



For Official Use Only

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LICENSE SERVICES DIVISION
 165 Capitol Avenue
 Hartford CT 06106
 Telephone: (860) 713-6160
 Email: dcp.foodandstandards@ct.gov
 Web Site: www.ct.gov/dcp

Reinstatement Application for
Apple Juice & Cider Manufacturer
Food Manufacturing Establishment
Food Warehouse

- **This form can only be used to reinstate a license that expired on or after 06/30/2012.** The license number you wish to reinstate must be entered on this form.
- **A change in ownership or location: Do not use this form.** This license is non-transferable. To obtain a new application, go to our web-site at www.ct.gov/dcp Questions can be directed to the Food & Standards Division at the above telephone number or email address.
- A total **reinstatement fee of \$30.00 for each one-year period of expiration** must accompany this form. Checks or money orders should be made payable to *“Treasurer, State of Connecticut.”*
- Return this completed form with the applicable fee to the above address.
- All licenses expire annually on June 30th. A completed form with the applicable fee will reinstate the indicated license to the current renewal year.

Check License Type to be reinstated below		
<input type="checkbox"/> Apple Juice & Cider Manufacturer (AJC)	<input type="checkbox"/> Food Manufacturing Establishment (FME)	<input type="checkbox"/> Food Warehouse (FWH)

License Number to be Reinstated	Expiration Date of License		
License Information			
Business Name			
Physical Location of Production/Storage Facility - Street Address	City	State	Zip Code
Telephone Number	Email Address		FEIN
Mailing Address (if different than above)			
Business Name (if applicable)			
Street Address	City	State	Zip Code
I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.			
_____ Signature of Applicant	_____ Title	_____ Date	