

## **INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR MILK HANDLER'S LICENSE - DISTRIBUTOR**

Every person operating as a distributor and who qualifies under the following conditions is required to obtain a Milk Handler's License:

1. Any person who regularly operates mobile vehicles on routes predominately for the sale of dairy products on such routes to wholesale customers.
2. Wholesale customers only as to milk, cream, or any dairy product that is actively and directly processed, manufactured, or packaged by such wholesale customer.

"Distributor" does not include a wholesale customer that does not meet the requirements of item 2 above.

"Person" includes any individual, firm, corporation, partnership, association, nonprofit cooperative association, or any other business organization.

### **APPLICANT INSTRUCTIONS**

#### **Question 1**

Enter the date your business began operation. If the business was purchased from an existing distributorship, enter the date you assumed responsibility of the operation. Include your business telephone number as well as fax number, if applicable.

#### **Question 2**

Enter the legal name under which you will conduct business.

#### **Question 3**

Enter the physical or street address, including city and zip code.

#### **Question 4**

Enter the mailing address, if different from street address, i.e., P.O. Box number, city and zip code.

#### **Question 5**

Check the appropriate box if you will operate as an individual, partnership, corporation, LLC, or LLP.

#### **Question 6**

List names(s), title(s), address(es) and phone number(s) based on your answer to question 5. If operating as a partnership or corporation, list all member names, titles, addresses and telephone numbers.

#### **Question 7**

For corporations only. On a separate sheet of paper list the names and addresses of persons who hold more than 25% of stock.

#### **Questions 7a through 7d**

- 7a.** For corporations only. Enter the state in which your corporation is registered.
- 7b.** For corporations only. Enter your corporation number.

- 7c.** For corporations only. Enter the date your company incorporated.
- 7d.** For corporations only. Enter the name and address of person in California authorized to accept service of summons.

**Question 8**

Enter the name(s) of your dairy supplier(s) from whom you purchase dairy products. Include the name(s), address(es) and telephone number(s). Use a separate sheet of paper if necessary.

**Question 9**

List all the types of dairy products you distribute; i.e., fluid milk, yogurt, cottage cheese, ice cream, etc.

**Question 10**

List all **organic** packaged fluid products that you obtain from **outside** California, for distribution to customers in California. Indicate the annual volume for these products in gallons, for the latest completed calendar year.

**Question 11**

List all **non-organic** packaged **fluid** products that you obtain from **outside** California, for distribution to customers in California. Indicate the annual volume for these products in gallons, for the latest completed calendar year.

**Question 12**

Check the appropriate box that dairy sales will be made to. Retail stores are defined as supermarkets, mom-and-pop type stores, gas station mini-marts, convenience stores, etc., or any other establishment that buys packaged milk, cream, or any dairy product for resale to consumers.

Wholesale customers are defined as persons other than a distributor that buys packaged milk, cream, or any dairy product for resale to consumers or to other wholesale customers.

Home delivery is defined as sales made directly to a consumer's dwelling.

**Question 13**

Answering "yes" means you purchase milk or cream which has not been pasteurized or packaged in bottles, cartons, dispenser cans, or other consumer packages, and which is handled or delivered, in bulk, in tanks, cans, or other bulk containers. If answering "yes", enter the name of your supplier.

**Question 14**

If your operation is a partnership or corporation, ensure that your answers take into consideration individual members within a partnership or officers within a corporation. For those boxes checked "yes", please explain fully on a separate sheet of paper.

The application must be signed by the individual, or a member of the partnership or officer of the corporation. Please also legibly print the applicant's name, along with the title and date the application was signed.

A self-addressed return envelope is enclosed for your convenience. **Make your check payable to "Cashier, CDFA 34004-L".**