

**New Jersey Department of Health
Public Health and Food Protection Program**

nj.gov/health/ceohs/phfpp/wfc
609-913-5183 | wfc@doh.nj.gov

APPLICATION FOR LICENSE TO OPERATE A WHOLESALE FOOD-COSMETIC ESTABLISHMENT
PURSUANT TO N.J.S.A. 24:15-14

Complete all information. Submit your completed application as an email attachment to: wfc@doh.nj.gov You will receive an automated confirmation email when your submission is successfully received.

- NEW APPLICANT
CHANGE OF OWNERSHIP – License Number:
DEACTIVATE MY LICENSE (complete page 3 only)
- RENEWAL APPLICANT – License Number:
RELOCATION – License Number:

Name of Firm as it should appear on the license				Mailing Address		
DBA or Trade Name				Mailing Address (line 2)		
Facility Address				Mailing City	State	Zip Code
Facility City	State NJ	Zip Code	County	Email address for official Department correspondence		

OWNERSHIP INFORMATION

Full Legal Name of Owner (person or business)	Phone Number
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FACILITY INFORMATION

Water Supply Public/Municipality Private		Sewage Public/Municipality Private		
Size of Building (sq ft)	Number of Employees	Annual Gross Sales	FDA Establishment ID	
Days/Hours of Operation		% Wholesale	% Interstate	% Food
Briefly describe, in your own words, the process of your operation at this location. Attach a separate page if needed.				

FACILITY OPERATIONS (check all that apply)

Operation	Products
<input type="checkbox"/> Manufacture/Process	<input type="checkbox"/> Food <input type="checkbox"/> Cheese <input type="checkbox"/> Juice <input type="checkbox"/> Seafood <input type="checkbox"/> Cosmetics <input type="checkbox"/> Dietary Supplements <input type="checkbox"/> Raw Oysters, Clams, or Mussels <input type="checkbox"/> Fluid Milk Products <input type="checkbox"/> Frozen Desserts
<input type="checkbox"/> Repack/Refill	<input type="checkbox"/> Food <input type="checkbox"/> Cheese <input type="checkbox"/> Juice <input type="checkbox"/> Seafood <input type="checkbox"/> Cosmetics <input type="checkbox"/> Dietary Supplements <input type="checkbox"/> Raw Oysters, Clams, or Mussels
<input type="checkbox"/> Label/Relabel	<input type="checkbox"/> Food <input type="checkbox"/> Cheese <input type="checkbox"/> Juice <input type="checkbox"/> Seafood <input type="checkbox"/> Cosmetics <input type="checkbox"/> Dietary Supplements <input type="checkbox"/> Raw Oysters, Clams, or Mussels
<input type="checkbox"/> Ambient Storage	<input type="checkbox"/> Food <input type="checkbox"/> Cosmetics <input type="checkbox"/> Dietary Supplements <input type="checkbox"/> Bottled Water
<input type="checkbox"/> Refrigerated Storage	<input type="checkbox"/> Food <input type="checkbox"/> Seafood <input type="checkbox"/> Raw Oysters, Clams, or Mussels
<input type="checkbox"/> Frozen Storage	<input type="checkbox"/> Food <input type="checkbox"/> Seafood <input type="checkbox"/> Raw Oysters, Clams, or Mussels <input type="checkbox"/> Frozen Desserts

ADDITIONAL PUBLIC HEALTH AND FOOD PROTECTION PROGRAM LICENSES

This facility holds a Non-Alcoholic Beverage Manufacturing Plant license number:

This facility holds a Refrigerated Warehouse/Locker Plant license number:

This facility holds a Wholesale Drug or Medical Device registration number:

This facility holds a Frozen Desserts license number:

This facility holds a Milk Plant license number:

RESPONSIBLE PERSON

Name of Person Responsible for Onsite Operations	Direct Contact Phone Number
Title	Direct Contact Email Address

APPLICATION FEE

Indicate the gross annual dollar volume of wholesale food and/or cosmetic product at the facility address based on your last fiscal year. If this is a new business, estimate the dollar volume for the current fiscal year.

