

**VERMONT AGENCY OF AGRICULTURE, FOOD & MARKETS
116 STATE STREET./DRAWER 20
MONTPELIER, VERMONT 05620-2901**

APPLICATION FOR MILK HANDLERS LICENSE

(Vermont law-VSA, Title 6, Chapter 151, Section 2721 – designates September 1 of each year as the date on which all milk handlers must be licensed for the following year. Applications must be completed and returned not later than June 1.)

Application is hereby made for a milk handler license in the State of Vermont as provided by VSA, Title 6, Chapter 151, Section 2721-2723.

Name of Applicant _____

Post Office Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

LICENSE FEES

A license fee of \$200.00 in the case of initial application or a license fee of \$50.00 in the case of renewal application together with a \$1.00 application fee for each additional certified copy must accompany this application.

CLASS OF BUSINESS

- Corporation Incorporated Association Individual
 Partnership Cooperative

Is the applicant for license the principal of a subsidiary or any other corporation or holding company engaged in the purchase of dairy products in Vermont?

PART I. TO BE COMPLETED BY APPLICANTS INTENDING TO PROCESS, PACKAGE OR SELL MILK OR DAIRY PRODUCTS IN VERMONT.

(Check all items that apply)

MILK WITH THE FOLLOWING DESIGNATIONS:

- Whole Milk Skim, Nonfat Milk Lowfat Milk Reduced Fat Milk
 Half & Half Other _____

CREAM WITH THE FOLLOWING DESIGNATIONS:

- Light Medium Light Whipping Heavy

CULTURED PRODUCTS WITH THE FOLLOWING DESIGNATIONS:

- Buttermilk Yogurt Sour Cream Other _____

CHEESE WITH THE FOLLOWING DESIGNATIONS:

- American Cheddar Foreign Type Baker or Pot Type
 Cottage or Soft Skim Type Other _____

Assemble/Transport Milk/Milk Products in Vermont

Assemble/Manufacture Milk Container Products in Vermont

If you purchase any milk or cream from other licensed milk handlers, list them below

NAME	ADDRESS

List names, addresses and locations of all plants and facilities owned or operated and/or to be owned or operated.

Applicants with processing plants located outside of the State of Vermont must enclose a copy of the latest Plant Inspection Report made by the appropriate regulatory agencies in those states.

State whether the applicant, or any partner, officer or director thereof is the subject of any criminal, civil or disciplinary action by any federal or state agency or has been convicted of a crime relating in any way to the business of milk processing, marketing or both (Attach statement if necessary).

List localities or market areas to be served. (List by counties, or townships if not serving entire county. Attach additional sheet, if needed).

PART II. FOR APPLICANTS INTENDING TO PURCHASE MILK FROM VERMONT DAIRY FARMERS.

List the amounts you paid to your Vermont producers during the preceding 12 months.

March \$ _____	June \$ _____	September \$ _____	December \$ _____
April \$ _____	July \$ _____	October \$ _____	January \$ _____
May \$ _____	August \$ _____	November \$ _____	February \$ _____

A new applicant must identify all its Vermont producers.

AGREEMENT AS TO PAYMENTS:

In the absence of a contract with the producers as to the time and form of payment for milk and cream, the law provides that such payments shall be made not later than the 25th of each month for products delivered during the preceding calendar month. On what dates each month do you agree to make payments to your producers for the coming year? _____ and _____.

State specifically from what date your first payment of the month covers. Payment made on the _____ day of the month covers deliveries from _____ to _____.

State specifically from what date your second payment of the month covers. Payment made on the _____ day of the month cover deliveries from _____ to _____.

AGREEMENT:

I/we hereby agree to maintain all milk samples within the State of Vermont or to pay the Secretary of Agriculture the cost of supervision if samples are removed from the state as provided in VSA, Title 6, Chapter 151, Section 2743.

SIGNED: _____

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MILK HANDLER APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED
PRINT below the name of the company, partnership or individual submitting application

PRINT below the name and title of the officer signing for the company

SIGN below, using the name of the company and the name of the officer authorized to sign

DATE: _____