COUNTY OF LOS ANGELES　　　　　　　　　　　　　　　　　　**STATE OF CALIFORNIA**
DEPARTMENT OF PUBLIC HEALTH　　　　　　　**DEPARTMENT OF FOOD AND AGRICULTURE**
SPECIALIZED FOOD SERVICES　　　　　　　　　　　**MILK & DAIRY FOODS CONTROL BRANCH**
(626) 430-5421

SOFT SERVE LICENSE APPLICATION

Application is hereby made for a license to operate a semi-frozen (soft serve) milk products plant for the calendar year ending **December 31, 2015** in Los Angeles County. Please print and be sure all information is COMPLETE and LEGIBLE.

Name of Business: _____ Tax ID #: _____

Vehicle Identification #: _____ License Plate #: _____

Location of Business: _____

Mailing Address: _____

Telephone: _____ Fax: _____

New Owner at this location *(circle one)* :　　Yes　　No　　*Check one*: ☐ Individual ☐ Partnership ☐ Corporation

Name of Owner(s) *(include President, if Corporation)*:_____

_____

Previous Business Name: _____ Previous Owner's Name: _____

Products Processed/Manufactured:_____ No. of Machines: _____

If you start operating:　　　　　　　　　　　　　　　Your fee is:
　　Any time between January 1 and March 31　　　　　　$225.00
　　Any time between April 1 and June 30　　　　　　　　$168.75
　　Any time between July 1 and September 30　　　　　　$112.50
　　Any time between October 1 and December 31　　　　$ 56.25

Failure to pay for the license by the compliance date may result in a 25% penalty fee.

Date to begin operating:____/____/____　　　**Amount enclosed**: $_____

> For Department Use Only

Make check or money order for the License fee payable to the ***County of Los Angeles.***

Mail your fee, application and　　　Los Angeles County: Environmental Health Division
a copy of Seller's Permit to:　　　　　　Specialized Food Services
　　　　　　　　　　　　　　　　　　　Attn.: Soft Serve – Ashley Mathe
　　　　　　　　　　　　　　　　　　　5050 Commerce Drive
　　　　　　　　　　　　　　　　　　　Baldwin Park, CA 91706

Amount Due: $ _____
Due Date: ____/_____/_____

Signature of Present Owner or Manager: _____　　Date:____/_____/_____

Inspector's Signature: _____　　Date:____/_____/_____

FOR DEPARTMENT USE ONLY

New Plant: Y / N　　Old Plant Number: 06-_____ CT. #:_____　　DES: _____

Previous Owner's last operating business date: ____/____/____　　　　　　　　　　SUB: _____

Mobile Serial No.:_____N/A_____ *(not a license plate number)*

Check one:　☐ Scored　☐ Not Scored　　☐ Under Minimum　☐ Over Minimum

Type of License to be issued:　☐ Regular　　☐ Seasonal　　☐ Mobile

☐ Soft Ice Cream　　☐ Nondairy Soft Serve　　☐ Frozen Yogurt Dessert

Received By: _____　　Date:____/_____/_____

Amount Received: $ _____　　RC No.:_____