

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
P. O. Box 369
Trenton, NJ 08625-0369**

STATE USE ONLY

**INITIAL APPLICATION FOR LICENSE TO OPERATE
A REFRIGERATED WAREHOUSE AND/OR LOCKER PLANT
(N.J.S.A. 24:9-22 AND 23)**

**Gross Refrigerated Space of Warehouse
and/or Locker Plant (check applicable box)**

Annual Fee

- Not in excess of 100,000 cubic feet \$50.00
- In excess of 100,000, but not in excess of 1,000,000 cubic feet \$150.00
- In excess of 1,000,000 \$300.00

MAKE CHECK OR MONEY ORDER
PAYABLE TO:
"New Jersey Department of Health"

Complete all information. Mail original copy with your fee to the above address. Retain a copy for your records.

Check/Money Order No.	Date of Check/Money Order	Amount	Date of Application
IDENTIFICATION			
Name of Owner or Corp.		Establishment Location	
Trade Name	City	State	Zip Code
Telephone No.	Telephone No.		
County Registered	If Incorporated, Give Name of State Inc.	Federal ID/Social Security No.	
NAMES AND ADDRESSES OF OFFICERS			
President (Full Name)	Address	City	State Zip Code
Vice-President (Full Name)	Address	City	State Zip Code
Secretary (Full Name)	Address	City	State Zip Code
Treasurer (Full Name)	Address	City	State Zip Code
New Jersey Registered Agent (If Applicable)	Address	City	State Zip Code
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 _____.		<i>Signature and Title of Applicant</i>	
_____		_____	
<i>Notary Public Signature</i>		<i>Date</i>	