



## APPLICATION FOR SEMI-FROZEN (SOFT SERVE) MILK PRODUCTS PLANT LICENSE

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE			
FACILITY INFORMATION			
First Date of Operation:		Type: <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile	
Facility Name (Include restaurant/store number if applicable):		Care Of:	Email:
Address:		City:	State: Zip:
Phone Number:	Alternate Phone Number:	Fax Number:	
MAILING INFORMATION			
Address (if different than above):		City:	State: Zip:
PREVIOUS FACILITY/OWNER INFORMATION			
Previous Name of Facility:		Previous Owner:	
LEGAL OWNERSHIP INFORMATION			
New Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Name of Owner(s) (Please give name of president if a corporation):		Tax ID Number:	
INVOICE INFORMATION			
Mail To:		Care Of:	
Address:		City:	State: Zip:
Application is hereby made for a license to operate a semi-frozen (soft serve) milk products plant for the calendar year ending December 31, 20__ in San Bernardino County.			
<p><b>Indemnification</b> – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor’s indemnification obligation applies to the County’s “active” as well as “passive” negligence but does not apply to the County’s “sole negligence” or “willful misconduct” within the meaning of Civil Code Section 2782.</p>			
<input type="checkbox"/> <b>Electronic Signature Only:</b> By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.			
Signature of Present Owner or Manager <input checked="" type="checkbox"/>			Date:
Print Name:		Title:	
For Office Use Only			
New Plant: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type: <input type="checkbox"/> Soft Serve <input type="checkbox"/> Frozen Yogurt <input type="checkbox"/> PRMP	
Previous Plant Number: 06 –	# of Machines:	Previous Owner’s Last Operating Date:	
Specialist’s Signature <input checked="" type="checkbox"/>		Mobile Serial Number (not license plate):	
For Office Use Only			
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):	