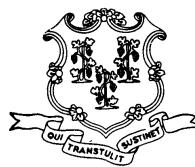STATE OF CONNECTCUT
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
450 Columbus Blvd, Ste 801
Hartford CT 06103
Telephone: (860) 713-6160
Email: dcp.foodandstandards@ct.gov
Web Site: www.ct.gov/dcp

For Official Use Only

Reinstatement Form -
- ## Apple Juice & Cider Manufacturer
- ## Food Manufacturing Establishment
- ## Food Warehouse

- **This form can only be used to reinstate a license that expired on or after 06/30/2012**. The license number you wish to reinstate must be entered on this form.

- **A change in ownership or location**: **Do not** **use this form**. This license is non-transferable. To obtain a new application, go to our website at www.ct.gov/dcp. Questions can be directed to the Food & Standards Division at the above telephone number or email address.

- A total **reinstatement fee of $30.00 for each one-year period of expiration** <u>must</u> accompany this form. Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*

- Return this completed form with the applicable fee to the above address.

- All licenses expire annually on June 30th. A completed form with the applicable fee will reinstate the indicated license to the current renewal year.

Check License Type to be reinstated below		
☐ Apple Juice & Cider Manufacturer (AJC)	☐ Food Manufacturing Establishment (FME)	☐ Food Warehouse (FWH)

License Number to be Reinstated	Expiration Date of License

License Information

Business Name				
Physical Location of Production/Storage Facility - Street Address	City		State	Zip Code
Telephone Number	Email Address to be used for all correspondence		FEIN	

Mailing Address (if different than above)

Business Name (if applicable)			
Street Address	City	State	Zip Code

Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

_____   _____ _____
Signature of Applicant   Title   Date