



Support NJ Seafood Application

Please complete the application, save and e-mail back to supportnjseafood@dep.nj.gov to be included on the **Support NJ Seafood** story map. The story map (website) will show the geographical location of your business as well as your log/photo of your business. The site currently features seafood retail markets, wholesale distributors, delivery and pick-up businesses, and restaurants.

By submitting a completed application, you certify that your location sells seafood products that have been landed, grown or harvested in New Jersey. You also certify that you are the owner of the business, or a designated representative, and you have all applicable permits to operate as a seafood business in New Jersey. It is your responsibility to ensure the accuracy of the information on the story map and to notify the NJ Division of Fish and Wildlife at supportnjseafood@dep.nj.gov if incorrect information has been posted or needs updating.

Information that will appear on the story map (all must be provided):

Business Type (check all that apply): Market Distributor Delivery/Pick-up Restaurant Business

Name: _____

Address of location: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Website address: _____

Logo Image: Please attach your business logo or photo of your business along with this application. Ideally the logo/photo should be high res, 1000x750 pixels; a 4:3 ratio landscape profile image preferable in a JPG or PNG format. If you do not have an image that size, email an image you currently have.

Please check off the seafood products that you sell that are grown, harvested or landed in New Jersey:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Finfish | <input type="checkbox"/> Scallops |
| <input type="checkbox"/> Clams | <input type="checkbox"/> Blue crabs |
| <input type="checkbox"/> Oysters | <input type="checkbox"/> Other: _____ |

Please check off when you are open:

- | | |
|-------------------------------------|------------------------|
| <input type="checkbox"/> Year round | |
| <input type="checkbox"/> Seasonal | List dates open: _____ |
| <input type="checkbox"/> Pop-up | List dates open: _____ |

Please provide the information requested below in case we need to contact you about your application. This information will not be shared on the story map.

Name: _____

Email: _____ Phone: _____

By typing my name below as Applicant's Signature, I certify that the information provided is true and accurate. I hereby give NJ Division of Fish and Wildlife permission to post the information and logo/photo I have provided on the **Support NJ Seafood** story map.

_____ Date

_____ Print Name

_____ Applicant's Signature

E-mail completed APPLICATION and your LOGO/PHOTO to: supportnjseafood@dep.nj.gov