Print Form

FOODS, Rev 10/13

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

INSTRUCTIONS:
All spaces must be completed - please print or type. This application **must be accompanied by a check or money order 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

Wholesale License to Manufacture Food - $20.00

Businesss Trade Name (dba)			
Physical Location of the Production/Storage 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	Applicant's Title		

Type of product:	**Public or Private Water Supply**	**Septic System or Sewers**
	☐ Private Well ☐ Public Supply	☐ Septic System ☐ Public Sewers
Product Storage Requirements:	**HACCP?**	
☐ Shelf Stable ☐ Refrigerated/Frozen ☐ Both	☐ Mandatory - Seafood, Juice ☐ Voluntary	

Certificates of approval shall be obtained from the local authority of the town, city or borough where the business is located or is proposed to be located. Certificates of approval shall not be required for locations where a previously approved food manufacturing facility has been operating, provided that there is no more than one year's gap between the old and new facility.

Check one, as applicable

☐ **ZONING APPROVAL NOT REQUIRED**
☐ **ZONING APPROVAL FOR FOOD MANUFACTURING ESTABLISHMENT**

THIS IS TO CERTIFY THAT UNDER THE PROVISIONS OF SECTION 21a-152 OF THE GENERAL STATUTES, (I) (WE) HAVE APPROVED THE LOCATION OF THIS FOOD MANUFACTURING ESTABLISHMENT:

Signed: _____ Title: _____
Chairperson of Zoning Board or Other Town or City Official Date Signed: _____

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 _____

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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 :