



**Public Health**  
Environmental Health Services

[www.SBCounty.gov](http://www.SBCounty.gov)  
[www.sbcounty.gov/dph/dehs](http://www.sbcounty.gov/dph/dehs)  
Phone: (800) 442-2283



## APPLICATION FOR SEMIFROZEN (SOFT SERVE) MILK PRODUCTS PLANT LICENSE

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE				
FACILITY INFORMATION				
First Date of Operation	Type:	<input type="checkbox"/> Regular	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Mobile
Facility Name (Include restaurant/store number if applicable)	Care Of	Email		
Address	City	State	Zip	
Phone Number	Alternate Phone Number	Fax Number		
MAILING INFORMATION				
Address (if different than above)	City	State	Zip	
PREVIOUS FACILITY/OWNER INFORMATION				
Previous Name of Facility	Previous Owner			
LEGAL OWNERSHIP INFORMATION				
New Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Name of Owner(s) (Please give name of president if a corporation)	Tax ID Number			
INVOICE INFORMATION				
Mail To	Care Of			
Address	City	State	Zip	
Application is hereby made for a license to operate a semifrozen (soft serve) milk products plant for the calendar year ending December 31, 20__ in San Bernardino County.				
Signature of Present Owner or Manager	<b>X</b>			Date
Print Name	Title			
For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only				
New Plant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	<input type="checkbox"/> Soft Serve	<input type="checkbox"/> Frozen Yogurt	<input type="checkbox"/> PRMP
Previous Plant Number 06 –	# of Machines	Previous Owner's Last Operating Date	Mobile Serial Number (not license plate)	
Specialist's Signature	<b>X</b>			
For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only				
Fee:	FA Number:	Record ID:	PE Number:	
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:	
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Changes (please specify):			