



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	X	Date	
Print Name	Title		
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	X		
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):		