STATE OF NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF MARKETING AND DEVELOPMENT P. O. BOX 332

TRENTON, NEW JERSEY 08625-0332

PHONE: (609) 292-5647 - FAX (609) 984-2508 - MilkDealers@ag.nj.gov

www.nj.gov/agriculture

APPLICATION FOR MILK DEALER'S LICENSE

	PLEASE PR	RINT OR TYPE - COMP	LETE BOTH SID	ES		
_	hereby applies for a license to					
N.J.S.A. 4:12A-1 et seq., as amended, for the period commencingand ending						
4. Full Name of A						
1. Full Name of Ap	pplicant(if corporation, give exact tit	e; if partnership, giv	ve name of firm)		
2. Mailing Address	S(Number and Stree	t)	(City)	(State)	(Zip Code)	
Physical Addre				, ,	· · · ·	
	(Number and Stree	t)	(City)	(State)	(Zip Code)	
3. (Phone I	Number)	(Fax Number)	(E-Mail Address)			
4. Is the business	of the applicant owned by:	An individual	A partne	ership 🔲 A	corporation	
A coopera	tive)				
5. State business	or trade name(s) used, if any				_	
		Where filed?			_	
6. (a) If partnershi	ip:					
Name a	nd Address of Each Partner					
(b) If corporation	on:					
In what state incorporated: Date of incorporation						
Principal off	fice in State of New Jersey					
Resident Ag	gent	Addre	ss		_	
	OTE: ALL OUT OF STATE CO THE STATE OF NEW JERSE		T LIST A PRIN	CIPAL OFFICE ANI	D RESIDENT	
Officers						
N	lame and Address					
President _						
Vice President						
Secretary						
Treasurer						
Directors						
					_	

	r associated either directly or indirectly with any other corporation or companies not involved in any way with milk.)
(b) If yes, explain nature of same fully (attach of	continuation sheet if necessary)
8. How many milk routes will be operated in New	Jersey?
Retail Wholesale	Combination Total
9. Do you hold a current permit from the New Jers	sey State Department of Health? Yes No
 10. Check EACH item that applies to your busines Process and Packaged Milk/Milk Products Purchase Packaged Milk/Milk Products fror (List all sources) 	Sell Milk/Milk Products to Stores and Consumers
,	ment and balance sheet) for the most recent fiscal year. Dealers with ay file (in lieu of the operating statement and balance sheet) either
•	r Corporation (Form 1120) or Schedule C from Individual Form 1040, or
(2) Financial Statement Forms available from I	
12. License Fee*	
THE APPLICANT CERTIFIES THAT HE HAS HE ACT OF THE STATE OF NEW JERSEY AND WI	ERETOFORE AND IS NOW COMPLYING WITH THE MILK CONTROL ITH ALL THE ORDERS AND REGULATIONS OF THE DIVISION OF CONTINUE TO DO SO, AND FURTHER, THAT HE WILL COMPLY DNS PROMULGATED BY SAID DIVISION.
	T THE STATEMENTS MADE IN THIS APPLICATION AND DULES ARE HEREBY MADE A PART OF THIS APPLICATION
Date at this	(Full Name of Applicant - Print or Type)
day of 20	
NOTE: If partnership, firm name must be inserted and each partner must sign individually. If corporation,	
corporate name must be inserted in full and signed by one of the corporate officers. (CORPORATE SEAL	(Signature) (Title)
MUST BE IMPRESSED)	(Preparer's Name - Print or Type) (Phone Number)
PLEASE NOTE: Financial statement (Item 11) must actification financial statement will be returned.	(E-Mail Address) ccompany completed application. All applications received without the
	indredweight of milk sold for consumption within the State excluding

per year and a milk dealer selling to stores and consumers shall pay a minimum fee of \$75.00 per year.

A milk dealer engaged in handling milk in the State of New Jersey but selling milk only in another state or engaged only in manufacturing shall pay a license fee of \$375.00 per year.

A milk dealer who during the year prior to the one for which the application is being made sold a quantity of milk which would yield a fee of less than \$300.00 per year may pay his full fee at the beginning of the license year based upon the prior year's business. Milk dealers paying monthly shall pay the fee by the twentieth of each month for the previous month.