



**NEW HAMPSHIRE  
APPLICATION FOR PERMIT TO USE THE  
NEW HAMPSHIRE SEAL OF QUALITY  
ON FARM PRODUCTS**



New

Renewal

BUSINESS NAME:			
MAILING ADDRESS:	CITY:	STATE	ZIP CODE
PHYSICAL ADDRESS: (if Different from mailing)	CITY:	STATE	ZIP CODE
PERSON COMPLETING APPLICATION:	TITLE:		
PHONE	FAX		
EMAIL	WEBSITE		

Products on which the seal is to be used:

- |            |                |
|------------|----------------|
| Apples     | Maple Products |
| Cider      | Honey          |
| Shell Eggs | Raspberries    |

NHDAMF USE ONLY	Permit Number: _____
	Approved: _____
	Date: _____

I have read the rules governing the use of the Seal of Quality Program and agree to comply with all provisions established therein. I further agree to cooperate with the Department of Agriculture, Markets & Food in regard to periodic inspection visits, and to furnish upon request sample containers, labels and/or advertising material bearing the design.

Enclosed is the \$5.00 annual (July 1 to June 30) permit fee payable to Treasurer, State of New Hampshire.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: **NH Department of Agriculture, Markets & Food  
Division of Regulatory Services  
PO Box 2042  
Concord, NH 03302-2042**