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

CONTENTS:

• Cover Letter & Mailing Addresses .................................................. Page  2
• Application for Frozen Dessert License ................................. Pages 3 – 6 (Required)
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 as 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: 570-836-1007 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

REV 09.2019
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)

<table>
<thead>
<tr>
<th>Facility street number and name</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

County  ______________________________________________
(_______)______________________________________
Facility phone number  (_______)______________________________________
Facility fax number  (_______)______________________________________
Facility email address  Facility cell number or alternate phone number

MAILING ADDRESS (if different than above):

<table>
<thead>
<tr>
<th>Street number and name</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

LEGAL BUSINESS NAME (if different than facility name):
________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Owner street number and name</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
</table>
| (_______)_____________________ | (_______)_____________________ | Owner e-mail address
Owner phone number  Owner fax number

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

REV 09.2019
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
   - Non-public (i.e. well)
   Provide name of public water supplier: ________________________________ (ex: Pa American Water)
   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: ________________________________
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

☐ 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:

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