State of Connecticut

Department of Agriculture

Bureau of Regulation and Inspection
Licensing Unit
165 Capitol Avenue G8A
Hartford, CT 06106

Dairy Division (860) 713-2508 fax (860) 713-2515
Licensing (860) 713-2512 fax (860)713-2585

CT Lic. # _____

☐ NEW $100.00

For renewal forms, contact
860-713-2512

Milk Dealer License Application

TYPE OF BUSINESS

☐ Milk Dealer (processor) Plant Code _____	☐ Yogurt Manufacturer Plant Code _____	☐ CT Cheese Manufacturer	☐ Dry Milk Manufacturer	☐ Milk Sub-Dealer (distributor)

I / we hereby apply for a license to operate as a Milk Dealer, Yogurt Manufacturer, Cheese Manufacturer, Dry Milk Manufacturer, Milk Sub-Dealer or Milk Producer/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 license period is from July 1st to June 30th, inclusive. The licensee is required to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. Renewal fee due, as noted on the renewal application card, is based on information provided in the yearly milk utilization report as submitted. Check or money order payable to the "Commissioner of Agriculture" for the appropriate fee must accompany the application. **Fluid Milk Dealers and Yogurt Manufacturers** outside of Connecticut must have an acceptable sanitation and enforcement rating or an acceptable HACCP listing published in the Interstate Milk Shippers (IMS) List of Sanitation Compliance and Enforcement Ratings. (http://www.cfsan.fda.gov/~ear/ims-toc.html)

RENEWALS MUST BE RECEIVED ON OR BEFORE JUNE 30TH TO AVOID A LATE PENALTY OF $50.00.
LICENSES ARE NOT TRANSFERABLE.

License 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.

Federal Employer Identification Number ___ ___ - ___ ___ ___ ___ ___ ___ ___ **or** Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Facility Name:			Facility Phone:	
Physical Location of Facility			Email Address:	
City:		State:	Zip:	
Mailing address of business if different from above:	City:		State:	Zip:

Indicate ownership status and complete the corresponding line

☐ Sole Proprietor	Name of Sole Proprietor		
☐ Partnership	Partnership Name	Names of Partners	
☐ Corporation	Corporation Name	Name and Title of Principal Officer	
☐ L.L.C.	LLC Name	☐ LLC Single ☐ LLC Partnership ☐ 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 milk dealer license is granted, said applicant shall comply with all laws, orders, rulings, regulations and directive issued by the Commissioner of Agriculture.

PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
TITLE OF APPLICANT	TELEPHONE NUMBER	E-MAIL

For Agency Use Only

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