



For Official Use Only

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

Drug Control Division  
Telephone: (860) 713-6065  
Web Site: [www.ct.gov/dcp](http://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  
450 Columbus Blvd, Suite 801  
Hartford, CT 06103**

➤ <b>Manufacturers with 5 or less chemists =</b>	<b>\$285.00</b>
➤ <b>5 or less chemists w/controlled substances =</b>	<b>\$570.00</b>
➤ <b>Manufacturers with 6 - 10 chemists =</b>	<b>\$375.00</b>
➤ <b>6 - 10 chemists w/controlled substances =</b>	<b>\$750.00</b>
➤ <b>Manufacturers with 10 or more chemists =</b>	<b>\$940.00</b>
➤ <b>10 or more chemists w/controlled substances =</b>	<b>\$1880.00</b>

Make check or money order payable to: "Treasurer, State of Connecticut"  
Annual Expiration June 30<sup>th</sup>

Name of Company, Firm, or Corporation under which function is performed

Street Address	City	State	Zip Code
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Telephone Number (with area code)	FEIN Number	Name and Title of Registrant (Name to Appear on License)
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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 Manufactured in the State of Connecticut:**  
**Controlled Substances:**     Schedule I     Schedule II     Schedule III     Schedule IV     Schedule V  
 RX Legend Drugs     Non RX Legend Drugs     Medical Devices     Cosmetics  
 (patent medicines, proprietaries, etc.)  
**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 \_\_\_\_\_