

DEAL



Department of Agricultural Resources
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



Milk Dealer Registration and License Application Form Fiscal Year 2018

Please provide complete information in the following application and return the application with the Milk Dealer License Fee listed below to the **Department of Agricultural Resources, 251 Causeway Street, Suite 500, Boston, MA 02114**

License Fee:	\$	Make Check Payable to Commonwealth of Massachusetts	License Number
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1. Applicants Name and Principle Address in Massachusetts:	If different (please print): _____ _____ _____ _____
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2. Trade Name: _____ Telephone Number: _____

3. Please indicate the type of business organization of the applicant by checking the appropriate box. Provide the information request by applicable business organization.

Individual

Name: _____

Street Address:	City:	State:	Zip Code:
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Partnership: Please provide the names and addresses of each partner. If applicant needs more space, please attach additional sheets.

Name: _____

Street Address:	City:	State:	Zip Code:
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Name: _____

Street Address:	City:	State:	Zip Code:
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Name: _____

Street Address	City:	State:	Zip Code:
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Corporation: State of _____ Organization: _____ Please provide the name and address of the President, Treasurer, and Secretary.

President's Name: _____

Street Address:	City :	State:	Zip Code:
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Treasurer's Name: _____

Street Address:	City:	State:	Zip Code:
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Secretary's Name _____

Street Address:	City:	State:	Zip Code:
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4. Affiliates and Subsidiaries: Please provide the names and address of all affiliates and subsidiaries.

Name of Affiliate or Subsidiary:			
Street Address:	City:	State:	Zip Code:
Name of Affiliate or Subsidiary:			
Street Address:	City:	State:	Zip Code:
Name of Affiliate or Subsidiary:			
Street Address:	City:	State:	Zip Code:
Name of Affiliate or Subsidiary:			
Street Address:	City:	State:	Zip Code:
Name of Affiliate or Subsidiary:			
Street Address:	City:	State:	Zip Code:

5. For each plant from which the applicant distributes milk in the Commonwealth of Massachusetts and which applicant owns or operates, please provide the address, the name of the plant manager, the telephone number, and the Interstate Milk Shippers (IMS) Plant Code (if applicable) of each such plant. The term plant includes milk plants, receiving stations, and pasteurization plants. If space is insufficient, please provide additional sheets.

IMS Plant Code:	Contact Person:	Telephone Number:	
Street Address:	City:	State:	Zip Code:
IMS Plant Code:	Contact Person:	Telephone Number:	
Street Address:	City:	State:	Zip Code:
IMS Plant Code:	Contact Person:	Telephone Number:	
Street Address:	City:	State:	Zip Code:

Instructions for questions 6-10: If the applicant did not operate a milk business during the entire month of May 2017 give the information for the applicant's first full month of operation thereafter, indicating what month. If at the time of application the applicant has not yet operated a milk business, give the applicants intentions and estimates for anticipated business for the first full calendar month of operation

6. Give names of dealer and/or associations from whom milk was purchased in May 2017(including milk plants, receiving stations, or pasteurization plants). Also provide the address and quantity in pounds purchased from each. If space is insufficient, please provide additional sheets.

Name of Dealer or Association:		Quantity in Pounds:	
Street Address:	City:	State:	Zip Code:
Name of Dealer or Association:		Quantity in Pounds:	
Street Address:	City:	State:	Zip Code:
Name of Dealer or Association:		Quantity in Pounds:	
Street Address:	City:	State:	Zip Code:

7. On a separate sheet, list the number and give names and address of producers from whom milk applicant purchased in May 2017. Indicate the quantity in pounds purchased from each. List Massachusetts and out of state producers separately.

8. If you are a producer/dealer, please provide the number of cows and the amount of milk produced on your farm in May of 2017.

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9. For the month of May 2017 did the applicant (please check the appropriate box):

Pasteurize milk?	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> for self	<input type="checkbox"/> other dealers
Buy milk pasteurized and/or packaged by another dealer?	<input type="checkbox"/> no	<input type="checkbox"/> yes		
Sell from retail routes?	<input type="checkbox"/> no	<input type="checkbox"/> yes		
Own stores?	<input type="checkbox"/> no	<input type="checkbox"/> yes		
Sell wholesale?	<input type="checkbox"/> no	<input type="checkbox"/> yes		
If YES, check the applicable outlets:	<input type="checkbox"/> Stores	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Hotel	<input type="checkbox"/> Hospitals
	<input type="checkbox"/> Schools	<input type="checkbox"/> Other Institutions	<input type="checkbox"/> Other Wholesale	<input type="checkbox"/> Sell to dealers
Sell milk in Massachusetts, which you pasteurized out of state?	<input type="checkbox"/> no	<input type="checkbox"/> yes		
Manufacture butter?	<input type="checkbox"/> no	<input type="checkbox"/> yes		
Manufacture ice cream?	<input type="checkbox"/> no	<input type="checkbox"/> yes		
Manufacture cheese?	<input type="checkbox"/> no	<input type="checkbox"/> yes		

10. Please list the name and address of each milk dealer in Massachusetts to whom applicant distributed milk. If space is insufficient, please provide additional sheets.

Name of Dealer:			
Street Address:	City:	State:	Zip Code:
Name of Dealer:			
Street Address:	City:	State:	Zip Code:
Name of Dealer:			

Street Address:	City:	State:	Zip Code:
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Note: Failure to give complete answers to any of the above questions is a violation of Chapter 94A of the Massachusetts General Laws.

The undersigned applicant hereby represents and agrees that:

1. The applicant is familiar with the provisions of Chapter 94 and 94A of the General Laws, as amended;
2. The applicant will promptly notify the Department of Agricultural Resources of any change during the license year with respect to any particular given above.

The person who as the individual applicant, member of the partnership or officer of the association or corporation making this application, hereby declare, and by signature affixed below attest, that I am duly authorized to execute this application for a milk dealer license, that all the information contained in this application is true, and this statement is made by me under the penalties of perjury, as provided in Section 1A of Chapter 26B of the General Laws of Massachusetts.

Signature of Applicant: _____ Date: _____

If applicant is a corporation, both the president and treasurer must sign.

Signature of Applicant: _____ Date: _____
(President)

Signature of Applicant: _____ Date: _____
(Treasurer)

Pursuant to MGL Ch. 62C, Sec. 49A. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

N.B. If the foregoing statement is signed outside the Commonwealth of Massachusetts it must be verified before a Notary Public or other duly authorized officer and the certificate of such officer must be appended to this application when filed.

For Office Use Only:

Date Received: _____ Amount Received: _____ Audit No.: _____ License No.: _____