

**STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKETING AND DEVELOPMENT
PO BOX 330, TRENTON, NJ 08625
Phone: 609-633-2249 - Fax: 609-984-2508
www.nj.gov/agriculture**

Application for use of the "Jersey Fresh" label/mark for New Jersey Agricultural Commodities produced under the "Jersey Fresh Quality Grading Program" (JFQGP).

In accordance with requirements of N.J.S.A. Title 4, Chapter 10, Article 5 application is hereby made for permission to use the "Jersey Fresh" label/mark.

Check all boxes that apply: Grower Packer Retailer

Are you a veteran?: Yes No

Name of Applicant (Individual, Partnership or Corporation) Address

City State Zip Code

Name and Location (s) of Packing Facilities:

Name of Packing Facility Address

City State Zip Code

List the fresh commodities that you will pack under the "Jersey Fresh Quality Grading Program" label/mark and the grower(s) the commodities will be purchased from. Attach additional sheet(s) as needed.

Commodity	Grower	Grower	Grower
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I (we) will pack the above listed commodities in containers as indicated below:

Check all boxes that apply: imprinted with the "Quality Logo" labeled with the "Quality Logo"

Enclosed is a check for \$30.00 made payable to: **NEW JERSEY FARM PRODUCTS PUBLICITY FUND**

I (we) agree to comply with all the terms and conditions of the regulations pertaining to the use of the "Jersey Fresh" label/mark under the "JFQGP".

Signature of Applicant (Owner or Corporate Officer) Title

Telephone Number Fax Number E-Mail Address

Date Registration Number (Office Use Only)