



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 Bakery

- **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.
- **See *fee schedule below:** A total reinstatement fee is based on the number of production workers, for each one-year period of expiration and 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.
- **The number of production workers is defined as,** "...the number of persons engaged in the production of bread and pastry products, excluding porters, dishwashers, drivers, sales personnel and other employees not directly engaged in such production"; pursuant to Connecticut General State Statutes, Sec. 21a-152.

*Fee Schedule:	
Based on range of production workers:	Application fees for each one-year period expired:
0 to 4	\$30.00
5 to 9	\$50.00
10 to 25	\$110.00
26 to 99	\$220.00
100 or more	\$275.00

License Number to be Reinstated	Expiration Date of License	Number of Production workers	
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