

STATE OF NEW JERSEY  
DEPARTMENT OF AGRICULTURE  
DIVISION OF MARKETING AND DEVELOPMENT  
P. O. BOX 332  
TRENTON, NEW JERSEY 08625-0332  
609 292-5647 - [daniel.wunderlich@ag.state.nj.us](mailto:daniel.wunderlich@ag.state.nj.us)  
[www.nj.gov/agriculture](http://www.nj.gov/agriculture)

**APPLICATION FOR MILK DEALER'S LICENSE**

**PLEASE PRINT OR TYPE - COMPLETE BOTH SIDES**

The undersigned hereby applies for a license to purchase, distribute and/or sell milk pursuant to the provisions of N.J.S.A. 4:12A-1 et seq., as amended, for the period commencing \_\_\_\_\_ and ending \_\_\_\_\_

1. Full Name of Applicant \_\_\_\_\_  
(if corporation, give exact title; if partnership, give name of firm)

2. Mailing Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Physical Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

3. \_\_\_\_\_  
(Phone Number) (Fax Number) (E-Mail Address)

4. Is the business of the applicant owned by:  An individual  A partnership  A corporation  
 A cooperative  Other (explain) \_\_\_\_\_

5. State business or trade name(s) used, if any \_\_\_\_\_  
Where filed? \_\_\_\_\_

6. (a) If partnership:  
Name and Address of Each Partner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) If corporation:  
In what state incorporated: \_\_\_\_\_ Date of incorporation \_\_\_\_\_  
Principal office in State of New Jersey \_\_\_\_\_  
Resident Agent \_\_\_\_\_ Address \_\_\_\_\_

PLEASE NOTE: ALL OUT OF STATE CORPORATIONS MUST LIST A PRINCIPAL OFFICE AND RESIDENT AGENT IN THE STATE OF NEW JERSEY

Officers  
Name and Address  
President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Directors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. (a) Is applicant a subsidiary of, affiliated with, or associated either directly or indirectly with any other corporation or company? (This includes corporations and companies not involved in any way with milk.)  Yes  No

(b) If yes, explain nature of same fully (attach continuation sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

8. How many milk routes will be operated in New Jersey?

Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Combination \_\_\_\_\_ Total \_\_\_\_\_

9. Do you hold a current permit from the New Jersey State Department of Health?  Yes  No

10. Check EACH item that applies to your business: (Attach additional sheet if necessary)

- Process and Packaged Milk/Milk Products
- Purchase Packaged Milk/Milk Products from: (List all sources)
- Sell Milk/Milk Products to Stores and Consumers
- Sell Milk/Milk Products to Other Dealers (List all, including former sub dealers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manufacture only and/or Sell Milk only in another state

11. ATTACH financial statement (operating statement and balance sheet) for the most recent fiscal year. Dealers with gross sales of less than \$100,000 per year may file (in lieu of the operating statement and balance sheet) either one of the following:

- (1) Copy of Internal Revenue Service Form for Corporation (Form 1120) or Schedule C from Individual Form 1040, or
- (2) Financial Statement Forms available from Division of Marketing and Development.

12. License Fee\*

**THE APPLICANT CERTIFIES THAT HE HAS HERETOFORE AND IS NOW COMPLYING WITH THE MILK CONTROL ACT OF THE STATE OF NEW JERSEY AND WITH ALL THE ORDERS AND REGULATIONS OF THE DIVISION OF MARKETING AND DEVELOPMENT, AND WILL CONTINUE TO DO SO, AND FURTHER, THAT HE WILL COMPLY WITH ALL FUTURE ORDERS AND REGULATIONS PROMULGATED BY SAID DIVISION.**

**THE APPLICANT HEREBY REPRESENTS THAT THE STATEMENTS MADE IN THIS APPLICATION AND SUPPLEMENTARY STATEMENTS AND SCHEDULES ARE HEREBY MADE A PART OF THIS APPLICATION AND ARE TRUE AND CORRECT.**

Date at \_\_\_\_\_ this \_\_\_\_\_ (Full Name of Applicant - Print or Type)

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (Signature) (Title)

NOTE: If partnership, firm name must be inserted and each partner must sign individually. If corporation, corporate name must be inserted in full and signed by one of the corporate officers. (CORPORATE SEAL MUST BE IMPRESSED) (Signature) (Title)

\_\_\_\_\_  
(Preparer's Name - Print or Type) (Phone Number)

\_\_\_\_\_  
(E-Mail Address)

PLEASE NOTE: Financial statement (Item 11) must accompany completed application. All applications received without the financial statement will be returned.

\*"...every milk dealer shall pay a fee of \$0.02 per hundredweight of milk sold for consumption within the State excluding dealer to dealer sales; but a milk dealer processing milk for sale to other dealers shall pay a minimum fee of \$1,300.00 per year and a milk dealer selling to stores and consumers shall pay a minimum fee of \$60.00 per year.

A milk dealer engaged in handling milk in the State of New Jersey, but selling milk only in another state or engaged only in manufacturing shall pay a license fee of \$300.00 per year.

A milk dealer who during the year prior to the one for which the application is being made sold a quantity of milk which would yield a fee of less than \$300.00 per year may pay his full fee at the beginning of the license year based upon the prior year's business. Milk dealers shall pay the fee by the fifteenth of each month for the previous month."