



IMPORTANT: This application must be submitted by the applicant to the Virginia Milk Commission, Richmond, Virginia.

VIRGINIA MILK COMMISSION
102 GOVERNOR STREET, ROOM 205
RICHMOND VA 23219
TELEPHONE NO.: (804) 786-2013
FAX NO.: (804) 371-8700

APPLICATION FOR DISTRIBUTORS' LICENSE

Name of Applicant: _____

Trading As: _____

Address: _____

Contact Person: _____
(Person to address questions concerning this application)

Type of License Requested (check one)

- Processing General Distributor
- Non-Processing General Distributor
- Producer Processing General Distributor

LICENSE REQUESTED FOR ALL VIRGINIA MARKET SALES AREAS

Information to be supplied by Virginia Milk Commission

Date of Hearing	Approved <input type="checkbox"/>	Minutes
Time of Hearing	Rejected <input type="checkbox"/>	Date of License
Place of Hearing		License Number

VIRGINIA MILK COMMISSION

RICHMOND, VIRGINIA

APPLICATION FOR DISTRIBUTORS' LICENSE

TO THE VIRGINIA MILK COMMISSION:

DATE RECEIVED BY SMC:_____

Pursuant to the provisions of Article 2, Chapter 21, Title 3.1 of the Code of Virginia of 1950 as amended, application is hereby made as provided therein, and in accordance with the provisions of the said Act for a license to operate in Virginia defined controlled markets.

Business Location _____

_____ Phone:_____

Mailing address (if different)_____

_____ Fax:_____

(Check one) Individual Partnership Corporation

 Cooperative Other

NAME OF OFFICERS, DIRECTORS OR PARTNERS	TITLES	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you an affiliate of any person, firm or corporation? If so, give name and address of each:

Do you have one or more subsidiaries? If so, give name and address of each:

Number of years applicant has operated this business: _____ years

Sales Disposition:

Retail Wholesale Contractual Own Outlets
U.S. Government Other _____

Has any legal action been taken against you by this commission for violations of rules and regulations?

_____ If yes, indicate date _____
(Yes or No)

Have you made all reports and paid all assessments, as prescribed by the rules and regulations of this commission?

(Yes, No, Not Applicable)

Applicant is currently subject to the following Milk Marketing Regulatory Agencies: ()

State Federal _____ None
Order currently regulated under _____

Total estimated monthly Class I Sales volume in Virginia Market _____ pounds

TO BE COMPLETED BY PROCESSING GENERAL DISTRIBUTOR APPLICANTS ONLY:

Packaging under the following brand names _____

Manufacturing: ()

Starter Ice Cream I/C Mix Cottage Cheese
Creamers Half & Half X Cream XX Cream
Dips Sour Cream Yogurt Egg Nog
Fruit Drinks & Juices Other: _____

Size of glass containers used for fluid milk products ()

Bulk gallons Gallons Half-gallons Quarts Pints
Ten-ounce 1/2 pints Other _____

Size of paper containers used for fluid milk products ()

Bulk gallons Gallons Half-gallons Quarts Pints
Ten-ounce 1/2 pints Other _____

Size of plastic containers used for fluid milk products ()

Bulk gallons Gallons Half-gallons Quarts Pints
Ten-ounce 1/2 pints Other _____

TO BE COMPLETED BY NON PROCESSING DISTRIBUTOR APPLICANTS:

Milk to be processed by:

NAME _____

ADDRESS _____

Is Proposed Processor currently licensed in the following Virginia Milk Commission Markets? _____
Yes or No

Applicant will distribute under the following name brands:

Size of containers used in sales of fluid milk products: ()

Bulk Gallons Gallons Half-Gallons Quarts
Pints Ten-ounce 1/2 Pints Other _____

TO BE COMPLETED BY ALL APPLICANTS:

The following questions are to be answered by inserting a check mark () under the appropriate column headed "Yes" or "No"

	Yes	No
1. Is the applicant qualified by character, experience, financial responsibility and equipment to properly function as a distributor licensee?	_____	_____
2. Is the applicant solvent and is it a fact that the applicant has never made a general assignment for the benefit of creditors?	_____	_____
3. Is it a fact that the applicant has never had a judgment secured against it upon which execution has been returned, wholly or partly unsatisfied?	_____	_____

4. Is the applicant aware that the Virginia Milk Commission has promulgated and published Rules and Regulations for the Control, Regulations and Supervision of the Milk Industry in Virginia? ___ ___
5. Has the applicant read the current Rules and Regulations of the Commission? ___ ___
6. Does the applicant agree to abide by all the Rules and Regulations of the Commission? ___ ___
7. Is the applicant aware of the Commission regulation regarding monthly reporting of receipts, sales and other utilization? ___ ___
8. Is the applicant aware of the Commission requirement that a monthly assessment of Virginia Class I product sales in Virginia controlled markets will be payable by the 15th of the month following the month of sales? ___ ___
9. Is the applicant aware of the promulgated regulations entitled rules of practice and their provisions? ___ ___
10. Is the applicant aware of circumstances under which the licensee can be suspended or cancelled as provided for in the regulations? ___ ___
11. Are all statements, reports and representations which have been, or may be, made by the applicant to the Commission true and accurate? ___ ___
12. Does the applicant agree to accept the assignment of base and to accept delivery of milk in accordance with the Rules and Regulations? ___ ___

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ONLY BY APPLICANTS WHO ARE PRESENTLY LICENSED BY THE COMMISSION:

13. Is it a fact that the applicant has never ceased to operate? ___ ___
14. Is it a fact that the applicant has all requisite health permits and that no such health health permits have ever been suspended, terminated, or revoked? ___ ___
15. Is it a fact that the applicant has never violated any of the Rules and Regulations of the Commission? ___ ___
16. Is it a fact that the applicant has never failed to keep record or furnish information information required? ___ ___
17. Is it a fact that the applicant has never rejected producers' milk without reasonable cause? ___ ___
18. Is it a fact that the applicant has never failed to account and make payment? ___ ___

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ONLY BY APPLICANTS WHO ARE NOT PRESENTLY LICENSED BY THE COMMISSION:

19. Does the applicant possess all requisite health permits? ___ ___
20. Does the applicant agree to keep records and furnish required information? ___ ___
21. Does the applicant agree not to reject producers' milk without reasonable cause? ___ ___
22. Does the applicant agree to account and make payments? ___ ___
23. Does the applicant agree to make assessment payments? ___ ___

24. Has the applicant ever applied to the Virginia Milk Commission for a distributor license? _____
25. Does the applicant agree to advise the commission in writing if any of the major information substantially changes? _____

I swear (or affirm) that the foregoing statements are true, full, and correct to the best of my knowledge and belief. I further swear (or affirm) that I have the authority to speak on behalf of and obligate the applicant.

Applicant

By: _____
Signature of Authorized Representative

DATE

TITLE

Phone Number: _____

Fax Number: _____

THE FOLLOWING CERTIFICATE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED TO TAKE ACKNOWLEDGEMENTS.

State of _____ County of _____

On this _____ day of _____, 20____, _____

whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to his, and having been duly sworn by me, made oath that the statements made in the said instrument are true to the best of my knowledge and belief.

My Commission Expires _____

Notary Public

