



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 ENVIRONMENTAL REGULATIONS AND LICENSURE UNIT
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:

--

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
Volume of liquid frozen dessert mix: gallons of mix	5,000 GALLONS OR LESS	\$10.00
	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
	100,001 - 200,000 GALLONS	\$100.00
	200,001 - 400,000 GALLONS	\$125.00
	400,001 GALLONS OR MORE	\$150.00

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

For DHSS Use Only		
DHSS REPRESENTATIVE SIGNATURE:		
Date Approved	Date Licensed	Expiration Date:

I have enclosed the following so the establishment can be licensed:
O statutory fee
O current (within the last 12 months) Food Establishment Inspection report
O this completed application

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:
--	-------

Definitions of Frozen Dessert

A Frozen Dessert **Plant** is **any** place or premise where frozen desserts or mixes **are** processed, **pasteurized**, frozen or packaged for distribution or sale.

A Frozen Dessert Processor is **any** person who **freezes any** pasteurized mix into semisolid or solid form for **retail distribution** or sale as a frozen dessert.

Frozen Dessert Plants and those establishments processing products such as ice cream, soft-serve products, frozen yogurt, frozen custard, sherbets, water ice, and frozen novelties do require a frozen dessert license.

The Missouri Department of Health and Senior Services has determined that establishments manufacturing **and/or** freezing ice beverage products exclusively, such as icees, slurpies, frozen cappuccino, etc. or serving hard hand-dipped ice cream do not require a frozen dessert license.

To obtain or renew a frozen dessert license follow the steps outlined below.

1. Application must be completed:

- ❖ Please **print/type** clearly the name, address, city, state and zip code in the "Establishment Name & Address" block.
- ❖ Please **print/type** clearly the name, address, city, state and zip code of the owner of the establishment in the "Corporate or Headquarters Name & Address" block.
- ❖ Please **print/type** the establishment telephone number, contact name and contact telephone number in the appropriate box(es).
- ❖ If state agency, mark "Yes" and fill in your customer code.
- ❖ If a food establishment, **print/type** the number of gallons of mix used the previous year. If dry mix was used, enter the number of gallons after reconstitution. If liquid mix was used, write the actual number of gallons used. If a new establishment mark "New Establishment" on application.
- ❖ If a frozen dessert plant, report your most recent total of annual production of ice cream **and/or** related frozen dessert products.
- ❖ Check the 'yes' column next to all corresponding frozen dessert **item(s)** your establishment uses.
- ❖ Refer to the table of statutory fees on the application form for the amount due. Write in the amount of fee enclosed for this establishment.
- ❖ Sign and date the bottom portion of the form.
- ❖ If frozen dessert products are no longer manufactured or frozen at the establishment, please indicate change in operating status on the application. Sign, date and return application to the address listed below.

2. Inspection Information:

- ❖ A copy of the most current (within the last 12 months) Food Establishment Inspection Report must accompany the application.
- ❖ If a copy is not in your possession, please contact your Local Public Health Agency.
- ❖ Copies of health permits and/or local licenses will not be accepted in lieu of the inspection report.

3. License Fee:

- ❖ Submit the required statutory fee by check, draft or money order made payable to the **Missouri Department of Health and Senior Services Do not send cash.** If you are a state agency, a bill number will be sent for you to reference when you pay your bill through SAM II.

Mail completed application, license fee and current Food Establishment Inspection Report to Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City MO 651020570

For further questions, please contact the Missouri Department of Health and Senior Services, Frozen Dessert Program at 573-751-6095.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER. A FOOD ESTABLISHMENT INSPECTION REPORT AND STATUTORY FEE MUST ACCOMPANY THE COMPLETED APPLICATION BEFORE OBTAINING A FROZEN DESSERT LICENSE.