

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

|                           |
|---------------------------|
| <b>FOR STATE USE ONLY</b> |
|                           |

**INITIAL APPLICATION FOR LICENSE TO OPERATE  
A NON-ALCOHOLIC BEVERAGE MANUFACTURING PLANT  
(N.J.S.A. 24:15.2)**

**ANNUAL FEE: \$50.00**

*Complete all information. Mail original copy, with your fee, to the above address. Retain a copy for your records.  
Make Check or Money Order payable to the "NEW JERSEY DEPARTMENT OF HEALTH."*

|                                                                                                                                                                                |                                     |                                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------------|
| Check/Money Order No.                                                                                                                                                          | Date of Check/Money Order           | Amount                              | Date of Application |
| <b>IDENTIFICATION</b>                                                                                                                                                          |                                     |                                     |                     |
| Name of Owner(s) or Corp.                                                                                                                                                      |                                     | Establishment Location              |                     |
| Trade Name                                                                                                                                                                     | City                                | State                               | Zip Code            |
| Telephone Number                                                                                                                                                               | Telephone Number (if different)     |                                     |                     |
| County Registered                                                                                                                                                              | If Incorporated, give Name of State | Federal ID / Social Security Number |                     |
| <b>PLANT TYPE</b>                                                                                                                                                              |                                     |                                     |                     |
| <input type="checkbox"/> Non-Alcoholic <input type="checkbox"/> Flavored Water <input type="checkbox"/> Juice                                                                  |                                     |                                     |                     |
| <b>NAMES AND ADDRESSES OF OFFICERS</b>                                                                                                                                         |                                     |                                     |                     |
| 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   |
| Other Officer (Full Name)                                                                                                                                                      | Address                             | City                                | State    Zip Code   |
| Registered NJ Agent (If Applicable)                                                                                                                                            | Address                             | City                                | State    Zip Code   |
| <b>CERTIFICATION</b>                                                                                                                                                           |                                     |                                     |                     |
| <i>As the applicant or the authorized representative of the applicant,<br/>I hereby certify that the foregoing statements are true to the best of my knowledge and belief.</i> |                                     |                                     |                     |
| Name and Title of Applicant                                                                                                                                                    |                                     |                                     |                     |
| Signature                                                                                                                                                                      |                                     |                                     | Date                |