



STATE OF CONNECTICUT
 DEPARTMENT OF AGRICULTURE
 165 Capitol Avenue, Hartford, CT 06106
 (860) 713-2508

License # EM-

New \$100.00

Renewal \$100.00

License
 Expiration: 6/30/2006

EGGNOG PLANT AND EGGNOG SALES LICENSE APPLICATION

I / we hereby apply for a license to sell or distribute Grade A Eggnog in accordance with and subject to the provisions of Section 22-162a of the Connecticut General Statutes. The license period shall be from July 1st to June 30th following, inclusive. All licenses shall expire on June 30th of each year. The licensee is to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. Renewal fee of \$1 00.00 must be received on or before June 30th. Check or money order payable to the "Commissioner of Agriculture" must accompany the application.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE JUNE 30th

NOTE: Licenses for New and Renewal applications cannot be processed if: required payment is not submitted with the application; the application is incomplete; and/or the Federal Identification Number is not provided. Incomplete applications and submitted payment will be returned for completion and resubmission.

Please Print or Type

Federal
 Employer Identification Number: _____

BUSINESS NAME		TELEPHONE NUMBER	
STREET ADDRESS		TOWN / CITY	STATE ZIP CODE
MAILING ADDRESS (If different than business address)		TOWN / CITY	STATE ZIP CODE

Check One Box: CORPORATION PARTNERSHIP OR L.L.C. SOLE PROPRIETOR/ INDIVIDUAL OWNER

NAME OF LICENSEE (Name of Corporation, Name of Partnership, Name of L.L.C. or Individual Owner) E-MAIL ADDRESS

NAMES OF CORPORATE OFFICERS, PARTNERS or L.L.C. MEMBERS

Do you make direct deliveries from your processing facility to wholesale accounts in Connecticut? YES NO

List the names of those wholesale accounts: _____

Are your Eggnog products sold/distributed in Connecticut by dealers located out of Connecticut? YES NO

List the names of those dealers: _____

(Print Name of Applicant) (Signature of Applicant) (Title) (Date)

AREA BELOW FOR OFFICE USE ONLY:

Fee: Amount Received	Check or Money Order Number	Date Processed	Transmittal Number	LICENSE EXPIRATION JUNE 30, 2006 EM-2 Rev 5/04
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