

APPLICATION FOR NEW ORGANIC REGISTRATION
PLEASE PRINT OR TYPE

Owner Information

Owner Name:

* Federal Tax ID (FEIN)

* Social Security Number

Street Address

Suite/Room No.

City State Zip

Mailing Address

Street Address

City State Zip

Contact Information

Contact Name Title

Phone Number

Fax Number

E-mail Address

*Information will be provided to the Division of
Taxation for Tax Administration Purposes.

Business Location Information

Franchisee's Name (If Applicable)

Trade Name (If Applicable)

Street Address

City State Zip

County

Municipality

Type of Ownership - Please check only one

- COOPERATIVE PARTNERSHIP
 CORPORATION SOLE PROPRIETORSHIP

Type of Store

(Example: Bakery/Supermarket/Coffee Shop)

Certifying Agent - List your current certifier

Signature of Applicant

The applicant certifies that he will comply with all applicable
orders and regulations of the Division of Marketing and
Development.

MAKE CHECKS/MONEY ORDERS PAYABLE TO NJDA

COMPLETE BOTH SIDES

Revised 08/13

Existing store purchased from:

Name of Previous Owner and Trade Name if known

Date of Purchase

NJDA ID of previous owner, if known

**FEE SCHEDULE - ORGANIC REGISTRATION RENEWAL
PLEASE INDICATE TYPE OF CERTIFIED OPERATION**

CERTIFIED ORGANIC PRODUCER	\$ 25.00	A person who engages in the business of growing or producing food, fiber, feed, and other agricultural-based consumer products.
CERTIFIED ORGANIC HANDLER	\$ 75.00	Any person engaged in the business of handling agricultural products, including producers who handle crops or livestock of their own production, except such term shall not include final retailers of agricultural products that do not process agricultural products.
DEALER	\$ 100.00	Any person who sells or distributes certified organic agricultural products either at wholesale or at retail.
CERTIFIED ORGANIC CERTIFYING AGENT	\$ 100.00	Any private, foreign, or State entity accredited/authorized by the Secretary of Agriculture (USDA) as a certifying agent to conduct certification activities for the purpose of certifying a production or handling operation under the NOP final rule (7 CFR Part 205).

ENTITIES MUST LIST NAME, TITLE AND ADDRESS OF ALL OFFICERS AND DIRECTORS

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Other: _____

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COMPLETE BOTH SIDES