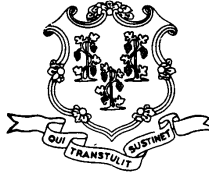


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
FOOD & STANDARDS DIVISION**

Telephone: (860) 713-6160
Web Site: www.ct.gov/dcp



**APPLICATION FOR DEALER
OF WEIGHING & MEASURING DEVICES**

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$50.00**, made payable to "**Treasurer, State of CT.**" Application fees are non-refundable.

→ Return your completed application and fee to: **Department of Consumer Protection, License Services Division, 450 Columbus Blvd. Suite 801, Hartford, CT 06103**

PRIMARY EMAIL ADDRESS: Please list the primary email address to be used for all communication regarding this document, such as approval, rejection, and renewal notification

| | | | | |
|--|--------------------|---|--------------|-----------------|
| Applicant's Name | | | | |
| Street Address | | City | State | Zip Code |
| Telephone Number (with area code) | FEIN Number | Email Address | | |
| Form of Ownership | | | | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company | | | | |
| If Corporation or Company, list names and addresses of all Officers; If Partnership, list names and addresses of all Partners | | | | |
| Name | | Address | | |
| Name | | Address | | |
| Name | | Address | | |
| Has the applicant, or any of the corporate officers or partners ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide on a separate sheet, the date(s), and nature of conviction(s), where the case(s) were decided and a description of the circumstances relating to each conviction(s). | | | | |
| Number of Mechanics Employed as Repairmen or Installers | | Is the firm engaged in the periodic inspection or servicing of measuring equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| List the names of Mechanics Employed as Repairmen or Installers | | | | |
| First Name, Middle Initial, Last Name | | | | |
| First Name, Middle Initial, Last Name | | | | |

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

| | | | | |
|--|--|------------------------|----------------|--|
| FOR OFFICIAL USE ONLY | | | | |
| INSPECTION DATE: | | INSPECTED BY: | APPROVED BY: | APPROVAL DATE: |
| FEE DUE: | | LATE FEE: | FEE COLLECTED: | CHECK OR MONEY ORDER #: |
| NEW LICENSE <input type="checkbox"/> | RENEWAL APPLICATION <input type="checkbox"/> | CURRENT REGISTRATION # | | EXPIRATION DATE: 1 2 / 3 1 / _ _ _ |