

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

<b>STATE USE ONLY</b>

**INITIAL APPLICATION FOR LICENSE  
TO MANUFACTURE FROZEN DESSERTS**

In-State frozen desserts manufacturers should indicate gross wholesale business during last fiscal year (*check applicable box*)

<input type="checkbox"/> Less than \$100,000.00.....	\$100.00
<input type="checkbox"/> Excess of \$100,000.00. but not in excess of \$500,000.00 .....	\$300.00
<input type="checkbox"/> Excess of \$500,000.00.....	\$500.00

Out-of-State wholesale frozen dessert manufacturers..... \$100.00  
Mobile units ..... \$50.00

Fee  
Schedule

<p>MAKE CHECK OR MONEY ORDER PAYABLE TO: <b>"NEW JERSEY DEPARTMENT OF HEALTH"</b></p>
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**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(s) or Corp.			If Mobile Unit (Year and Make of Truck)		
Trade Name			Vehicle Identification No. (VIN)		
Telephone Number	County	Depot Location			
If Incorporated, Name of State	Federal ID / Social Security No.	City	State	Zip Code	
Establishment Location			Mailing Address (If Different Than Location)		
City	State	Zip Code	City	State	Zip Code

**BRANDS UNDER WHICH FROZEN DESSERTS ARE SOLD**

Brand Names:

**INITIAL APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS  
(Continued)**

MILK PRODUCTS MIX PURCHASED OR RECEIVED FROM					
Name			Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	
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 (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>Date</i>
_____ <i>Notary Public Signature</i>	