



State of Connecticut Department of Agriculture

450 Columbus Boulevard, Suite 703
Hartford, CT 06103

Licensing (860) 713-2512

CT Lic. # _____

NEW \$200.00

For renewal forms, contact
860-713-2512

Milk Dealer License Application

<input type="checkbox"/> Milk Dealer (processor) Plant Code _____	<input type="checkbox"/> Yogurt Manufacturer Plant Code _____	<input type="checkbox"/> CT Cheese Manufacturer	<input type="checkbox"/> Dry Milk Manufacturer	<input type="checkbox"/> Milk Sub-Dealer (distributor)
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I / we hereby apply for a license to operate as a Milk Dealer, Yogurt Manufacturer, Cheese Manufacturer, Dry Milk Manufacturer, Milk Sub-Dealer or Milk Producer/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 license period shall be for a period of two years and extend from July 1st to the second following June 30th.** The licensee is required to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. A check or money order payable to the "CT Department of Agriculture" for the appropriate fee must accompany this application.

Fluid Milk Dealers and Yogurt Manufacturers outside of Connecticut must have an acceptable sanitation and enforcement rating or an acceptable HACCP listing published in the Interstate Milk Shippers (IMS) List of Sanitation Compliance and Enforcement Ratings.
(<https://www.fda.gov/Food/GuidanceRegulation/FederalStateFoodPrograms/ucm2007965.htm>)

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. Applications must be mailed.

Federal Employer Identification Number _____ - _____ - _____	or	Social Security Number _____ - _____ - _____
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Facility Name:	Facility Phone:
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Physical Location of Facility	Email Address:
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City:	State:	Zip:
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Mailing address of business if different from above:	City:	State:	Zip:
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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"/> L.L.C.	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 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
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Title of Applicant	Telephone Number	E-mail
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For Agency Use Only

Fee Amount Received	Check or Money Order #	Date Processed	License Expiration June 30, 2021
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