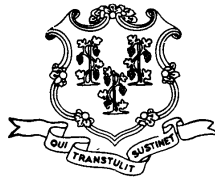


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 DRUG CONTROL DIVISION
 Telephone: (860) 713-6065
 Email: dcp.drug.control@ct.gov
 WebSite: www.ct.gov/dcp



For Official Use Only

NON-LEGEND DRUG PERMIT APPLICATION

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 \$140.00, 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

Name of Business (d/b/a)		FEIN Number	
Street Address	City	State	Zip Code
Name of Manager	Type of Business	State Tax ID Number	
Telephone Number	Email Address		
Has the Premise had a Previous Non-Legend Drug Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Previous Business & Permit Number		
Name of Parent Company (Corporation, Partnership, LLC, etc.)			
Mailing Address (If different than above)			
Street Address	City	State	Zip Code

The applicant understands that in accordance with Connecticut General Statutes, Section 20-623(4), the holder of the Non-Legend Drug Permit shall notify the Department of Consumer Protection of any change of ownership, name or location of the permit premises within five (5) days of the change. Failure to do so will result in a \$10.00 late fee. **Any time the business changes ownership, name or location it shall be cause for re-application.**

Non-Legend Drug Permits Are Not Transferable

I have read the above statement and understand fully my responsibility as holder of a Non-Legend Drug Permit.

 SIGNATURE OF APPLICANT

 DATE