



Department of Agriculture

DAIRY DIVISION

8995 East Main Street, Reynoldsburg, OH 43068-3399
Telephone: (614) 466-5550 Fax: (614) 728-2652
www.agri.ohio.gov/dairy Email: dairy@agri.ohio.gov

APPLICATION FOR MILK DEALER'S LICENSE

Instructions:

1. Complete and sign application.
2. Send check or money order for \$15.00 Licensing Fee payable to Treasurer, State of Ohio.
3. Mail payment and completed application to address above.

CHECK THE PERSON TO BE LICENSED:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Political Subdivision |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Affiliate or subsidiary of a corporation |
| <input type="checkbox"/> Association | <input type="checkbox"/> Co-operative Association | <input type="checkbox"/> Other business unit |

NAME AND BUSINESS ADDRESS AS IT SHOULD APPEAR ON THE LICENSE NOTE: Separate application required for each plant.

Name(s): _____		Fed Tax ID/SSN: _____	
Address: _____		County: _____	
City: _____	State: _____	Zip: _____	Township: _____
Phone: _____	Fax: _____	Email: _____	

I hereby make application for a Milk Dealer License as required by Section 917.09 of the Ohio Revised Code.

FULL NAME OF ALL OFFICERS:

PRESIDENT: _____

VICE PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

DIRECTORS: _____

SIGNED: _____ DATE: _____

TITLE: _____ EMAIL: _____

Note: Licenses issued under Section 917.09 are subject to the requirements of Section 917.24 of the Ohio Revised Code "Effect of child support default".

DAIRY DIVISION USE ONLY.

Pre-licensing inspection conducted by: _____

Recommendation: Issue License Deny License

Receipt #: _____ Amount \$: _____ Table: _____

Payer: _____

Application approved and a MILK DEALER LICENSE issued as required by Section 917.09 of the Ohio Revised Code.

By: _____ Date: _____ License Number: _____

FINANCIAL STATEMENT

Note: The information contained in this report is to be used as STRICTLY CONFIDENTIAL and is for the sole use of Ohio's Director of Agriculture in the administration of Sections 917.01 to 917.23 of the Ohio Revised Code.

**(All applicants MUST complete General Information Pages 3 and 4.)
(Every question must be answered. Where the question does not apply, write N.A.)**

CURRENT ASSETS			
1. Cash (on hand and in bank)		\$	
2. Accounts receivable (under 60 days)	\$		
3. Accounts receivable (over 60 days)	\$		
4. Notes receivable (not due)	\$		
5. Notes receivable (past due)	\$		
6. TOTAL	\$		
7. Less reserve for bad debts	\$		
8. Net accounts and notes receivable		\$	
9. Notes due from officers or owners		\$	
10. Inventories; Saleable product	\$		
11. Supplies, containers, other	\$		
12. Prepaid expenses	\$		
13. Total of Items 10 + 11 + 12		\$	
14. Other current assets		\$	
15. TOTAL CURRENT ASSETS			\$
FIXED ASSETS			
16. Land		\$	
17. Buildings	\$		
18. Less reserve for depreciation at _____%	\$		
19. Net building value		\$	
20. Plant equipment, delivery, office, other	\$		
21. Less reserve for depreciation at _____%	\$		
22. Net plant equipment value		\$	
23. TOTAL OTHER ASSETS			\$
24. TOTAL FIXED ASSETS			\$
25. TOTAL ASSETS (CURRENT AND FIXED)			\$
LIABILITIES			
26. Current accounts payable (producer)		\$	
27. Current accounts payable (others, ITEMIZE 30, 60, 90 days)		\$	
28. Accounts payable past due (producers)		\$	
29. Accounts payable past due (others)		\$	
30. TOTAL ACCOUNTS PAYABLE			\$
31. Accrued expenses (ITEMIZE)		\$	
32. Other liabilities (ITEMIZE)		\$	
33. TOTAL EXPENSES			\$
34. Bonds, notes, mortgages payable (ATTACH STATEMENT LISTING SEPARATELY EACH OF THE ABOVE, showing Amount and security given and holder of each.)			\$
35. TOTAL LIABILITIES			\$
36. Corporation Capital			
37. Preferred Stock \$_____ Common Stock: \$_____		\$	
38. Surplus and Undivided Profits		\$	
39. TOTAL CAPITAL			\$
40. Partnership or Individual Net Worth			\$

9. Give the plan you use for determining the price paid to producers: Flat Price _____ Market Pool _____
 Other plan (specify) _____
10. (a) Check method of sampling producer's milk for milkfat or milk components (check what applies):
 Fresh Sample Composite Sample Farm bulk tank sample Weigh Vat
- (b) State number of times milk is sampled per month: _____
- (c) Who tests for milkfat or components: Applicant Producer Association Other (specify) _____
- _____
- (d) Give schedule of times milkfat or component tests of producer milk is made each month: _____
11. Is all of your milk supply received from the same assigned producers? Yes No
12. Do you pay producers direct? Yes No
13. The following operations are conducted at this plant (include all operations, including seasonal):
- | | |
|--|---|
| <input type="checkbox"/> Milk Processing/Bottling | <input type="checkbox"/> Frozen Dairy Products |
| <input type="checkbox"/> Bottle Drinks (not dairy) | <input type="checkbox"/> American Cheese |
| <input type="checkbox"/> Mixes for frozen dairy products | <input type="checkbox"/> Swiss Cheese |
| <input type="checkbox"/> Cream Receiving | <input type="checkbox"/> Cottage Cheese |
| <input type="checkbox"/> Dry Milk | <input type="checkbox"/> Other Cheese |
| <input type="checkbox"/> Evaporated or Condensed Milk Products | <input type="checkbox"/> Milk Receiving Station |
| <input type="checkbox"/> Butter | <input type="checkbox"/> Other products or by-products: _____ |
14. Check the security plan, listed below, to be adopted by the applicant. Dealers purchasing from producers, except as in (d), shall comply with (a), (b), or (c).
- (a) A bond subject to the approval of the Director in the amount of \$ _____; or
- (b) A statement subject to the approval of the Director certifying the trustee with whom cash or negotiable securities are deposited in the amount of \$ _____; or
- (c) A financial statement showing all assets and liabilities subject to the approval of the Director; or Applicant claims exemption under Section 917.14, which states: The provisions of this section shall not apply to purchasers of cream who pay for purchases on or before the time of the next delivery. (Cream Stations, Dealers buying direct from licensed dairy plants and Producer Distributors, Financial Statement not required.)
- (d)
15. (a) If a partnership, state whether any individual partner is so liable: _____
- (b) Is the partnership: General Limited Special: _____
16. Are the applicant's books regularly audited by a certified public accountant? Yes No
17. Are there any pending suits against the applicant? Yes No
 If "Yes", attach statement listing each separately and to whom due.
18. Are there any liens against the real or personal property of the applicant? Yes No
 If "Yes", attach statement listing each separately and to whom due.

I certify the general information furnished in this application is true and correct. If any material change develops, the Dairy Division of the Ohio Department of Agriculture will be notified.

 (Name of Dealer)

By: _____

Date: _____

PAYMENT REQUIRED:

Remittance of \$15.00 application fee payable to the Treasurer, State of Ohio must be enclosed.

Payment by check or money order only:

Payment Method: Check # _____ Money Order
 Amount: \$15.00