



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
APPLICATION FOR FROZEN DESSERT LICENSE

FEE RECEIPTS TRANSMITTAL NUMBER	
DATE LICENSE PAID	AMOUNT PAID

Every person, firm, association or corporation, before engaging in the business of manufacturing or freezing ice cream, mellorine, frozen dessert products or any other product defined in sections RSMo 196.851-196.895 shall first obtain a license from the Missouri Department of Health and Senior Services. A license shall be obtained for each plant or place of business where ice cream, ice cream mix, ice milk, sherbet, frozen malt, ice milk mix, mellorine, edible fat frozen dessert or water ice are manufactured or frozen.

ESTABLISHMENT NAME AND ADDRESS	CORPORATE OR HEADQUARTERS NAME AND ADDRESS
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If any of the above information is incorrect, please write the correct information below:

ESTABLISHMENT NUMBER	ESTABLISHMENT TELEPHONE NUMBER	NAME OF OWNER/CONTACT PERSON	OWNER/CONTACT PERSON TELEPHONE
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IF THIS ESTABLISHMENT IS NO LONGER MANUFACTURING OR FREEZING FROZEN DESSERT PRODUCTS, PLEASE INDICATE BY CHECKING BOX. SIGN, DATE AND RETURN APPLICATION TO ADDRESS LISTED BELOW.

IS THIS ESTABLISHMENT OWNED BY A MISSOURI STATE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE ENTER CUSTOMER CODE
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VOLUME OF FROZEN DESSERT PRODUCT (DRY OR LIQUID MIX) USED FOR THE PREVIOUS YEAR	SCHEDULE OF STATUTORY FEES	
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VOLUME OF POWDER OR DRY FROZEN DESSERT MIX _____ gallons of mix after reconstitution	NEW ESTABLISHMENT	\$10.00
	5,000 GALLONS OR LESS	\$10.00
VOLUME OF LIQUID FROZEN DESSERT MIX _____ gallons of mix	5,001 - 15,000 GALLONS	\$15.00
	15,001 - 25,000 GALLONS	\$25.00
<input type="checkbox"/> New Establishment	25,001 - 50,000 GALLONS	\$50.00
	50,001 - 100,000 GALLONS	\$75.00
	100,001 - 200,000 GALLONS	\$100.00
	200,001 - 400,000 GALLONS	\$125.00
	400,001 GALLONS OR MORE	\$150.00

FOR THE ITEMS BELOW, PLEASE CHECK THE BOX(S) FOR THE PRODUCT(S) THAT YOU MANUFACTURE IN MISSOURI OR YOU MANUFACTURE OUT OF STATE AND DISTRIBUTE IN MISSOURI.

<input type="checkbox"/> EDIBLE FATS	<input type="checkbox"/> FRENCH ICE CREAM
<input type="checkbox"/> FROZEN CUSTARD	<input type="checkbox"/> FROZEN DIETARY DAIRY DESSERT
<input type="checkbox"/> FROZEN YOGURT	<input type="checkbox"/> ICE CREAM
<input type="checkbox"/> ICE MILK	<input type="checkbox"/> MELLORINE
<input type="checkbox"/> MILK SOLIDS NOT FAT	<input type="checkbox"/> MIX & MIXES
<input type="checkbox"/> SHERBET	<input type="checkbox"/> WATER ICE

This license shall be renewed annually by submitting the information noted below to:
 Missouri Department of Health and Senior Services
 Fee Receipts Unit, P.O. Box 570
 Jefferson City, Missouri 65102-0570

Attach check, draft or money order made payable to the Missouri Department of Health and Senior Services. Do not send cash.

Statutory Fee
 Current (within the last 12 months) ROUTINE Food Establishment Inspection Report
 This completed application
 Certificate of No Tax Due

By signing this application, I am applying for a frozen dessert license to distribute and/or operate a frozen dessert establishment in the State of Missouri. I acknowledge that no person shall operate a frozen dessert establishment who does not possess a license from the department to operate such establishment. Only a person who complies with the provisions of sections RSMo 196.851-196.895 shall be entitled to receive and retain such a license. I have read and will comply with applicable Missouri Revised Statutes as amended or revised and related regulations concerning the manufacturing or freezing of ice cream, mellorine and/or other frozen dessert products.

FROZEN DESSERT ESTABLISHMENT LICENSING REPRESENTATIVE SIGNATURE	DATE	STATE TAX ID NUMBER
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FOR DHSS USE ONLY				
DHSS REPRESENTATIVE SIGNATURE	APPROVAL CODE	DATE APPROVED	DATE LICENSED	EXPIRATION DATE