REGISTRATION FOR MANUFACTURE OR DISTRIBUTION OF COMMERCIAL FERTILIZER AND SOIL CONDITIONERS

New Jersey Department of Agriculture **Division of Marketing & Development** **STATE CHEMIST** **PO Box 330** **Trenton, New Jersey 08625-0330** **609-913-6506** **www.nj.gov/agriculture**	APPLICATION FOR LICENSING IS HEREBY MADE TO ENGAGE IN THE MANUFACTURE OR DISTRIBUTION OF COMMERCIAL FERTILIZERS AND SOIL CONDITIONERS PESUANT TO THE PROVISIONS OF THE NEW JERSEY COMMERCIAL FERTILIZER AND SOIL CONDITIONER ACT OF1970 FOR THE PERIOD FROM JULY 1, 20 to JUNE 30, 20 .

Instructions –Submit both copies, original and duplicate. Duplicate will be returned after validation**.**

NAME AND PRINCIPAL ADDRESS OF FIRM	Fax #
Name	Telephone #
	***Taxpayer ID #**
Street	Signature
City & State Zip Code	Title Date

*information will be provided to the Division of Taxation for tax administration purposes.

LIST ALL MANUFACTURING FACILITIES OF THE APPLICANT THAT DISTRIBUTE IN NEW JERSEY

No.	City or Town	State	No.	City or Town	State
1			*7*		
2			*8*		
3			*9*		
4			*10*		
5			11		
6			*12*		

1. Minimum License Fee ….. Manufacturer_____
Distributor_____ **$ 250.00**

2. Number of Manufacturing Facilities in New Jersey **(in excess of one)** _____**@ 250.00** **+ $**_____

3. Number of Manufacturing Facilities outside of New Jersey **(if any - enter one)** _____ **@ $250.00** **+ $**_____

Add lines 1, 2, & 3 **TOTAL FEE** $_____

MAKE CHECK PAYABLE TO NEW JERSEY DEPARTMENT OF AGRICULTURE

ARE COMMERCIAL FERTILIZERS OR SOIL CONDITIONERS PACKAGED UNDER THE NAME OF ANY ONE OTHER THAN THE APPLICANT?

YES_____ NO_____

SUBMIT LABELS FOR ALL SPECIALTY FERTILIZERS *(Non-Farm Use)*

SUBMIT LABELS FOR ALL SOIL CONDITIONERS *(Definition* 3 (d) *of law)*

FOR OFFICE USE ONLY

LICENSE

THIS CERTIFIES THAT THE ANNUAL LICENSE FEE HAS BEEN PAID AND THE LICENSEE IS ENTITLED TO SELL COMMERCIAL FERTILIZERS AND SOIL CONDITIONERS FOR THE PERIOD BEGINNING WITH THE DATE STAMPED HEREON AND ENDING JUNE 30th NEXT, UNLESS CANCELLED FOR CAUSE.

CK# _____ No._____

*Void unless validated above by the **State Chemist***