CPBED-01, Rev 4/13

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
TRADE PRACTICES DIVISION PRODUCT SAFETY UNIT
Telephone: (860) 713-6115
Email: dcp.productsafety@ct.gov
Web Site: www.ct.gov/dcp

For Official Use Only

Second Hand Furniture and/or Bedding Dealer Application

This application must be accompanied by a check drawn on a US Bank or an International Money Order made payable to *"Treasurer, State of Connecticut."*

➔Return your completed application and fee of $50.00 to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Please complete all fields of this application or it will not be processed.
Note: In order to process your application a Sterilization Permit is required.

"The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed."

Please Note: A Sterilization Permit is required for a Second Hand Dealer, Renovator and in some instances, a Manufacturer license. Please contact the Product Safety Unit at (860) 713-6115 or dcp.productsafety@ct.gov for assistance

License to be issued in the name of			Social Security Number (US Residents Only)	
Street Address (Principal Place of Business)		City	State and/or Country	Zip Code
Telephone Number (w/area code)	Federal ID Number	Email Address		
Mailing Address (If different than above)				
Street Address		City	State and/or Country	Zip Code
Applicant Legal Standing: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Partnership ☐ Association				
Name of Parent Company (Corporation, Partnership, LLC, etc.)			Name of Principal Officer in Charge	
PRODUCTS OR PROCESSES				
Principal filling material being used or handled				
Have you ever been licensed in the State of Connecticut? ☐ Yes ☐ No If yes, complete the boxes below				
Previous License Number			Year issued	

Pursuant to the provisions of the Bedding and Upholstered Furniture Act, application is hereby made by the undersigned and the appropriate fee submitted for approval of the method of sterilization described above. I agree to forward, in duplicate, a specimen of the tag to be attached to articles on bedding, upholstered furniture or filling materials. I hereby certify the forgoing is true to the best of my knowledge and belief.

Applicant _____ Title _____ Date _____

FOR OFFICIAL USE ONLY

Registry Number Issued	☐ *Approved* ☐ *Disapproved*	*Disapproval Reason*	☐ *New Application* ☐ *Renewal Application* ☐ *Updated Application*	*Expiration Date:* *April 30, 20_____*