Print Form

FOODS, Rev 10/31

For Official Use Only

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Food & Standards Division
Telephone: (860) 713-6160
Email: food.standards@ct.gov
Web Site: www.ct.gov/dcp

APPLICATION FOR LICENSE - FROZEN DESERT RETAILER

INSTRUCTIONS:
All spaces must be completed - please print or type. This application **must be accompanied by a check or money order for the appropriate fee as listed below made payable to: "*Treasurer, State of CT.*" *Application fees are non-refundable***
Return your completed application and fee to:

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

☐ Retail License to Manufacture Frozen Desserts Fee: $50.00

Businesss Trade Name (dba)			
Physical Location of the Production Facility - Street Address	City	State	Zip Code
Telephone Number (with area code)	FEIN	Previous License Number (if applicable)	
Corporation Name (If Applicable)			
Mailing Address (if different than above)			
Street Address	City	State	Zip Code
Applicant's Name & Title	Applicant's Email Address		

Type of product:	Public or Private Water Supply	Waste Disposal System
	☐ Private Well ☐ Public Supply	☐ Septic System ☐ Public Sewers

☐ Mobile units? Please indicate the number of mobile units under your control

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY				
INSPECTION DATE :		INSPECTED BY :	APPROVED BY :	APPROVAL DATE :
FEE DUE :		FEE COLLECTED :	CHECK OR MONEY ORDER #:	TOWN TAX CODE :
RENEWAL APPLICATION ☐	NEW APPLICATION ☐	LICENSE YEAR :	EFFECTIVE DATE :	EXPIRATION DATE :