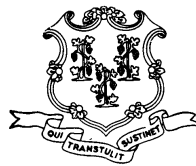


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford CT 06103
 Telephone: (860) 713-6160
 Email: dcp.foodandstandards@ct.gov
 Web Site: www.ct.gov/dcp



For Official Use Only

Reinstatement Form -

- **Apple Juice & Cider Manufacturer**
- **Food Manufacturing Establishment**
- **Food Warehouse**

- A license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than three years after the date of expiration of the license** or you must reapply. 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** must 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		
<input type="checkbox"/> Apple Juice & Cider Manufacturer (AJC)	<input type="checkbox"/> Food Manufacturing Establishment (FME)	<input type="checkbox"/> 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