

# REGISTRATION FOR COMMERCIAL FEED MANUFACTURING FACILITIES

New Jersey Department of Agriculture  
Division of Marketing and Development  
STATE CHEMIST  
P. O. Box 330  
Trenton, New Jersey 08625-0330  
609-913-6506  
[www.nj.gov/agriculture](http://www.nj.gov/agriculture)

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INSTRUCTIONS - Submit both original and duplicate copies. Duplicate will be returned after validation

Application is hereby made to engage in the manufacture of commercial feeds to be distributed in New Jersey.

I hereby certify that the information appearing on this application is complete as well as true and correct in every respect and that all commercial feeds manufactured for distribution in New Jersey by the applicant will be in full compliance with all the provisions of the New Jersey Commercial Feed Law.

Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address of Facilities Manufacturing for Distribution in N.J.:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

(If additional space is needed use other side)

**Fee @ \$250.00 per facility \$** \_\_\_\_\_

**Make checks payable to: N.J. Department of Agriculture**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature, owner or corporate officer & title

**TAXPAYER ID #** \_\_\_\_\_

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

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**FOR OFFICE USE ONLY**

## CERTIFICATE OF REGISTRATION

This certifies that the annual registration fee has been paid on the above Commercial Feed Manufacturing Facilities and the registrant is entitled to distribute feeds manufactured in these facilities for a period beginning with the actual date of this registration and ending December 31, of the year stamped hereon, unless cancelled for cause.

CHECK # \_\_\_\_\_ No. \_\_\_\_\_

Void unless validated by the **State Chemist**