MISSOURI DEPARTMENT OF HEAL	TH & SENIOR SERVICES		FOR DHSS USE ONLY		
BUREAU OF ENVIRONMENTAL HEA			FEE RECEIPTS 1	RANSMITTAL NUMBER:	
			DATE PAID:	AMOUN	
A frozen dessert license shall be obtained fron food processing plant or broker engaging in products or any other product as defined in se	the business of	manufactu	ring or distril	buting ice cream, me	
Contact Information					
FACILITY NAME & ADDRESS: CORPORATE OR HEAD			OR HEADQUARTE	ERS NAME & ADDRESS:	
NAME OF OWNER/CONTACT PERSON:	OWNER/CONTACT PERSON TELEPHONE:			EMAIL:	
FOOD ESTABLISHMENT	FOOD PROCESSING PLANT			BROKER	
If any of the above information is incorrect, please Have you or an immediate family member ever served the U.S. Armed Forces? Yes No					
	- •	lf		you like information a	bout military -related
		5		souri? Yes	No
This facility is no longer manufacturing o address listed below.	r distributing from	zen desser	t products. P	lease sign, date and	return application to
Licensing Fee					
Per sections 196.851 – 196.895, RSMo the l and/or distributed in Missouri during the previ					
NEW FACILITY			EXISTING E	STABLISHMENT	
5,000 GALLONS OR LESS	\$10.00		50,001 - 100,0	000 GALLONS	\$75.00
5,001 - 15,000 GALLONS	\$15.00	1	00,001 - 200,	000 GALLONS	\$100.00
15,001 - 25,000 GALLONS	\$25.00	<u> </u>	00,001 - 400	,000 GALLONS	\$125.00
25,001 - 50,000 GALLONS	\$50.00	40	00,001 OR M	ORE GALLONS	\$150.00
Payment Method					
☐ You may pay online by following the pay online link (on the lower left side) on the following page: https://health.mo.gov/safety/foodsafety/industryfoods/manufacturedfoods/frozendessert.php .					
Check or money order made payable to the Missouri Department of Health and Senior Services. Do not send cash.					
Information Submission	·				
To be considered for licensure, the following	information mus	t be submit	ted to:		
1) Application for Frozen Dessert License form Missouri Department of Health and Senior Services					
2) Sanitation Inspection ReportFee Receipts Unit, P.O. Box 5703) Licensing Fee or Proof of online paymentJefferson City, Missouri 65102-0570					
3) Licensing Fee or Proof of online payment4) Certificate of No Tax Due			JE	enerson City, Missour	105102-0570
By submitting this application, I am applying f in the State of Missouri. I acknowledge that dessert license from the department. Only a be entitled to receive and retain such a licens	t no person sha person who cor	ll operate a nplies with	frozen dess the provision	ert facility who does s of sections 196.851	not possess a frozen -196.895 RSMo shall
regulations concerning the manufacturing and	d/or distributing c			nd/or other frozen des	
OWNER/CONTACT SIGNATURE:	DATE:			STATE TAX ID NUMBER:	
		S USE ONL			
DHSS REPRESENTATIVE	APPROVAL CODE			DATE APPROVED:	
DATE LICENSED	EXPIRATION DATE:			FACILITY NUMBER:	
MO 580-3155 (10-21) E2.01	1				