



Food Processing License

Please complete the requested information below for Food Processing License.

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

COMPANY INFORMATION

Name of Entity: _____

DBA (if Any): _____

Date of Formation: _____ (mm/dd/yyyy)

State of Formation: _____

Employer ID Number: _____

Owner's Social Security Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

County: _____

List of all food processing activities at this location to be covered by this license:



SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

SHAREHOLDER 1

Full Name: _____

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date of Birth: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

SHAREHOLDER 2

Full Name: _____

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date of Birth: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

(if more shareholder please attach an extra sheet)

I authorize **ITAXEXPERTS.COM** to Apply for Food Processing License and willing to pay \$ _____
(exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Name

Signature & Date



ITAXEXPERTS.COM

87 RIVERVIEW RD
JERSEY CITY, NJ 07305

Phone: 347-757-3636

Cell: 201-965-5301

Fax: 212-537-0261

E-mail: tax@itaxexperts.com

CREDIT CARD AUTHORIZATION

I hereby authorize ITAXEXPERTS.COM to use the following credit card to pay fees and charges:

Name on the Credit Card: _____

Credit Card Number: _____

CC Expiration Date: _____ Security (CSV) Code: _____

CC Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder _____

Notes:
