State of Connecticut
Department of Agriculture

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

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

License # LPD _____

☐ New

No fee

For renewal forms, contact
860-713-2512

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 ⬅⬅⬅

TYPE OF BUSINESS	☐ Sell Live Poultry or Hatching Eggs	☐ Transport Live Poultry	☐ USDA custom-exempt slaughter (sale of live birds to customers)

Business Name			
Physical Location of the Business			
City	State	Zip	
Telephone Number ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___	Email Address		
Mailing Address (if different from above)	City	State	Zip
List the address of each location where birds are kept			

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	
☐ **LLC**	LLC Name	☐ LLC Single ☐ LLC Partnership ☐ 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, 2017