



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

License # _____

- New
 Renewal

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

No Fee

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.**

RENEWAL APPLICATION FORM MUST BE RECEIVED ON OR BEFORE JUNE 30th

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

PLEASE PRINT OR TYPE	Federal Employer Identification Number: _____	OR	Social Security Number: _____
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 (license to sell live poultry)			
BUSINESS NAME			
MAILING ADDRESS		CITY	ZIP
PHYSICAL LOCATION OF THE BUSINESS (if different from above)			
TELEPHONE NUMBER		FAX	E-MAIL
LIST THE ADDRESS OF EACH LOCATION WHERE BIRDS ARE KEPT			

Check One Box:

- SOLE PROPRIETOR/INDIVIDUAL
 OWNER
 PARTNERSHIP
 L.L.C.
 CORPORATION

NAME OF LICENSEE (Responsible Individual, Owner, CEO etc.)			
NAMES OF PARTNERS, L.L.C. MEMBERS OR CORPORATION OFFICERS			
Name of the person upon whom process may be served			
Issuance of license is contingent on an approved bio-security plan. The bio-security plan must address the prevention and control of avian diseases including avian influenza. For assistance developing a bio-security plan please call (860) 713-2504.			
The undersigned applicant states that all of the information contained herein is true and accurate to the best of his/her knowledge.			
(Print Name of Applicant)	(Signature of Applicant)	(Title)	(Date)

AREA BELOW FOR OFFICE USE ONLY:

Agriculture Marketing & Insp. Rep. Approval _____ (initial application only)

	CHECK OR MONEY ORDER	DATE PROCESSED	TRANSMITTAL NUMBER
			LICENSE EXPIRATION June 30, 2011