



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

CT Lic. # _____

NEW \$100.00

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

For renewal forms, contact
 860-713-2512

Milk Dealer License Application

TYPE OF BUSINESS

<input type="checkbox"/> Milk Dealer (processor) Plant Code _____	<input type="checkbox"/> Yogurt Manufacturer Plant Code _____	<input type="checkbox"/> CT Cheese Manufacturer	<input type="checkbox"/> Dry Milk Manufacturer	<input type="checkbox"/> Milk Sub-Dealer (distributor)
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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 _____
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Facility Name: _____	Facility Phone: _____
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Physical Location of Facility _____	Email Address: _____
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City: _____	State: _____	Zip: _____
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Mailing address of business if different from above: _____	City: _____	State: _____	Zip: _____
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Indicate ownership status and complete the corresponding line

<input checked="" 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"/> L.L.C.	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 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, 2017
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