



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

License # LPD _____

New

No fee

For renewal forms, contact
 860-713-2512

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

Live Poultry Dealer Application

I/we hereby apply for a license to conduct a business of buying, receiving, selling or exchanging or negotiating or soliciting the sale, resale, exchange, transportation, hauling, transfer, or shipment of live poultry in this State in accordance with, and subject to the provisions of Section 22-326s et seq. of the Connecticut General Statutes. **The license period shall be from July 1st to June 30th, inclusive.** All licenses expire on June 30th of each year.
License is non-transferable.

Applications cannot be processed if the application is incomplete or if the Federal Employer Identification Number or Social Security Number is not provided. Incomplete applications will be returned for completion and resubmission.

REQUIRED ➡➡➡	Federal Employer Identification Number _____	or	Social Security Number _____	REQUIRED ←←←
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TYPE OF BUSINESS	<input type="checkbox"/> Sell Live Poultry or Hatching Eggs	<input type="checkbox"/> Transport Live Poultry	<input type="checkbox"/> USDA custom-exempt slaughter (sale of live birds to customers)
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Business Name			
Physical Location of the Business			
City		State	Zip
Telephone Number _____-_____-_____		Email Address	
Mailing Address (if different from above)		City	State
List the address of each location where birds are kept			

Indicate ownership status and complete the corresponding line

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

Name of the person upon whom process may be served:

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	Agriculture Marketing & Insp. Rep. Approval _____ Date Approved _____	LICENSE EXPIRATION June 30, 2016
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