



pennsylvania
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY & LABORATORY SERVICES

APPLICATION PACKET FROZEN DESSERT LICENSE

**RETAIL MANUFACTURERS
WHOLESALE MANUFACTURERS
DISTRIBUTORS**

*Wholesale Manufacturers and/or Distributors of Frozen Dessert Products **MUST**
also apply for a Milk Products Permit*

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FROZEN DESSERT LICENSE APPLICATION

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 Inspector and/or Food Inspector 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 Inspector 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 Inspector 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 address below:

- Region 1** *Clarion, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango and Warren*
13410 DUNHAM RD, MEADVILLE PA 16335 Phone: 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
Phone: 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 Phone: 570-836-2181 Fax: 570-836-6266

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

- Region 5** *Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset*
3001 FAIRWAY DR, ALTOONA PA 16602 Phone: 717-705-5500 Fax: 814-793-1869

- Region 6E/6W** *Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Perry, Schuylkill, and York*
2301 N. CAMERON ST, ROOM G11, HARRISBURG PA 17110
Phone: 717-346-3223 Fax: 717-346-3229

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

FROZEN DESSERT LICENSE APPLICATION

SECTION 1 (COMPLETE AND MOVE TO SECTION 2)

PURPOSE OF THE PLAN REVIEW

PART A: Facility is:

- Permanent Structure Mobilized Unit / Structure Out-of-State Facility

PART B: Reason for review: (Check ALL that apply):

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

SECTION 2 (COMPLETE AND MOVE TO SECTION 3)

FACILITY INFORMATION

NAME OF FACILITY (Common Public Name):

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
Facility email address Facility cell number or alternate phone number

MAILING ADDRESS (if different than above):

Street number and name City State Zip code

LEGAL BUSINESS NAME (if different than facility name):

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

Owner street number and name City State Zip code
Owner phone number Owner fax number Owner e-mail address

FILL IN DETAILED INFORMATION FOR YOUR PROPRIETORSHIP ON PAGE 6 OF THIS APPLICATION

FROZEN DESSERT LICENSE APPLICATION

SECTION 3: (IN-STATE APPLICANTS ONLY. COMPLETE AND MOVE TO SECTION 5)

IF RETAIL:

Do you have (or have you applied for a) a Retail Food Facility License?

NO.

STOP HERE. Submit Application for Retail Food Facility License

YES.

Indicate the Licensing Jurisdiction: _____

RETAIL FACILITIES ONLY– answer the following:

1) Water Supply (choose one):

Public

Provide name of public water supplier: _____ (ex: Pa American Water)

Non-public (i.e. well)

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 APPLIED EXEMPT

5) Do you have a Food Employee Certified person on staff?

YES NO EXEMPT ENROLLED IN COURSE

6) How many Frozen Dessert machines do you plan on operating? _____

7) How many barrels are 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

Indicate the Wholesale license number of the Milk Permit: _____

NO

STOP HERE. Contact a Milk Inspector at 717-787-4315 or through the local regional office (see cover letter).

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 state’s health/agriculture department or local health department.

Name of the inspection entity in your state inspecting your facility: _____

FROZEN DESSERT LICENSE APPLICATION

SECTION 5: LICENSE FEES

IN-STATE APPLICANTS:

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” to the address indicated below.

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
ROOM 112
HARRISBURG PA 17110**

Please allow 2-4 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 Inspector to schedule an inspection.

FROZEN DESSERT LICENSE APPLICATION

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.

INDIVIDUAL PERSON:

Signature

Legibly Print Name

_____ _____
Date Date of Birth

PARTNERSHIP:

Signature – General Partner

Legibly Print Name

_____ _____
Date Date of Birth

Signature – General Partner

Legibly Print Name

_____ _____
Date Date of Birth

CORPORATION OR ASSOCIATION / NON-PROFIT ENTITY:

Name of Corporation or Non-Profit Entity

Name of current CEO/President/or similar _____
Official Title _____
Date of Birth of CEO/President/or similar

Signature of Corporate / Association / Non-Profit Official _____
Official Title of Signatory

Legibly Print Name _____
Date

LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP):

Name of LLC or LLP

Name of Senior Official/General Partner, or Similar _____
Official Title _____
Date of Birth of Senior Official/General Partner, or Similar

Signature – Member _____
Date _____
Signature – Member _____
Date

Legibly Print Name _____
Legibly Print Name

.....**OFFICIAL USE ONLY**.....

LICENSE TYPE: RETAIL FOOD LICENSE – PERMANENT LICENSE EXEMPT – BUT INSPECTED

APPROVAL
Approval date _____ Applicant contacted date _____ Method _____

DISAPPROVAL
Disapproval date _____ Letter mailed to applicant date _____

Reasons for denial: _____

REVIEWING INSPECTOR: _____

****REMINDER: IN ALL CASES, A FACILITY RECORD MUST BE CREATED IN PAFOODSAFETY AND THE APPLICATION SCANNED AND ATTACHED TO THE FACILITY RECORD.**