



**STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE**

OFFICE OF THE COMMISSIONER  
450 Columbus Boulevard, Suite 701  
Hartford, CT 06103

License # FBR - \_\_\_\_\_

**NEW** **\$16.00**  
**License Expiration: 12/31/19**

Licensing (860) 713-2512

Not valid for renewal

**FUR BREEDER LICENSE APPLICATION**

I/we hereby apply for a license to operate as a fur breeder in the State of Connecticut in accordance with and subject to the provisions of Sections 22-12b of the Connecticut General Statutes. The license period shall be from January 1st to December 31st following, inclusive. All licenses shall expire on December 31 of each year. The licensee (owner) is required to notify the Department of Agriculture within 48 hours of any change in business name, location, sale or change of ownership. The undersigned applicant states that all of the information herein is true to the best of his/her knowledge and agrees that in the event that a license is granted said applicant shall comply with all laws, orders, rulings, regulations, or directives issued by the Commissioner of Agriculture. Check or money order, made payable to the "Connecticut Department of Agriculture", must accompany the application. **RENEWAL APPLICATION FORM AND PAYMENT MUST BE RECEIVED ON OR BEFORE JANUARY 1<sup>st</sup>.** *Incomplete submissions will be returned for completion and resubmission.* All applications must be mailed to the address listed above.

Please print or type	Federal Employer Identification Number	or	Social Security Number
Name of Business			Telephone Number
Business Address	City/Town	State	Zip
Mailing Address (if different)	City/Town	State	Zip

Indicate ownership status and complete the corresponding line			
<input type="checkbox"/> <b>Sole Proprietor</b>	Name of Sole Proprietor		
<input type="checkbox"/> <b>Partnership</b>	Partnership Name	Name of Partners	
<input type="checkbox"/> <b>Corporation</b>	Corporation Name	Name and Title of Principal Officer	
<input type="checkbox"/> <b>LLC</b>	LLC Name	<input type="checkbox"/> LLC Single <input type="checkbox"/> LLC Partnership <input type="checkbox"/> LLC Corporation	Name of Principal Member

Application is hereby made for a license to propagate and sell one or more of the following species of fur breeding animals: fox, mink, chinchilla, marten, fisher, muskrat or nutria.  
I shall conduct breeding operations at the following location: \_\_\_\_\_

I agree not to sell any fur bearing animals except as pelts until the purchaser thereof has obtained a fur breeder's license from the Department of Agriculture. Further, I agree to send to the same at the expiration of the license period a true report of the number and species of fur bearing animals raised by me, the number purchased or sold, and the names and addresses of the persons to whom they were sold or from whom they were purchased. The fur bearing animal(s) in my possession at the time of this application consist of the following:

SPECIES	NUMBER	SPECIES	NUMBER

Signature of Applicant	Date:
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MAIL TO: Connecticut Department of Agriculture, Attn: Licensing, 450 Columbus Boulevard, Suite 701, Hartford, CT 06103

For Agency Use Only			
FEE AMOUNT RECEIVED	CHECK OR MONEY ORDER #	DATE PROCESSED	REGISTRATION EXPIRATION December 31, 2019