax License?  YES  NO  IN-APPLICATION  EXEMPT
5. Do you have a Food Employee Certified person on staff?  YES  NO  N/A  ENROLLED in a class
6. How many Frozen Dessert machines do you plan on operating? \_\_\_\_\_
7. How many barrels on each machine? \_\_\_\_\_

**IF WHOLESALE, MANUFACTURING, OR DISTRIBUTION:**

(THIS SECTION IS ONLY IF YOU INTEND TO WHOLESALE YOUR FROZEN DESSERT PRODUCT or MIX)

○ Do you have (or applied for) a Milk Products Permit?  YES  NO

**IF NO: STOP HERE** and Please contact a milk sanitarian at 717-787-4315 or through the local regional office (see cover letter)

**IF YES:** Indicate the Wholesale license number of the Milk Permit: \_\_\_\_\_

**SECTION 4: (OUT-OF-STATE APPLICANTS ONLY COMPLETE AND MOVE TO SECTION 5)**

If your business is located out-of-state, your business/food facility/processing facility must be under inspection and in good standing with your states health/agriculture department or local health department.

Name of the inspection entity in your state inspecting your facility: \_\_\_\_\_

## SECTION 5: LICENSE FEES

In-State Facilities: DO NOT SEND ANY MONEY NOW. Your \$35.00 license fee will be collected at the time of your inspection.

Out-of-State Applicants: Please submit \$35.00 license fee made payable to "Commonwealth of PA."

## SECTION 6: To be completed by ALL applicants

In State Applicants: This application and any other requested materials, as listed above, should be **submitted to your local Regional Office**, as listed on the cover letter.

Out of State Applicants: Submit this application and fee along with a completed Milk Permit application to:

**PA Department of Agriculture  
Bureau of Food Safety & Laboratory Services  
2301 N Cameron Street  
Harrisburg PA 17110**

The Applicant understands and agrees that this document is an application for Frozen Dessert License. The applicant understands and agrees that only a "proprietor" of this operation may obtain the registration; and that a "proprietor" may be a person, partnership, association or corporation operating the food establishment within the Commonwealth of Pennsylvania. The applicant verifies that it is a/an (circle one): **person, partnership, association, corporation, LLC or LLP**; and that it is the "proprietor" of the food establishment that is the subject of this application for a Frozen Dessert License. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

**Please allow two-four weeks for processing of your application.** Out-of-State Applicants will be sent a Milk Permit and/or a Frozen Dessert License via USPS. After this application is reviewed and approved, in-state applicants will be contacted by their assigned Food or Milk Sanitarian to schedule an inspection.

