



**State of Connecticut**  
**Department of Agriculture**  
 Bureau of Regulation and Inspection  
 Licensing Unit  
 165 Capitol Avenue G8A  
 Hartford, CT 06106

CT Lic. # LVS - \_\_\_\_\_

NEW \$190.00

For renewal forms, contact  
 860-713-2512

Animal Health (860) 713-2504 Fax (860) 713-2515  
 Licensing (860) 713-2512 Fax (860)713-2585

**LIVESTOCK DEALER/BROKER LICENSE APPLICATION**

I / we hereby apply for a license pursuant to Connecticut General Statute section (C.G.S §) 22-383 to conduct a business of buying, receiving, selling or exchanging or negotiating the sale, resale, exchange, transportation or shipment of more than 10 head of livestock each year (camelid or hooved animal raised for domestic or commercial use) in the state of Connecticut. The license period shall be from July 1<sup>st</sup> to June 30<sup>th</sup> following, inclusive. The licensee shall notify the Department of Agriculture within 48 hours of any change of trade name or location.

**RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE JUNE 30<sup>TH</sup>. LICENSE IS NOT TRANSFERABLE.**

New and License Renewal Applications cannot be processed if required payment is not submitted with the application or if the application is incomplete. Incomplete applications and submitted payments will be returned for completion and resubmission.

<b>PLEASE PRINT OR TYPE:</b>	Federal Employer Identification Number	Social or Security Number
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Business Name:	Phone:
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Address:	Fax:
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City:	State:	Zip:
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Physical location of business if different from above:

Indicate business type and complete the corresponding line

<input type="checkbox"/> Sole Proprietor	Name of Owner	
<input type="checkbox"/> Partnership	Partnership Name	Names of Partners
<input type="checkbox"/> Corporation	Corporation Name	Corporation Officer Names
<input type="checkbox"/> L.L.C.	LLC Name	Member Names

DEALER/BROKER HANDLES, BUYS, SELLS, RESELLS, NEGOTIATES THE SALE, EXCHANGE OR TRANSPORTS FOR A FEE:

CATTLE     SWINE     SHEEP/GOATS     LLAMA/ALPACA     EQUINE     OTHER List: \_\_\_\_\_

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 Livestock Dealer/Broker license is granted, said applicant shall comply with all applicable laws, orders, rulings, regulations and directive issued by the Commissioner of Agriculture or the Commissioner's Designated Agent.

PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
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TITLE OF APPLICANT	TELEPHONE NUMBER	E-MAIL
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For Agency Use Only

Agency Approval: \_\_\_\_\_ Date: \_\_\_\_\_

FEE AMOUNT RECEIVED	CHECK OR MONEY ORDER	DATE PROCESSED	TRANSMITTAL NUMBER	LICENSE EXPIRATION June 30, 2016
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