



State of Connecticut Department of Agriculture

450 Columbus Boulevard, Suite 703
Hartford, CT 06103

Licensing (860) 713-2512

License # LPD _____

New - No fee

For renewal forms, contact
860-713-2512

Live Poultry Dealer Application

I/we hereby apply for a license to conduct a business of buying, receiving, selling or exchanging or negotiating or soliciting the sale, resale, exchange, transportation, hauling, transfer, or shipment of live poultry in this State in accordance with, and subject to the provisions of Section 22-326s et seq. of the Connecticut General Statutes. **The license period shall be from July 1st to June 30th, inclusive.** All licenses expire on June 30th of each year.
This license is non-transferable.

Applications cannot be processed if the application is incomplete or if the Federal Employer Identification Number or Social Security Number is not provided. Incomplete applications will be returned for completion and resubmission. Applications must be mailed.

| | | | | |
|------------------------|--|----|------------------------------|------------------------|
| REQUIRED ➡➡➡ | Federal Employer Identification Number _____ | or | Social Security Number _____ | REQUIRED ←←← |
|------------------------|--|----|------------------------------|------------------------|

| | | | |
|-------------------------|---|---|---|
| TYPE OF BUSINESS | <input type="checkbox"/> Sell Live Poultry or Hatching Eggs | <input type="checkbox"/> Transport Live Poultry | <input type="checkbox"/> USDA custom-exempt slaughter (sale of live birds to customers) |
|-------------------------|---|---|---|

| | | | |
|--|---------------|-------|-----|
| Business Name | | | |
| Physical Location of the Business | | | |
| City | State | Zip | |
| Telephone Number _____-_____-_____ | Email Address | | |
| Mailing Address (if different from above) | City | State | Zip |
| List the address of each location where birds are kept | | | |

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 |

| |
|---|
| Name of the person upon whom process may be served: |
|---|

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 Live Poultry 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 | Agriculture Marketing & Insp. Rep. Approval _____ Date Approved _____ | LICENSE EXPIRATION June 30, 2020 |
|---------------------|---|--|