

New Jersey Department of Health
 Consumer, Environmental and Occupational Health Service
 PO Box 369
 Trenton, NJ 08625-0369
 Phone: 609-826-4935

FOR STATE USE ONLY
Check/Money Order No.:
Check/MO Date:
Amount:
Logger Initials:

**RENEWAL APPLICATION TO OPERATE A
 REFRIGERATED WAREHOUSE-LOCKER PLANT
 PURSUANT TO N.J.S.A. 24:9-22**

FOR THE PERIOD ENDING: January 31,

LOCATED AT: _____

Failure to apply for renewal may subject you to penalty as provided by law. Expiration date appears on license. Please provide all information requested. If you have discontinued operations, complete last section only and return to above address. TYPE OR PRINT WITH BALL POINT PEN.

If Name or Address is incorrect, make necessary corrections below.

REASONS FOR CORRECTIONS:

- Change in Trade Name
- Change in Corporate Structure
- Change in Location
- Change in Mailing Address
- Change in Ownership

Fax Number: _____
 Email Address: _____
 Federal ID #/SSN: _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF NEW JERSEY."

INDICATE ANNUAL GROSS WHOLESALE BUSINESS, BASED ON YOUR LAST FISCAL YEAR	ANNUAL FEE
<input type="checkbox"/> 1. Not in excess of 100,000 Cubic Feet	\$50.00
<input type="checkbox"/> 2. Between 100,000 Cubic Feet and 1,000,000 Cubic Feet	\$150.00
<input type="checkbox"/> 3. Over 1,000,000 Cubic Feet	\$300.00

CORPORATE OFFICER INFORMATION

Name of President (Print)	Name of Secretary (Print)
Name of Vice-President (Print)	Name of Treasurer (Print)

AFFIDAVIT

State of _____
 County of _____

I, _____, being duly sworn according to law upon his(her) oath deposes and says that he(she) is (President, Vice President, Secretary, Treasurer, Owner) and hereby certifies that the information given in this application is true and complete to the best of his(her) knowledge, information and belief.

Sworn and Subscribed before me this _____ day _____
 of _____, in the year _____.

Notary Public Signature _____
Date

DISCONTINUANCE OF OPERATIONS INFORMATION

Date Operations Discontinued	Name of Purchaser
Date Sold	Address of Purchaser
Signature of Former Operator	Address of Former Operator