



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

CERTIFICATE OF FREE SALE

THIS IS TO CERTIFY that an inspection made on _____ by a representative of this Department of the sanitary conditions of the _____ establishment of _____ at _____ disclosed that said establishment was in a sanitary condition and was being operated in compliance with the provisions of the laws enforced by this Department.

THIS IS TO FURTHER CERTIFY that the following product(s):

distributed by _____, are labeled in compliance with the Food, Drug and Cosmetic Laws of New Jersey and are sold throughout New Jersey and the United State of America.

BELOW IS FOR STATE USE ONLY

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public of the State of New Jersey

MY COMMISSION EXPIRES: _____ By _____

NOT VALID UNLESS THE RAISED SEAL OF THE NOTARY PUBLIC NAMED HEREON IS AFFIXED