



**NH Department of Agriculture, Markets & Food  
Application for Permit to Use the Seal of Quality  
on Farm Products**

**New**                       **Renew**                      For Year: \_\_\_\_\_ - \_\_\_\_\_

BUSINESS NAME:			
MAILING ADDRESS:	CITY:	STATE NH	ZIP CODE
PHYSICAL ADDRESS:                      _____ SAME AS MAILING ADDRESS	CITY:	STATE NH	ZIP CODE
CONTACT PERSON:		TITLE:	
PHONE	FAX		
EMAIL	WEBSITE		

**1. Check the agricultural commodity for the Seal of Quality permit to which you are applying:**

Apples     Cider     Shell Eggs     Maple Products     Honey     Raspberries

**2. Describe operation: (i.e. size, years in operation, years in SQ Program, markets where product is sold, etc.)**

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**3. Detailed directions to production site from Concord:** \_\_\_\_\_

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**4. Enclosed:** Annual (July 1 to June 30) Permit fee payable to **Treasurer, State of New Hampshire:**

\$25.00 annual fee for maple products                       \$10.00 annual fee for eggs, apples, cider, honey or raspberries

**5. AFFIRMATION:**

I have read the rules governing 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.

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

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

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

<b>NHDAMF USE ONLY</b>	
Approved: Y / N	Permit # _____
Date: _____	Director's Initials: _____