

**RENEWAL APPLICATION TO OPERATE A
 REFRIGERATED WAREHOUSE-LOCKER PLANT
 PURSUANT TO N.J.S.A. 24:9-22**

Failure to apply for renewal may subject you to penalty as provided by law. Expiration date appears on license. Provide all information requested. If you have discontinued operations, complete last section only. Submit your completed application as an email attachment to: wholesalefood@doh.nj.gov

LICENSED LOCATION ADDRESS: _____

Licensee Name: _____

Trade Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number _____

Email Address _____

I would like to receive email renewal notices

Federal Tax ID _____

**IF INFORMATION ON FILE HAS CHANGED,
 MAKE NECESSARY CORRECTIONS BELOW**

- Change in Trade Name
- Change in Corporate Structure
- Change in Mailing Address
- Change in Licensed Location *
- Change in Ownership/Tax ID *

* If the owner/tax ID has changed or the operations have moved to a different location, the existing license number will be deactivated. An initial application form F-8 is required for a new license. Find the initial application on our website: nj.gov/health/ceohs/phfpp/wfc

INDICATE ANNUAL GROSS WHOLESALE BUSINESS, BASED ON YOUR LAST FISCAL YEAR

- | | ANNUAL FEE |
|---|------------|
| <input type="checkbox"/> 1. Not in excess of 100,000 Cubic Feet | \$50.00 |
| <input type="checkbox"/> 2. Between 100,000 Cubic Feet and 1,000,000 Cubic Feet | \$150.00 |
| <input type="checkbox"/> 3. Over 1,000,000 Cubic Feet | \$300.00 |

VISIT NJ.GOV/HEALTH/CEOHS/PHFPP/WFC TO PAY ONLINE WITH A CHECK OR CREDIT CARD

Indicate the payment transaction information below. Online payment alone is not sufficient to renew your license. Complete this form (an electronic version of the renewal form is available at the website above) and submit as an attachment via email to wholesalefood@doh.nj.gov OR make check payable to "Treasurer, State of New Jersey" and mail to the address at the top of this form. If you submit via email, keep the original paper form for your records. Do not submit in duplicate.

PAYMENT CONFIRMATION # _____ DATE OF PAYMENT _____ AMOUNT _____

CERTIFICATION BY APPLICANT

I hereby certify that the information given in this application is true and complete to the best of my knowledge, information, and belief.

Name and Title of Applicant	Direct Contact Phone Number
Signature of Applicant	Direct Email Address

TO REQUEST DEACTIVATION OF YOUR LICENSE, COMPLETE BELOW. Write "NA" if a field is not applicable.

Date Operation Discontinued	Reason for Discontinuance
Date Sold	Name and Address of Purchaser
Signature of Former Operator	Address of Former Operator

SUBMIT COMPLETED APPLICATION AS AN ATTACHMENT BY EMAIL TO: WHOLESALEFOOD@DOH.NJ.GOV