Gross Annual Volume	Application Fee (Due with this application)
<input type="checkbox"/> \$100,000 or less	\$150
<input type="checkbox"/> Between \$100,000 and \$500,000	\$500
<input type="checkbox"/> Over \$500,000	\$1,000

Pay your application fee online at: nj.gov/health/ceohs/phfpp/wfc

After successful online payment, you will receive an email receipt. Indicate your receipt information below. Online payment alone is not sufficient to renew your license.

PAYMENT CONFIRMATION #:

DATE OF PAYMENT:

AMOUNT PAID:

REQUIRED ATTACHMENTS

- Certificate of Occupancy** for the facility address. (Required for NEW applications. Not required for renewals.)

AFFIDAVIT

Per N.J.A.C. 8:21-9.4 I hereby certify that the information given in this application is true and complete.

Full Name of Owner/Officer/Responsible Person	Title
Signature	Phone Number for Application Inquiries

Submit your completed application as an attachment via email to: wfc@doh.nj.gov

For alternative submission options, visit our website: nj.gov/health/ceohs/phfpp/wfc

**APPLICATION FOR LICENSE TO OPERATE A WHOLESALE FOOD-COSMETIC ESTABLISHMENT
SUPPLEMENTAL INFORMATION**

Complete this page if you checked **Bottled Water; Oysters, Clams, or Mussels;** or **Cheese** in any field under *Facility Operations*.

BOTTLED WATER BRANDS

If you checked *Bottled Water*, list the brands of bottled water in your inventory:

Authorized tax-deductible donation of one package of a single brand of bottled water this licensing period

OYSTERS, CLAMS, OR MUSSELS

If you checked any box for *Raw Oysters, Clams, or Mussels*, check below:

This facility holds a current and valid Certification to Handle Oysters, Clams, or Mussels, certification #

An application for Certification to Handle Oysters, Clams, or Mussels is submitted.

CHEESE

If you checked any box for *Cheese*, check below:

This facility receives raw milk.

Indicate the container size of received raw milk: totes tanker truck

Enter the Interstate Milk Shippers List (IMS) # of each company supplying raw milk (attach a separate page if needed):

- IMS#
- IMS#
- IMS#
- IMS#
- IMS#

Enter the IMS Laboratory ID # of the laboratory conducting drug residue testing:

This facility receives pasteurized milk.

Indicate the container size of received pasteurized milk: totes tanker truck

Enter the IMS # of each company supplying pasteurized milk (attach a separate page if needed):

- IMS#
- IMS#
- IMS#
- IMS#
- IMS#

This facility operates a tank wash facility.

This facility issues wash tags.

DEACTIVATION OF LICENSE TO OPERATE A WHOLESALE FOOD-COSMETIC ESTABLISHMENT

Complete this page only if you wish to deactivate your license. Submit the form via email to wfc@doh.nj.gov

Name of Firm		NJ Wholesale Food-Cosmetic License Number	
DBA or Trade Name			
Facility Address			
Facility City	State NJ	ZIP	County

REASON FOR DEACTIVATION

Change of Ownership – Name and address of new owner:

Business Closed

Moved to New Location

No Longer Conducting Wholesale Business

Other:

EFFECTIVE DATE

Enter the date wholesale operations discontinued:

DISPOSITION OF PRODUCT

Describe, in your own words, what happened to the product that was onsite at the facility address:

AFFIDAVIT

I hereby request deactivation of my license to operate a wholesale food-cosmetic establishment.

Full Name of Owner/Officer	Title
Signature	Email Address for Application Inquiries

Submit your completed application as an attachment via email to: wfc@doh.nj.gov
For alternative submission options, visit our website: nj.gov/health/ceohs/phfpp/wfc