



**State of Nevada
Department of Agriculture
Food and Nutrition
License Application Instructions
Nevada Dairy Retailers, Distributors and Nevada Processing Plants**

If there are questions regarding the licensing process call: Sparks
Office (775) 353-3607 or Las Vegas Office (702) 486-8212 The
fully completed License Application should be submitted to:

**State of Nevada Department of Agriculture
405 South 21st Street
Sparks, NV 89431-5557**

Filing

1. \$25.00 License Application Fees are non-refundable.

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.
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 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.
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. 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 DEPARTMENT OF AGRICULTURE
License Application for Distribution of Dairy Products
Calendar Year _____

APPLICATION MUST BE SUBMITTED WITH \$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. Region:
 NORTHERN NEVADA MARKETING REGION SOUTHERN NEVADA MARKETING REGION

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. 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 Department Use Only	
Application Fee: \$	_____
Check #:	_____
Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/> Withdrawn <input type="checkbox"/>
License #:	_____ Date Issued: _____
Processed by:	_____

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