

**New Jersey Department of Health
 Consumer, Environmental and Occupational Health Service
 Public Health and Food Protection Program
 PO Box 369, Trenton, New Jersey 08625-0369
 website: www.nj.gov/health/ceohs/phfpp
 email: dairy@doh.nj.gov Phone: 609-826-4935**

LICENSE TO MANUFACTURE FROZEN DESSERTS ESTABLISHMENT APPLICATION

Incomplete applications will be returned

License Number (if not new): _____

NEW APPLICANT
OWNERSHIP CHANGE

RENEWAL APPLICANT
RELOCATION {Previous address}

For State Use Only		
Payment Confirmation #: _____	Date of Confirmation : _____	Amount: \$ _____

In-State frozen desserts manufacturers should indicate gross wholesale business during last fiscal year (check applicable box)	Fee Schedule
Less than \$100,000.00	\$100.00
Excess of \$100,000.00 but not in excess of \$500,000.00	\$300.00
Excess of \$500,00.00	\$500.00
Out -of-State wholesale frozen dessert manufacturers	\$100.00
Mobile Units	\$50.00

IDENTIFICATION

Name of Firm		Mailing Address (if different or PO Box number)		
DBA		Mailing Address (continued)		
Facility Location Address (number, street)		City	State	Zip Code
Facility Address (continued)		Country (if other than USA)		Federal ID#
City	State	Zip Code	Email Address	

BRANDS UNDER WHICH FROZEN DESSERTS ARE SOLD

(Attach additional sheets if necessary)

LICENSE TO MANUFACTURE FROZEN DESSERTS ESTABLISHMENT APPLICATION (COUNTINUED)

MILK PRODUCTS MIX PURCHASED OR RECEIVED FROM

Name of Firm			Name of Firm		
Street Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code

Name 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
Registered NJ Agent (Full Name)	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 _____ 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 _____.

Title of Applicant

Notary Public Signature

Applicant Signature