

**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 FROZEN DESSERT PLANT
PURSUANT TO N.J.S.A. 24:10-73.10**

FOR THE PERIOD ENDING: June 30,

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."

FROZEN DESSERT PLANT

1. Trade and/or brand names of all manufactured products: _____
2. Sources of milk, cream, or mix: _____
3. In-state wholesale Frozen Dessert Manufacturer: ANNUAL FEE
 - a. Less than \$100,000.00 \$150.00
 - b. In excess of \$100,000.00, but not in excess of \$500,000.00 \$300.00
 - c. In excess of \$500,000.00 \$500.00
4. Out-of-state wholesale Frozen Dessert Manufacturer \$100.00
5. Mobile Unit \$50.00

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

Signature and Title of Applicant

of _____, in the year _____.

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