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)