For Official Use Only

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

Drug Control Division
Telephone: (860) 713-6065
Web Site: www.ct.gov/dcp

LICENSE APPLICATION FOR MANUFACTURER OF DRUGS, MEDICAL DEVICES, AND/OR COSMETICS

As required by the provisions of Chapter 420b of the Connecticut General Statutes, application is hereby made to the Connecticut State Department of Consumer Protection for a license to function within the State of Connecticut as a manufacturer of drugs and/or medical devices and/or cosmetics.

Return completed application and fee to:

Department of Consumer Protection
License Services Division
165 Capitol Avenue
Hartford, CT 06106

- Manufacturers with *5 or less chemists* = $285.00
  5 or less chemists w/controlled substances = $570.00
- Manufacturers with *6 - 10 chemists* = $375.00
  6 - 10 chemists w/controlled substances = $750.00
- Manufacturers with *10 or more chemists* = $940.00
  10 or more chemists w/controlled substances = $1880.00

Make check or money order payable to: *"Treasurer, State of Connecticut"*
Annual Expiration June 30th

Name of Company, Firm, or Corporation under which function is performed			
Street Address	City	State	Zip Code
Telephone Number (with area code)	FEIN Number	Name and Title of Registrant (Name to Appear on License)	

Indicate Organizational Structure:
☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Other (explain)

Names of Principal Officers of the Company, Firm, Corporation , Titles and Home Addresses: (Attach list if needed)

List all other firm names, corporations, divisions, subsidiaries, etc. (indicating category) and their business address(es) under which a manufacturers business is conducted: (Attach list if needed)

Has the corporation or any officer thereof, or any partner or the individual owner (within 5 years of the date of this application) been convicted of a violation of any law of the United States or of any state relating to controlled drugs?

☐ Yes ☐ No *If YES, please give details on an attached sheet*

Types of Products Manufacturerd in the State of Connecticut:

Controlled Substances: ☐ **Schedule I** ☐ **Schedule II** ☐ **Schedule III** ☐ **Schedule IV** ☐ **Schedule V**

☐ **RX Legend Drugs** ☐ **Non RX Legend Drugs (patent medicines, proprietaries, etc.)** ☐ **Medical Devices** ☐ **Cosmetics**

Indicate number of chemists: [ ]

Briefly explain your type of business, giving types of customers serviced and whether products are produced, prepared, cultivated, grown, compounded, converted, processed, packaged, repackaged, labeled or relabeled under own or any other trademark or label:

I certify that the information contained in this application is the truth to the best of my knowledge.

Signature of Applicant _____

Title: _____ Date _____