

<b>STATE USE ONLY</b>

**INITIAL APPLICATION FOR LICENSE TO OPERATE  
 A WHOLESALE FOOD-COSMETIC ESTABLISHMENT (N.J.S.A. 24:15-14)**

*Complete all information. Indicate gross annual dollar volume of business based on your last fiscal year. If new business, estimate dollar volume for current fiscal year. Mail original copy with your fee to the above address. Retain a copy for your records.*

Annual Gross Wholesale Business (check applicable box)	Annual Fee
<input type="checkbox"/> Less than \$100,000.00 .....	\$150.00
<input type="checkbox"/> Excess of \$100,000.00, but not in excess of \$500,000.00 .....	\$500.00
<input type="checkbox"/> In excess of \$500,000.00 .....	\$1,000.00

<b>MAKE CHECK OR MONEY ORDER        PAYABLE TO:        "New Jersey Department of Health"</b>
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Check/Money Order No.	Date of Check/Money Order	Amount	Date of Application
<b>IDENTIFICATION</b>			
Name of Owner or Corp.		Establishment Location	
Trade Name	City	State	Zip Code
Mailing Address	County Registered		
City	State	Zip Code	Telephone Number
			Fax Number
If Incorporated, Name of State	Federal ID/Social Security No.	Email Address	
<b>FOOD</b>		<b>COSMETICS</b>	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Other <input type="checkbox"/> Warehouse		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Other <input type="checkbox"/> Warehouse	
<b>NAMES AND ADDRESSES OF OFFICERS</b>			
President (Full Name)	Address	City	State    Zip Code
Vice-President (Full Name)	Address	City	State    Zip Code
Secretary (Full Name)	Address	City	State    Zip Code
Treasurer (Full Name)	Address	City	State    Zip Code
New Jersey Registered Agent (If Applicable)	Address	City	State    Zip Code
<b>AFFIDAVIT</b>			
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 _____.		Signature and Title of Applicant	
_____		_____	
Notary Public Signature		Date	

**INITIAL APPLICATION FOR LICENSE TO OPERATE A WHOLESALE FOOD-COSMETIC ESTABLISHMENT  
SUPPLEMENTAL INFORMATION**

Firm Name / Trade Name _____		Size of Building(s) _____ Sq. Ft.
Days of Operation (Days of Week) _____ to _____		Hours of Operation _____ AM to _____ PM
Full Name of Contact Person _____		Telephone Number (    ) _____
		Cell Phone Number (    ) _____
1. Does your firm manufacture, distribute, repack, refill and/or label food and/or cosmetics? <input type="checkbox"/> Food <input type="checkbox"/> Cosmetics <input type="checkbox"/> Both	2. Do you handle seafood or shellfish at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Category(ies) that best describe your operation ( <i>Check all that apply</i> ): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Public/Company Warehouse <input type="checkbox"/> Repack/Refill <input type="checkbox"/> Bottling/Non-Alcoholic Beverages <input type="checkbox"/> Distributor <input type="checkbox"/> Refrigerated Warehouse <input type="checkbox"/> Label		
4. Briefly describe, in your own words, the process of your operation at this location ( <i>attach an additional sheet, if needed</i> ):   		
5. Are any products stored at or below 45° F for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you repack, refill, and/or label any products? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the products below ( <i>attach an additional sheet, if needed</i> ):	
7. List the products that your firm manufacturers ( <i>attach a product list instead, if available</i> ):   		
8. What is the reason for this new license application? ( <i>Check all that apply</i> ): <input type="checkbox"/> New Establishment <input type="checkbox"/> Moved to New Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Inspector Information that License is Required		
9. If the business has been previously licensed by the New Jersey Department of Health, list the license number(s) or Firm Name/Trade Name:  A. _____ B. _____		
10. If you checked "Moved to New Location" in Question 8 above, provide the following information:  Previous License Number: _____ Previous Owner Name/Trade Name: _____ Previous Location Address: _____ Date of Inspection: _____ Name of Inspector: _____		
11. List all related Food/Cosmetic firms that share your corporate name in New Jersey ( <i>attach an additional sheet, if needed</i> ): A. Owner Name: _____ Trade Name: _____ Location Address: _____ City: _____ Zip Code: _____ B. Owner Name: _____ Trade Name: _____ Location Address: _____ City: _____ Zip Code: _____		