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 as 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  
Fax: 814-332-6890  
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  
Fax: 570-433-2640  
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  
Fax: 570-836-6266  
570-836-2181  
Fax: 570-836-6266

**Region 4N/4S** (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland)  
226 DONOHUE RD, SUITE 101, GREENSBURG PA 15601  
724-832-1073  
Fax: 724-832-1013  
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: 814-793-1849  
717-346-3223  
Fax: 717-346-3229

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

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

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

Facility Street Number and Name

County

(______) ________________

Facility Phone Number

(______) ________________

Facility Fax Number

Email Address

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

(______) ________________

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.
FILL IN AND SIGN THE APPROPRIATE BLOCK.

☐ INDIVIDUAL PERSON

________________________  ____________________________  ____________________________
Signature                  Signature-General Partner  Signature-General Partner

________________________  ____________________________  ____________________________
Legibly Print Name         Legibly Print Name          Legibly Print Name

________________________  ____________________________  ____________________________
Date                      Date                          Date

☐ PARTNERSHIP

☐ Corporation Or Association/Non-Profit Entity

Name of Corporation or Non-Profit Entity

________________________  Date
Signature of President / VP  (circle which)

________________________
Legibly Print Name

________________________  Date
Signature of Secretary / Treasurer (circle which)

________________________
Legibly Print Name

☐ Limited Liability Company (LLC) or Limited Liability Partnership (LLP)

Name of Corporation

________________________  Date  ____________________________  Date
Signature – Member  Signature – Member

________________________  ____________________________
Legibly Print Name  Legibly Print Name

________________________  Date  ____________________________
Signature – Member  Signature-Member

________________________
Legibly Print Name  Legibly Print Name

OFFICIAL USE ONLY:

APPROVAL
PLANS APPROVED, DATE ____________________/APPLICANT CONTACTED, DATE ____________________/METHOD ____________________

DISAPPROVAL
PLANS DISAPPROVED, DATE ____________________/LETTER MAILED TO APPLICANT, DATE ____________________

Reasons for denial:

________________________

REVIEWING SANITARIAN

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