



COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services

State Milk Commission

PO Box 1163, Richmond, Virginia 23218

Phone: (804) 786-2013 | Fax: (804) 371-8700 | Email: milk@vdacs.virginia.gov

MILK DISTRIBUTOR LICENSE APPLICATION

LICENSE TYPE (select one)

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

APPLICANT INFORMATION

Applicant Name

Doing Business As / Trading As Name

Corporate Address

Corporate Phone Number

Website

Years in Operation

Business Location (if different from corporate address)

Business Phone Number

Entity Type (select one)

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Other | |

MILK DISTRIBUTOR LICENSE APPLICATION

PRIMARY CONTACT INFORMATION

The Milk Commission will organize a review hearing with the primary contact upon receipt of a completed milk distributor license application. The representative(s) of the applicant responsible for monthly reporting of fluid milk sales in Virginia is expected to participate in the hearing.

Primary Contact Name

Primary Contact Phone Number

Primary Contact Email

Sales Reporting Contact Name

Sales Reporting Contact Phone Number

Sales Reporting Contact Email

APPLICANT HISTORY

Yes No N/A

Has any legal action been taken against the applicant by the Commission for violation of its rules and regulation?

☐ ☐ ☐

Has the applicant, and its affiliations and subsidiaries listed below, made all reports and paid all distribution assessments as prescribed by the rules and regulations of the Commission?

☐ ☐ ☐

Has the applicant ever ceased to operate?

☐ ☐ ☐

Does the applicant have all requisite health permits?

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Please list any affiliations or subsidiaries of the applicant that are currently licensed to distribute milk in Virginia.

Please list the names and titles of officers, directors, or partners of the applicant.

MILK DISTRIBUTOR LICENSE APPLICATION

ALL APPLICANTS

Yes No

- | | | | |
|-----|--|--------------------------|--------------------------|
| 1. | Is the applicant qualified by character, experience, financial responsibility, and equipment to properly function as a milk distributor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is the applicant solvent and is it a fact that the applicant has never made a general assignment for the benefit of creditors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is it a fact that the applicant has never had a judgement secured against it upon which execution has been returned, wholly or partly unsatisfied? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Is the applicant aware that the Commission has promulgated and published rules and regulations for the control and supervision of the milk industry in the Commonwealth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has the applicant read the rules and regulations of the Commission? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Does the applicant agree to abide by all the rules and regulations of the Commission? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Is the applicant aware of the Commission regulation that requires reports of sales, receipts, and utilization to be submitted no later than the seventh day of each month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Is the applicant aware that an assessment may be imposed for Virginia Class I fluid milk products distributed each month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is the applicant aware of circumstances under which the milk distributor license can be suspended or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | What is the estimated total monthly volume (in pounds) of Class I fluid milk products to be distributed in Virginia? | | |
| 11. | Which brands / labels will be distributed? | | |

MILK DISTRIBUTOR LICENSE APPLICATION

PROCESSING AND PRODUCER PROCESSING GENERAL DISTRIBUTORS

Please note that Virginia designates products as Class I and Class II only. This differs from the federal milk marketing order system. **A milk distributor license is not required to distribute Class II products.**

Class I fluid milk products to be produced and distributed (select all that apply)

- ☐ Whole milk
- ☐ Reduced fat milk
- ☐ Low fat milk
- ☐ Skim (fat-free) milk
- ☐ Flavored milk
- ☐ Buttermilk
- ☐ Eggnog
- ☐ Drinkable custard

Packaging sizes to be produced and distributed (select all that apply)

- ☐ Dispenser
- ☐ Gallon
- ☐ Half Gallon
- ☐ Quart
- ☐ Pint
- ☐ Single Serve
- ☐ Other

Yes No

Is the applicant FULLY regulated under a federal milk marketing order?

☐ ☐

Has the applicant ever rejected producer milk without reasonable cause?

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Would the applicant agree to accept the assignment of milk base (quota), and to accept delivery of milk in accordance with the rules and regulations?

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Does the applicant agree to notify the Commission of any significant change to its distribution within the Commonwealth of Virginia?

☐ ☐

MILK DISTRIBUTOR LICENSE APPLICATION

NON-PROCESSING GENERAL DISTRIBUTORS

Sales disposition (select all that apply)

- ☐ Retail
- ☐ Wholesale
- ☐ Contractual
- ☐ US Government
- ☐ Own outlets
- ☐ Other

Are all products distributed by the applicant processed by a licensed processing general distributors or producer processing general distributors?

Yes

No

☐☐

MILK DISTRIBUTOR LICENSE APPLICATION

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

Signature of authorized representative: _____

Printed name:

Title:

Date:

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 _____,

whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be theirs, 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