



AZDA
ARIZONA
DEPARTMENT
OF AGRICULTURE

Arizona Department of Agriculture (ADA)

Central Licensing Section
Physical Location: 1010 W Washington St., Phoenix, AZ 85007
Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007
Phone: (602) 542-3578 Fax: (602)542-0466
W: <https://agriculture.az.gov> Email: licensing@azda.gov

For ADA/ASD Use Only

New License No. _____
"Cash" or Check # _____
Postmark _____
Amount _____
Line No. _____
ID No. _____

Dairy License Application

Pursuant to A.R.S. 3-607 and 3-665

Application must include applicant's name and address, the business name and address, the physical location where the business is to be conducted, and must be accompanied by the fee payment. All licenses expire on December 31st of each year.

License Type Information

(Please select one.)

Fee:

- MILK DISTRIBUTING PLANT \$300.00 + # of continuous flow pasteurizers ____ x \$2,500=_____
- MANUFACTURING MILK PROCESSING PLANT \$100.00
- PRODUCER-DISTRIBUTOR IMS PRODUCER-DISTRIBUTOR \$150.00 + # of continuous flow pasteurizers ____ x \$2,500=_____
- PRODUCER-MANUFACTURER \$150.00
- TRADE PRODUCTS MANUFACTURER ONLY \$25.00
- WHOLESALE DISTRIBUTOR \$100.00

Applicant Information

Name of Business Owner: _____ Street Address: _____
Owner's Social Security No* _____ City: _____ State ____ Zip _____
or
TaxID No: _____ Applicant's Phone No: ____ () _____

*For individuals, disclosure of the applicant's social security number is mandatory pursuant to A.R.S.§§ 25-320(P) and 25-502(K) to aid the Arizona Department of Economic Security.

Business Information

Name of Company: _____

Mailing Address

Street Address: _____
City: _____ State ____ Zip _____
Company Contact: _____

Physical Plant Address

Address: _____
City: _____ State ____ Zip _____
Company Contact's Phone No: () _____

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

(Please Print Name) Signature Date _____

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____