



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE  
**APPLICATION FOR FROZEN DESSERT LICENSE**

FEE RECEIPTS TRANSMITTAL NUMBER
DATE LICENSE 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 ices are manufactured or frozen.

ESTABLISHMENT NAME & ADDRESS:		CORPORATE OR HEADQUARTERS NAME & ADDRESS:	
ESTABLISHMENT NUMBER:	ESTABLISHMENT TELEPHONE NUMBER:	NAME OF OWNER/CONTACT PERSON:	OWNER/CONTACT PERSON TELEPHONE:

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.

If any of the above information is incorrect, please write the correct information below:

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Is this establishment owned by a Missouri State Agency? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please enter customer code \_\_\_\_\_

Volume of frozen dessert product (Dry or Liquid Mix) used for the previous year.	SCHEDULE OF STATUTORY FEES	
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
	25,001 - 50,000 GALLONS	\$50.00
	50,001 - 100,000 GALLONS	\$75.00
Please check appropriate box(s) indicating product (s) manufactured in Missouri or manufactured Out-of-State and distributed in Missouri.	100,001 - 200,000 GALLONS	\$100.00
	200,001 - 400,000 GALLONS	\$125.00
	400,001 GALLONS OR MORE	\$150.00

New Establishment

- |   |   |
|---|---|
| <input type="checkbox"/> EDIBLE FATS            | <input type="checkbox"/> FRENCH ICE CREAM     |
| <input type="checkbox"/> FROZEN CUSTARD DESSERT | <input type="checkbox"/> FROZEN DIETARY DAIRY |
| <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"/> SHERBERT               | <input type="checkbox"/> WATER ICE            |

For DHSS Use Only

DHSS REPRESENTATIVE SIGNATURE:		
Date Approved	Date Licensed	Expiration Date:

AMOUNT OF FEE ENCLOSED \_\_\_\_\_

**This license shall be renewed annually by submitting this application along with a current inspection report and the required statutory fee 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.**

**I have enclosed all of the following so the establishment can be licensed:**

statutory fee

current (within the last 12 months) ROUTINE Food Establishment Inspection report – NO OPERATING PERMITS

this completed application

No Tax Due statement

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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