

Return to: **Federal Milk Order No. 1—Northeast Marketing Area**
89 South Street, Boston MA 02111-2671
Mailing Address: PO Box 51478
Boston, MA 02205-1478
Tel: (617)737-7199—Fax: (617)737-8002
Email: NortheastOrder@fedmilk1.com Website: www.fmmone.com

INFORMATIONAL APPLICATION FOR PRODUCER-HANDLER (PH) STATUS

1. Legal Name of Business: _____

Doing Business As: _____

Mailing Address: _____
Street City State Zip

Telephone Number: _____

2. Type of Organization:

Corporation State of Incorporation: _____ Date: _____

Partnership Date of Agreement: _____ Oral Written

Sole Proprietorship Number of years in business as a PH: _____

LLC Business Type prior to becoming a PH: _____ Years in business: _____

If a corporation, partnership, sole proprietorship, or LLC, list officers or partners for the **processing business**:

Name	Title	Percentage of Ownership

Is there a separate corporation/partnership/sole proprietorship/LLC for the farm and processing plant?

Yes No

If so, list all owners of the **farm business**:

Name	Title	Percentage of Ownership

Milk Production Resources and Facilities

3. List the name and location of each farm operated by all persons listed under Section 2. Indicate, by check mark, if the farm(s) has a bulk milk tank at that location.

<u>Farm Name</u>	<u>Bulk Tank</u>	<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>
a.					
b.					
c.					
d.					

4. Cattle Inventory

<u>Name of Farm</u> <u>Where Cows are Located</u>	<u>Number of</u> <u>Cows Currently Milking</u>	<u>Number of</u> <u>Dry Cows</u>	<u>Number of</u> <u>Heifers</u>	<u>Total</u>
a.				
b.				
c.				
d.				

5. Report total production by weight for all farms in the partnership/corporation/proprietorship for the twelve (12) months preceding the month in which this application is filed:

<u>Month</u>	<u>Year</u>	<u>Milk Lbs.</u>	<u>Month</u>	<u>Year</u>	<u>Milk Lbs.</u>
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

Distribution Resources and Facilities

6. What is the location of the plant where milk is received from applicant's farm.

<u>Number and Street</u>	<u>City</u>	<u>County</u>	<u>State</u>
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7. Plant operated by applicant since (give date) _____

8. If the applicant's plant was formerly operated by someone else, give name (if not, so state):

9. List and provide brief description of all property and/or equipment used in the production, processing and distribution of the entity's milk.

- a. _____ h. _____
- b. _____ i. _____
- c. _____ j. _____
- d. _____ k. _____
- e. _____ l. _____
- f. _____ m. _____
- g. _____ n. _____

10. Provide the following information for each license issued by a governmental agency permitting applicant to engage in the handling of milk and milk products.

<u>Name of Agency</u>	<u>Number</u>	<u>Issued</u>	<u>Expiration</u>	<u>Operation</u>	<u>Geographic Area</u>
a. _____					
b. _____					
c. _____					
d. _____					

11. List below the pounds of each product supplied by another dairy farmer, plant, or other person, that is handled by the applicant for any purpose:

	<u>Pounds of Beverage Milk</u>	<u>Pounds of Whole/Skim Milk Powder</u>	<u>Pounds of Raw Farm Milk</u>	<u>Pounds of Manufactured Dairy Products</u>	<u>Source of Product</u>
<u>January</u>	_____	_____	_____	_____	_____
<u>February</u>	_____	_____	_____	_____	_____
<u>March</u>	_____	_____	_____	_____	_____
<u>April</u>	_____	_____	_____	_____	_____
<u>May</u>	_____	_____	_____	_____	_____
<u>June</u>	_____	_____	_____	_____	_____
<u>July</u>	_____	_____	_____	_____	_____
<u>August</u>	_____	_____	_____	_____	_____
<u>September</u>	_____	_____	_____	_____	_____
<u>October</u>	_____	_____	_____	_____	_____
<u>November</u>	_____	_____	_____	_____	_____
<u>December</u>	_____	_____	_____	_____	_____

12. List below the pounds of milk marketed by applicant in the categories stated:

Milk Pounds

	<u>Bulk To Other Plants</u>	<u>Packaged Product To Other Plants</u>	<u>Dairy Stores Of Applicant</u>	<u>Routes Operated By Applicant</u>	<u>Routes Operated By Others*</u>	<u>Total Packaged Milk Sold</u>
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

* Provide name and address of individual(s), other than your own organization, who is operating route sales where your product is sold.

Other Operator

Location/Address of Routes Operated by Other Entity

a. _____

b. _____

12a. List state(s) and counties where any finished products from your plant have been distributed during the last 12 months.

State

County

13. In the event one or more of the properties listed in questions 4, 5, 7, and 10 are not exclusively owned by the applicant state fully (after reference to the number of the schedule) the item and the basis for applicant's use and control.

Schedule Number

Item

Remarks

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14. Give the name and address of each other person (including a partnership, corporation or LLC) having or exercising any degree of ownership or control or having a contractual arrangement with respect to the applicant's production, processing and marketing of milk and milk products. Provide a brief statement of each other person's interest.
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Associated Operations

15. If there are any other resources and facilities used in the production, handling or processing of milk or milk products in which the applicant in any way has an interest, including any contractual arrangement (if none so state), give below a list thereof together with complete information as to their ownership, management, control and the nature and extent of the applicant's interest in or activity associated therewith. If the applicant is a corporation, this description must include the interest and activities of any director, corporation officer, substantial stockholder or executive employee:
-
-
-
-

Signature and Title of Individual Completing this Form

Date

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intak@usda.gov.

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