



**TENNESSEE DEPARTMENT OF AGRICULTURE**  
**CONSUMER AND INDUSTRY SERVICES – ATTN: DAIRY SECTION**  
**BOX 40627 MELROSE STATION**  
**NASHVILLE, TENNESSEE 37204**  
**PHONE # 615-837-5536 FAX # 615-837-5005**

**APPLICATION FOR DISTRIBUTOR LICENSE**  
**201\_\_ – 201\_\_**

Pursuant to T.C.A. §53-3-106, any person who buys or receives dairy products, trade products, or frozen desserts from another person for resale must obtain a distributor license from the Department of Agriculture. Fees for the license are equal to the total number of trucks used in distribution of the products, multiplied by \$25. Please complete the annual statement below for trucks to be used in distribution of dairy, trade, or frozen dessert products during the upcoming licensure year.

All licenses expire on June 30 following their issuance. License fees for renewal must be remitted to the Department by July 16 following expiration of the license. Nonpayment of the license fee by July 16 will result in an additional late charge of \$12.50 for renewal of the license. Checks should be made payable to the Tennessee Department of Agriculture and mailed with this completed form and enclosed return envelope.

**ANNUAL STATEMENT FOR DISTRIBUTOR LICENSE**  
*(to be completed by applicant)*

Number of trucks for distribution of dairy/trade products or frozen desserts, July 1, 201\_\_ – June 30, 201\_\_: \_\_\_\_\_

Multiplied by \$25 = \_\_\_\_\_  
**TOTAL LICENSE FEE**  
**(no maximum limit)**

Truck listing (complete VIN or License Plate number for each truck and attach additional pages as necessary):

	VIN #	LICENSE PLATE #		VIN #	LICENSE PLATE #		VIN #	LICENSE PLATE #
1			6			11		
2			7			12		
3			8			13		
4			9			14		
5			10			15		

**APPLICANT/COMPANY** \_\_\_\_\_ **MANAGER/CONTACT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

*Information reported in this application is correct and complete to the best of my information and belief. I am authorized to report this information and to seek regulatory licenses on behalf of Applicant.*

**NAME (PRINT)** \_\_\_\_\_ **PERMIT NUMBER (if applicant is seeking renewal)** \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_ **AMOUNT ENCLOSED \$** \_\_\_\_\_

*Pre-printed portions of this form represent information on file with the Department. Please strike and correct as appropriate.*