

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  
 WHOLESALE FOOD / COSMETIC ESTABLISHMENT  
 PURSUANT TO N.J.A.C. 8:21-9-4(a)**

LICENSE/PERMIT NUMBER: \_\_\_\_\_  
 FOR THE PERIOD ENDING: \_\_\_\_\_  
 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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_  
 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. Less than \$100,000.00 .....	\$150.00
<input type="checkbox"/> 2. In excess of \$100,000.00, but not in excess of \$500,000.00 .....	\$500.00
<input type="checkbox"/> 3. In excess of \$500,000.00 .....	\$1,000.00

**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