



State of Connecticut
 Department of Agriculture
 450 Columbus Boulevard, Suite 703
 Hartford, CT 06103
 Licensing (860) 713-2512

License # RDS _____

NEW \$120.00
 (2 YEAR LICENSE)

For renewal forms, contact
 860-713-2512

Retail Dairy Store License Initial Application

APPLICATIONS MUST BE MAILED – WALK-IN APPLICATIONS WILL NOT BE ACCEPTED

I/we hereby apply for a license to operate as a Retail Milk Dealer in the State of Connecticut in accordance with and subject to the provisions of Sections 22-229 and 22-230 of the Connecticut General Statutes. The licensee (owner) is required to notify the Department of Agriculture within 48 hours of any change in store name, store location, sale or change of ownership. All retail outlets selling milk to consumers for consumption off of the retail premises are required to be licensed and may only sell milk or milk products supplied by a licensed dealer or licensed sub-dealer. Make all checks payable to "CT Department of Agriculture".

The license period shall be for a period of two years and extend from July 1st to the second following June 30th.

LICENSES ARE NOT TRANSFERABLE.

License Applications cannot be processed if required payment is not submitted with the application or if the application is incomplete. Incomplete applications and submitted payments will be returned for completion and resubmission.

For New Licensees Only	Date of Start of Business ___ / ___ / ___	Is this dairy store replacing an existing Retail Dairy Store? <input type="checkbox"/> Yes <input type="checkbox"/> No
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REQUIRED ➡➡➡	Federal Employer Identification Number _____ - _____	or	Social Security Number _____ - _____ - _____	REQUIRED ⬅⬅⬅
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Retail Store Name (DBA)			
Store Street Address			
City	State	Zip	
Retail Store Telephone Number _____ - _____ - _____		Email Address	
Mailing Address (if different from above)		City	State
			Zip

Indicate ownership status and complete the corresponding line

<input type="checkbox"/> Sole Proprietor	Name of Sole Proprietor		
<input type="checkbox"/> Partnership	Partnership Name	Names of Partners	
<input type="checkbox"/> Corporation	Corporation Name	Name and Title of Principal Officer	
<input type="checkbox"/> LLC	LLC Name	<input type="checkbox"/> LLC Single <input type="checkbox"/> LLC Partnership <input type="checkbox"/> LLC Corporation	Name of Principal Member

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	FEE AMOUNT RECEIVED	CHECK OR MONEY ORDER	LICENSE EXPIRATION June 30, 2021
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