West Virginia Department of Agriculture
Attn: Administrative Services Division
1900 Kanawha Blvd., East
Charleston, West Virginia 25305-0170
Phone: 304-558-2226 FAX: 304-558-3594

Code No. 164

Application for Frozen Desserts Manufacturer Permit

for the period April 1 through March 31

Application is hereby made and a fee of thirty-five dollars **($35.00)** 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 one hundred dollars **($100.00)** to the registration fee as a late penalty charge.

FEIN: _____

Company Name: _____ **Manager:** _____

Corporation: _____ **Division:** _____

Operation Address: _____

PO Box/Street *City* *County* *State* *Zip*

Phone Number: _____ **FAX:** _____

Operation Contact Person: _____

Email: _____

Official Mailing Address:

_____

PO Box/Street *City* *County* *State*

Phone Number: _____ **FAX:** _____

Person to receive official notices: _____

Email: _____

Owner: _____

Owner's Address: _____

PO Box/Street *City* *County* *State*

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.

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

WVDA Frozen Dessert Company No.: _____