ORANGE HEALTH DEPARTMENT 29 North Day Street Orange, NJ 07050 (973) 952-6082 **2026**	DO NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY Date Received _____ Fee Paid ____Cash ____ Check____ License # _____ Received By _____

APPLICATION FOR MILK LICENSE – RETAIL VENDOR

Name of Store: _____
Address: _____ Phone # _____

Application is hereby made to sell and/or vend the following products:

TYPE OF PRODUCT: MILK _____ CHEESE _____ BUTTER _____ CREAM _____
(Check all that apply)

Application is hereby made for license to sell and/or vend the above products from the licensed milk dealers/listed below:

Licensed Milk Dealer: _____
Address: _____

Licensed Milk Dealer: _____
Address: _____

CHANGES TO OTHER LICENSED DEALERS MAY NOT BE MADE WITHOUT PRIOR APPROVAL

If applicant is corporation:
In which State is applicant incorporated? _____
Authorized to transact business in New Jersey _____

If applicant operates under trade name:
Is trade name duly registered? _____
Where is trade name registered? _____

Applicant hereby agrees to comply with all legal requirements.

NAME OF STORE OWNER: _____
(PLEASE PRINT)

Signature of applicant:_____ Title:_____ Date Signed: _____

Licensed Fee is $10.00 per store.

Licensed Fee expires December 31st of year of issue