



*State of New Jersey*

**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

CONSUMER AND ENVIRONMENTAL HEALTH SERVICES

PO BOX 369

TRENTON, N.J. 08625-0369

[www.nj.gov/health](http://www.nj.gov/health)

JON S. CORZINE  
*Governor*

FRED M. JACOBS, M.D., J.D.  
*Commissioner*

TO: Permit Applicant

FROM: Dairy Control Project

SUBJECT: Application Procedures for Frozen Desserts Manufacturing Permit

Enclosed please find the application and related statutes and regulations for a permit to manufacture frozen desserts.

For your information, we have outlined below the key aspects of the application process:

1. The application must be completed in full including: ownership, trade name, establishment telephone number, location of the establishment including street or road name, mailing address, if different from the location, name of the supplier of frozen desserts mix with their Plant Code number, and estimated gallonage of product to be manufactured.
2. The application must be signed and notarized. The last copy of the application form should be kept for your records.
3. The application must be accompanied by a copy of the most recent sanitary inspection report conducted by the local health agency of the facility to be licensed.
4. If the application and inspection report are found to be in order, it will be submitted to our data processing unit so that a computer generated permit can be issued.
5. All local permits must be obtained, including but not limited to, a Certificate of Occupancy for the manufacturing of frozen dessert products.
6. A minimum of four laboratory analyses of Standard Plate Count and Coliforms from four different production lots per type of standard of identity (ice cream is one, water ice is another, etc.) must be conducted and available for review at the time of inspection. You may use any laboratory certified by the regulatory agency of the laboratory's state to conduct these analyses. Failure to have these analytical reports and/or results that do not meet the standards in N.J.A.C. 8:21-7.28 will result in the automatic issuance of a Conditionally Satisfactory rating. Your license cannot be issued until a Satisfactory rating is obtained.

7. Minimum time required from receipt of application by our Department to issuance of a hard copy permit is 4 weeks. The sanitary inspection conducted by the local health authority allows you to operate your establishment while the application is being processed.

If you have any further questions regarding this application procedure or need assistance in completing the form, please contact this office at 609-826-4935.

Enclosures