



# State of Connecticut Department of Agriculture

450 Columbus Boulevard, Suite 703  
Hartford, CT 06103  
Dairy Unit (860) 713-2508  
Licensing Unit (860) 713-2512

CT Lic. # \_\_\_\_\_

- NEW - Milk Producer \$20.00
- NEW - Retail Raw Milk Producer \$20.00
- NEW - Raw Milk Cheese Manufacturer \$20.00

## Milk Producer, Retail Raw Milk Producer and Raw Milk Cheese Manufacturer Permit Application

<input type="checkbox"/> Milk Producer (Milk for Pasteurization)	<input type="checkbox"/> Retail Raw Milk Producer	<input type="checkbox"/> Raw Milk Cheese Manufacturer
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I / we hereby apply for a license to operate as a Milk Producer (milk for pasteurization), Retail Raw Milk Producer or Raw Milk Cheese Manufacturer in the State of Connecticut in accordance with and subject to the provisions of sections 22-172 and 22-173a of the Connecticut General Statutes. 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. Licenses are not transferable. A check or money order payable to the "CT Department of Agriculture" for the appropriate fee must accompany this application. **The license period is from July 1<sup>st</sup> to June 30<sup>th</sup>, inclusive.**

Applications and submitted payment will be returned if the application is incomplete. Applications must be mailed.

<b>REQUIRED</b> 	Federal Employer Identification Number _____ or Social Security Number _____ - _____ - _____	<b>REQUIRED</b> 
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Business Name		
Business Street Address		
City	State	Zip
Telephone Number ____ - ____ - _____	Email Address	
Mailing Address (if different from above)	City	State
		Zip

Name of Milk Handler	Species and Number Milking Aged Animals <input type="checkbox"/> Dairy Cattle _____ <input type="checkbox"/> Dairy Goats _____ <input type="checkbox"/> Dairy Sheep _____ <input type="checkbox"/> Other _____ # _____
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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	Names 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

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 permit 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 #	Agency Approval: _____	Date: _____	License Expiration June 30, 2020
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