

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
 NON-ALCOHOLIC BEVERAGE AND/OR BOTTLING PLANT
 PURSUANT TO N.J.S.A. 24:15.2**

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: <input type="checkbox"/> Change in Trade Name <input type="checkbox"/> Change in Corporate Structure <input type="checkbox"/> Change in Location <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Change in Ownership
	Phone Number: _____
	Fax Number: _____
	Email Address: _____
	Federal ID #/SSN: _____

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

BOTTLING PLANT FEE \$50.00

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 _____.

Signature and Title of Applicant

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