



# State of Connecticut Department of Agriculture

LICENSING UNIT  
165 Capitol Avenue G8A  
Hartford, CT 06106  
(860) 713-2512 fax (860)713-2585

License # RDS \_\_\_\_\_

NEW \$60.00

Make checks payable to  
"CT Department of Agriculture"

For renewal forms, contact  
860-713-2512

## Retail Dairy Store License Application

**APPLICATIONS MUST BE MAILED – WALK-IN APPLICATIONS WILL NOT BE ACCEPTED**

I/we hereby apply for a license to operate as a Retail Milk Dealer in the State of Connecticut in accordance with and subject to the provisions of Sections 22-229 and 22-230 of the Connecticut General Statutes. The licensee (owner) is required to notify the Department of Agriculture within 48 hours of any change in store name, store location, sale or change of ownership. **The license period shall be from July 1st to June 30th, inclusive.** All licenses expire on June 30th of each year. All retail outlets selling milk to consumers for consumption off of the retail premises are required to be licensed and may only sell milk or milk products supplied by a licensed dealer or licensed sub-dealer.

**RENEWAL APPLICATION FORM, AND PAYMENT MUST BE RECEIVED ON OR BEFORE JULY 1<sup>ST</sup>  
TO AVOID A LATE PENALTY OF \$15.00. LICENSES ARE NOT TRANSFERABLE.**

License Applications cannot be processed if required payment is not submitted with the application, if the application is incomplete, or if the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) is different from a previous years filing. Incomplete applications and submitted payments will be returned for completion and resubmission.

For New Licensees Only	Date of Start of Business mm/dd/yy	Is this dairy store replacing an existing Retail Dairy Store? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>REQUIRED</b> 	Federal Employer Identification Number or Social Security Number	<b>REQUIRED</b> 
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Retail Store Name			
Store Street Address			
City	State	Zip	
Retail Store Telephone Number	Email Address		
Mailing Address (if different from above)	City	State	Zip

Indicate ownership status and complete the corresponding line

<input type="checkbox"/> <b>Sole Proprietor</b>	Name of Sole Proprietor		
<input type="checkbox"/> <b>Partnership</b>	Partnership Name	Names of Partners	
<input type="checkbox"/> <b>Corporation</b>	Corporation Name	Name and Title of Principal Officer	
<input type="checkbox"/> <b>LLC</b>	LLC Name	<input type="checkbox"/> LLC Single <input type="checkbox"/> LLC Partnership <input type="checkbox"/> LLC Corporation	Name of Principal Member

The undersigned applicant states that all of the information contained herein is true to the best of his/her knowledge and agrees that in the event a retail milk dealer license is granted, said applicant shall comply with all laws, orders, rulings, regulations and directives issued by the Commissioner of Agriculture.

Printed Name of Applicant	Signature of Applicant	Date of Signature
Title of Applicant	Telephone Number	

For Agency Use Only	FEE AMOUNT RECEIVED	CHECK OR MONEY ORDER	LICENSE EXPIRATION June 30, 2016
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