

COLD STORAGE REFRIGERATION FACILITY LICENSE APPLICATION

Incomplete applications will be returned. 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. City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. City	State	ZIP Code	10. Website (URL)		

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

12. Type of Ownership
 Individual/Sole Proprietorship Partnership Corporation Limited Liability Company Nonprofit
 Other:

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

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

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

License/Registration Name	License/Registration Number	Expiration Date

LICENSE FEE: \$332.00
(Fee is Non-Refundable)

MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH
See Page 3 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.

16. Owner's Signature Owner's Printed Name Title OWNER/ Date

Authorized representatives and/or signatories:

17. Business Operator Name	18. Telephone Number	19. Emergency Number	20. E-Mail Address
21. Correspondent Name	22. Telephone Number	23. Alternate Phone #	24. E-mail Address

Do Not Write Below This Line

License Number	Expiration Date	Date Received	Payment Type	Amount
				\$

Instructions for Completing the Cold Storage Or Refrigeration Facility License 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. **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.
12. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
13. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
14. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
15. **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.
16. **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.
17. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
18. **Business Telephone Number:** Enter the daytime business telephone number for your business.
19. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
20. **Business Operator E-Mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
21. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
22. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
23. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.

24. **Correspondent E-mail Address:** Enter the facility e-mail address.

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

Call the Food and Drug Branch at (800) 495-3232 if you have additional questions about this application.