



# 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 - Milk Producer \$20.00

NEW - Retail Raw Milk  
Producer \$20.00

NEW - Raw Milk Cheese  
Manufacturer \$20.00

For renewal forms, contact  
860-713-2512

## Milk Producer, Retail Raw Milk Producer and Raw Milk Cheese Manufacturer Permit Application

**TYPE OF BUSINESS**

<input type="checkbox"/> Milk Producer (Milk for Pasteurization)	<input type="checkbox"/> Retail Raw Milk Producer	<input type="checkbox"/> Raw Milk Cheese Manufacturer
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I / we hereby apply for a license to operate as a Milk Producer (milk for pasteurization), Retail Raw Milk Producer or Raw Milk Cheese Manufacturer in the State of Connecticut in accordance with and subject to the provisions of sections 22-172 and 22-173a of the Connecticut General Statutes. **The license period is from July 1<sup>st</sup> to June 30<sup>th</sup>, 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. A Check or money order payable to the "Commissioner of Agriculture" for the appropriate fee must accompany the application. **LICENSES ARE NOT TRANSFERABLE.**

New and Renewal Applications cannot be processed if: required payment is not submitted with the application or the application is incomplete. Incomplete applications and submitted payments will be returned for completion and resubmission. Renewal must be made before June 30<sup>th</sup>.

PLEASE PRINT OR TYPE: <input type="checkbox"/> New business at this location	Federal Employer Identification Number	Social or Security Number
Business Name:		Phone:
Mailing Address:		Fax:
City:	State:	Zip:
Physical location of business if different from above:		
Milk Handler	Species and Number Milking Aged Animals <input type="checkbox"/> Dairy Cattle _____ <input type="checkbox"/> Dairy Goats _____ <input type="checkbox"/> Dairy Sheep _____ <input type="checkbox"/> Other _____ # _____	

**Indicate ownership status 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

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**

Agency Approval: _____ Date: _____				
FEE AMOUNT RECEIVED	CHECK OR MONEY ORDER	DATE PROCESSED	TRANSMITTAL NUMBER	LICENSE EXPIRATION June 30, 2017