



**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) 786-3779

## 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***

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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

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**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**

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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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? \_\_\_ \_\_\_

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**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? \_\_\_ \_\_\_

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**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

