



For Official Use Only
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**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](mailto:dcp.foodandstandards@ct.gov)**  
**Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)**

## Reinstatement Application for Frozen Dessert Retailer

- **This form can only be used to reinstate a license that expired on or after 12/31/2012.** 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](http://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 \$60.00 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 December 31<sup>st</sup>. A completed form with the applicable fee will reinstate the indicated license to the current renewal year.

License Number to be Reinstated		Expiration Date of License		
<b>License Information</b>				
Business Name				
Physical Location of Production/Storage Facility - Street Address		City	State	Zip Code
Telephone Number	Email Address		FEIN	
<b>Mailing Address (if different than above)</b>				
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	