

COLD STORAGE OR REFRIGERATION FACILITY LICENSE APPLICATION**All fields must be completed. Incomplete applications will result in delayed license issuance.**

See Page 2 for Instructions

License Number (if not new): _____

☐ **NEW APPLICANT** ☐ **RENEWAL APPLICANT**
☐ **OWNERSHIP CHANGE** ☐ **RELOCATION**—Previous Address: _____

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (Use other sheets as needed)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. Mailing City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. Facility City	State	ZIP Code	10. Website (URL)		

Authorized Representatives:

11. Owner or Manager Name	12. Telephone Number	13. Emergency Number	14. E-Mail Address
15. Contact Name for Facility	16. Telephone Number	17. Alternate Cell Phone #	18. E-mail Address

19. Interstate Commerce: ☐ Product Shipped ☐ Product or Raw Materials Received ☐ N/A

20. Type of Ownership

☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Nonprofit
☐ Other: _____

21. Corporate Name (if applicable)	State of Incorporation
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22. Owners' and/or Corporate Officers' Names	Owners' and/or Corporate Officers' Titles

LICENSE FEE: \$381.00
(Fee is Non-Refundable)**MAKE CHECKS PAYABLE TO:**
CA DEPARTMENT OF PUBLIC HEALTH
See Page 2 for Mailing Address.

The Food and Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any changes in the above information as provided by California Health and Safety Code, Section 110475. Under penalties of perjury, I declare that the information included with this application and all attachments are true, correct, and complete. I also give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

23. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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-End of Application-**Please review your application to ensure all fields have been completed.****Do Not Write Below This Line. CDPH FDB use only.**

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Instructions for Completing the Cold Storage Or Refrigeration Facility License Application

(Do not send instructions with completed application)

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Cold Storage or Refrigeration Facility License at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Cold Storage or Refrigeration Facility License for this location and you are renewing that license. If this firm has changed location or ownership, please submit a new application for licensure of that facility.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter the full mailing address if different from the facility address or P.O. Box.
9. **Country:** Enter the country where your facility is located if outside of the United States.
10. **Website:** Enter the website address for your business if applicable.
- 11.–14. **Owner's or Manager's Contact Information:** Enter the owner's or manager of facility's telephone number, emergency number where the facility may be reached in the event of an emergency, and e-mail address.
- 15.–18. **Facility Representative's Contact Information:** Enter the facility's representative's name, phone number, alternate cell phone number, and e-mail address.
19. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
20. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
21. **Corporate Name:** If applicable, enter the corporate name here.
22. **Owners' and/or Corporate Officers' Names and Titles:** List the business owners' or officers' names and titles.
23. **Owner's Signature, Printed Name, Title, Date:** This section **must** be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.

Please make all checks payable to: CA Department of Public Health Mail Application and checks to:			
Regular Mail:	California Department of Public Health Food and Drug Branch – Cashier MS 7602 P.O. Box 997435 Sacramento, CA 95899-7435	Overnight Mail:	California Department of Public Health Food and Drug Branch – Cashier 1500 Capitol Avenue, MS-7602 Sacramento, CA 95814

Contact the Food and Drug Branch at FDBFood@cdph.ca.gov if you have additional questions about this application.