

**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  
BULK TANK UNIT / MILK PLANT  
PURSUANT TO N.J.S.A. 24:10-57.2**

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: <input type="checkbox"/> Change in Trade Name <input type="checkbox"/> Change in Corporate Structure <input type="checkbox"/> Change in Location <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Change in Ownership
	Fax Number: _____
	Email Address: _____
	Federal ID #/SSN: _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF NEW JERSEY."**

FEE SCHEDULE	ANNUAL FEE
<input type="checkbox"/> 0 – 25 Dairy Farms.....	\$50.00
<input type="checkbox"/> Over 25 Dairy Farms.....	\$100.00
1. Total number of Dairy Farms supplying milk directly to this plant? _____	
2. Name and address of each milk and bulk milk hauler from whom milk and milk products are received.  _____ _____ _____	
I certify that the above information is correct.	

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	_____
of _____, in the year _____.	<i>Signature and Title of Applicant</i>
_____	_____
<i>Notary Public Signature</i>	<i>Date</i>

DISCONTINUANCE OF OPERATIONS INFORMATION	
Date Operations Discontinued	Name of Purchaser
Date Sold	Address of Purchaser
Signature of Former Operator	Address of Former Operator