



**STATE OF NEVADA DAIRY COMMISSION**  
**License Application Instructions**  
**Nevada Dairy Retailers, Distributors and Nevada Processing Plants**

If there are questions regarding the licensing process call:  
Reno Office (775) 688-1211 or Las Vegas Office (702) 486-8212  
The fully completed License Application should be submitted to:

**State of Nevada Dairy Commission**  
**4600 Kietzke Lane, Suite A107**  
**Reno, Nevada 89502**

## Filing

1. \$25.00 License Application Fees are non-refundable.
2. Applicant or representative may be required to appear in person before the Nevada State Dairy Commission.

## Explanation of Application Line Numbers:

1. If you have a DBA ("Doing Business As"), please include both DBA name AND your Corporate name. Physical address and phone numbers are required for both names.
2. If mailing address is different than the physical address, please list it here.
3. Provide the Nevada State Business License number, expiration date, and name as shown on the license. Every person or entity doing business in the State of Nevada must have a business license issued by the Nevada Secretary of State's Office. This must be obtained before applying for a dairy license. Information can be obtained from the Secretary of State's Office at 775-688-5708 or visit their website at [www.nvsos.gov](http://www.nvsos.gov).
4. If necessary, attach a separate list of names and addresses of all owners, partners, or corporate officers.
5. List the name, address, phone number and email address of the person responsible for the financial records, taxes and fees.
6. Please list the source of the products you are selling.
7. Please indicate whether you have contacted a Nevada Dairy Distributor regarding the availability to obtain the products locally.
8. Please select which **Type** of Distributor license most closely resemble(s) your distribution activities. If you are unable to identify which license type most closely resembles your activities, please call the telephone numbers listed above for assistance.
  - a. **Processing Distributor** – manufactures and distributes manufactured dairy products.
  - b. **Peddler Distributor** – purchases products from licensed AND non-licensed distributors and distributes products to their own customers.
  - c. **Retail Store Importing from Unlicensed Out-of-State Distributor** – purchases products from non-licensed distributors and sells at retail.
  - Please select the distribution **Region** in which you plan to distribute dairy products. You may select both regions. The Southern Region is served from Southern Nevada north to approximately Tonopah, Nevada, horizontally across the state. The Northern Region covers the balance of the State.
  - Select the **Product Categories** that match the products you wish to distribute. If you have questions about a product and which category most closely fits that product, please call the telephone numbers above.
9. Assessments are normally paid by the license applicant. However, in some cases, you may be distributing only products purchased from local or other Nevada licensed Dairy Distributors. If you have questions or concerns about who is responsible for reporting the products you will be distributing, please call the telephone numbers listed above for assistance.
10. If you furnish rent or lease equipment to your customers, copies of those agreements must accompany this application and remain on file with the Nevada State Dairy Commission. Types of equipment could be: bunkers, freezers, bossy carts, etc.
11. Please completely fill out the Unit Cost and Price Filing worksheet and provide it with the application.

**Licenses expire on December 31 at midnight. There is NO grace period. Late fees \$25.00**



**NEVADA STATE DAIRY COMMISSION**  
**License Application For Distribution Of Dairy Products**  
**Calendar Year \_\_\_\_\_**

**APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO NEXT COMMISSION MEETING - \$25 FILING FEE**

1. Db Name: \_\_\_\_\_ Corporate Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

2. Mailing Address : \_\_\_\_\_

3. Nevada State Business License ID Number (required): \_\_\_\_\_  
 Expiration Date on Nevada State Business License: \_\_\_\_\_  
 Name on Nevada State Business License: \_\_\_\_\_

4. List of names and addresses for owners, partners, corporate officers: \_\_\_\_\_

5. Name, address, telephone and email of person responsible for financial records:  
 \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

6. What is the source of the products you are going to sell? \_\_\_\_\_

7. Have you contacted a Nevada Dairy Distributor to see if the product is available locally?      Yes      No

8. Type of Distributor, Region and Products:

**Check type(s):**

**Check Region(s):**

**Check all Product Categories that apply:**

PROCESSING DISTRIBUTOR  
  
 PEDDLER-DISTRIBUTOR  
  
 RETAIL STORE IMPORTING  
 FROM UNLICENSED OUT-OF-  
 STATE DISTRIBUTOR

NORTHERN NEVADA  
 MARKETING REGION  
  
 SOUTHERN NEVADA  
 MARKETING REGION

FLUID MILK, FLUID CREAM  
 YOGURT  
 COTTAGE CHEESE  
 BUTTER  
 ICE CREAM, SHERBET, NOVELTIES, FROZEN YOGURT  
 MIXES

9. Will you be responsible for payment of the assessments?      Yes      No  
 If you will NOT be responsible, please list the licensee who will pay assessments: \_\_\_\_\_

10. Do you furnish, rent or lease any equipment to your customers?      Yes      No  
 (If "Yes", please specify) \_\_\_\_\_

11. Attach Unit Cost and Price Filing worksheet.

I hereby certify that all statements made in this application are true to the best of my knowledge and understand that any misstatements of material facts or noncompliance with all laws and regulations of the State of Nevada may result in denial or forfeiture of this application or license.

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

For Commission Use Only		
Application Fee	_____	
Check No.	_____	
Date of Commission Action	_____	
Approve	Disapprove	Withdrawn
License No.	_____	
Date Issued:	_____	
Processed by:	_____	

**Please read instructions carefully. Only fully completed applications are accepted.**