

State of New Jersey
DEPARTMENT OF AGRICULTURE
Bureau of Licensing & Bonding
PO Box 330, Trenton NJ 08625-0330
www.nj.gov/agriculture
(609) 292-5576

**APPLICATION TO PURCHASE OR ACT AS
COMMISSION MERCHANT, DEALER OR BROKER
OF AGRICULTURAL COMMODITIES**

APPLICATION FEE \$30.00

JAN 1, 2011 thru DEC 31, 2011

1. Type of organization: Individual Corporation
 Partnership Limited Liability Company Cooperative
 Other type of business entity _____

- *2. Applicant operates as a: Dealer Broker
 Commission Merchant

**3. Tax ID or Social Security Number: _____

Applicant: Full Name of Person, Firm, Association, Corp., Partners _____

Business Address _____

6. Trade name _____

3. Phone No. _____

4. Fax No _____

5. State of Incorporation _____

7. Email Address: _____

8. Full names, home addresses and titles of owners, partners, or officers

NAME	HOME ADDRESS	TITLE

9. Name and address of New Jersey person on whom service may be made as provided by law

10. Give names and addresses of agents or buyers authorized to represent applicant in New Jersey for whom agents license cards are desired. Corporation must designate someone to represent the licensee. No limit to the number of representatives.

NAME	ADDRESS

11. Check kinds of products you intend to purchase from or handle for New Jersey producers

- Eggs Live Poultry Fruits Vegetables Hay Grain Straw

12. How long a period customarily elapses between the time applicant receives agricultural products and the time the farmer receives payment

13. What is the total amount owed to New Jersey producers now? _____

14. Are any payments past due or are there any unsatisfied judgments? If so, state amount and reasons:

15. Has the applicant(s) been involved in any suit, proceeding or hearing before any administrative body or officer or in any court of any state in the United States, relating directly or indirectly to the business for which he is applying for a license? If, so attach a statement giving full details.

