



**APPLICATION FOR LICENSE TO HANDLE, DISTRIBUTE OR
SELL MILK, FLUID MILK PRODUCTS AND MILK PRODUCTS
EXPIRES JUNE 30th _____**

PLEASE PRINT INFORMATION

\$5.00 RETAIL SALES

NAME OF OWNERSHIP AND TRADE NAME (IF CORP., EXACT NAME OF CORP.)

OWNER NAME AND MAILING ADDRESS: -----

CONTACT ON SITE: _____

BUSINESS LOCATION: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

BRAND NAME: _____

ADDRESS OF PRODUCER OR DISTRIBUTOR: _____

DATE OF APPLICATION

SIGNATURE OF APPLICANT

**THIS APPLICATION MUST BE COMPLETED
BEFORE LICENSE IS ISSUED OR RENEWED**

LICENSE NO _____ **DATE** _____ **FEE** _____

**CHECK OR MONEY ORDER MADE PAYABLE TO:
TOWNSHIP OF HILLSIDE**