Regulatory Programs Division
West Virginia Department of Agriculture
1900 Kanawha Blvd. E., Charleston, WV 25305
304-558-2227

WEST VIRGINIA DEPARTMENT OF AGRICULTURE
Attn: Administrative Services Division
1900 Kanawha Blvd., East
Charleston, WV 25305-0170
Phone: (304) 558-2226; FAX: (304) 558-3594

Code No. 6894-9811

Application for Frozen Desserts Manufacturer Permit

for the period April 1, 20 through March 31, 20

Application is hereby made and a fee of twenty dollars ($20.00) is enclosed for a Frozen Desserts Manufacturer Permit to manufacture frozen desserts or imitation frozen desserts in West Virginia.

Please make check or money order payable to the West Virginia Department of Agriculture. Return this application and the required fee to the address above within 15 days of the date that you intend to engage in business. If the envelope is not postmarked by this date, add an additional two dollars ($2) to the registration fee as a late penalty charge.

All fees must be paid in US funds drawn from a US Bank, unless the registrant includes an additional $ 3 5 . 0 0 to cover the WV Treasurers Office handling cost for processing a foreign check.

FEIN: _____

Company Name: _____ **Manager:** _____

Corporation: _____ **Division:** _____

Operation Address: _____
PO Box/Street City County State Zip

Phone Number: _____ **Program No.** **FAX:** _____

Operation Contact Person: _____ **Email:** _____

Official Mailing Address: _____ _____
PO Box/Street City County State Zip

Phone Number: _____ **FAX:** _____

Person to receive official notices: _____

Email: _____

Owner: _____

Owner's Address: _____
PO Box/Street City County State Zip

Phone Number: _____ **FAX:** _____

Email: _____

Form of Organization (Check):

☐ Individually owned ☐ Partnership ☐ Other
☐ Cooperative Association ☐ Corporation chartered in the state of _____

What company manufactures the mix(es) that you purchase? _____
What company distributes the mix(es) that you purchase? _____

I certify that the above information is true and correct and that a check or money order made payable to the West Virginia Department of Agriculture is attached. I understand that the Commissioner of Agriculture has the authority to deny this permit application, should he find cause to do so, under authority of West Virginia Code 19-11B-10.

Please include the following information about your counter freezer unit(s):

Model/Type	Serial number	Number of Spouts	Flavor Burst
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐

Do you operate a mobile unit(s)? Yes ☐ No ☐

What fairs or festivals do you plan to attend and planned dates?

Fair/Festival/Event	Dates planned to attend

If you are in need of more space for additional information for your units, please attach that information with this application

Signature of Authorized Representative **Printed or Typed Name and Title** **Date**