

# COLD STORAGE OR REFRIGERATION FACILITY LICENSE APPLICATION

**PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED**

**See Page 2 for Instructions.**

NEW APPLICANT     RENEWAL APPLICANT     OWNERSHIP CHANGE     RELOCATION    PREVIOUS ADDRESS: \_\_\_\_\_

1. Name of Firm			9. Business Operator (name and title)		
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Business Telephone Number (    )	11. Business FAX Number (    )	
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number (    )	13. E-mail Address	
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number (    )	16. Correspondent FAX Number (    )	
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)		
7. Mailing Address (continued)			18. Website (URL)		
8. City	State	ZIP Code	19. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A		

20. Type of Ownership  
 Individual/Sole Proprietorship     Partnership     Corporation     Limited Liability Company     Nonprofit     Other \_\_\_\_\_

21. Owner's Name / Corporate Name (if applicable)      State of Incorporation

22. Owners' or Officers' Names and Titles      Owners' or Officers' Names and Titles

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23. Other valid licenses or registrations issued by the Department     Yes     No

License/Registration Name	License/Registration Number	Expiration Date
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<b>LICENSE FEE: \$254.00</b> <b>(Fee is non-refundable)</b>	<b>MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH</b> See Page 2 for Mailing Address.
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**By signature, I declare under penalty of perjury that all information provided herein is true and correct.**

24. Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

License Number	Expiration Date	Date Received	Payment Type	Amount
				\$

## Cold Storage or Refrigeration Facility License Application Instructions

### Please Type or Print your 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 the facility.

1. **Name of Firm:** Enter the 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.
9. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
10. **Business Telephone Number:** Enter the daytime business telephone number for your business.
11. **Business FAX Number:** Enter your business FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **Website:** Enter the website address for your business if applicable.
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:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
22. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
23. **Other Valid Licenses or Registrations:** Enter the license or registration name, license or registration number, and expiration date for each Department of Public Health license or registration that your firm has been issued.
24. **Sign the application, enter date signed, and print your name and title.**

\*\* LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO OTHER LOCATIONS OR ENTITIES

MAKE CHECKS PAYABLE TO:

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

MAIL APPLICATION AND CHECK 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

**Call the Food and Drug Branch at (916) 324-2170 if you have additional questions about this application.**