

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 2016

Please provide complete information in the following application and return the application with the Milk Dealer License Fee listed below to the **Commonwealth of Massachusetts P. O. Box 419168 Boston, MA 02241-9168**

|                 |   |                |
|-----------------|---|----------------|
| License Fee: \$ | Make Check Payable to<br><b>Commonwealth of Massachusetts</b> | License Number |
|-----------------|---|----------------|

|  |  |
|--|--|
| 1. Applicants Name and Principle Address in Massachusetts: | If different (please print):<br>_____<br>_____<br>_____<br>_____ |
|--|--|

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: |
|-----------------|-------|--------|-----------|

**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: |
|-----------------|-------|--------|-----------|

Name: \_\_\_\_\_

|                 |       |        |           |
|-----------------|-------|--------|-----------|
| Street Address: | City: | State: | Zip Code: |
|-----------------|-------|--------|-----------|

Name: \_\_\_\_\_

|                |       |        |           |
|----------------|-------|--------|-----------|
| Street Address | City: | State: | Zip Code: |
|----------------|-------|--------|-----------|

**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: |
|-----------------|--------|--------|-----------|

**Treasurer's Name:** \_\_\_\_\_

|                 |       |        |           |
|-----------------|-------|--------|-----------|
| Street Address: | City: | State: | Zip Code: |
|-----------------|-------|--------|-----------|

**Secretary's Name** \_\_\_\_\_

|                 |       |        |           |
|-----------------|-------|--------|-----------|
| Street Address: | City: | State: | Zip Code: |
|-----------------|-------|--------|-----------|

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 2015, 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 2015(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 2015. 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 2015.

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9. For the month of May 2015 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: |
|-----------------|-------|--------|-----------|

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.: \_\_\_\_\_