

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Food & Standards Division
 Telephone: (860) 713-6160
 E-mail: food.standards@ct.gov
 Web Site: www.ct.gov/dcp

APPLICATION FOR LICENSE - FOOD MANUFACTURING

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order the appropriate fee as listed below 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

Wholesale License to Manufacture Food - \$20.00

Business Trade Name (dba)			
*Physical Location of the Production/Storage Facility - Street Address	City	State	Zip Code
Telephone Number (with area code)	FEIN	Previous License Number (if applicable)	
Corporation Name (If Applicable)			
Mailing Address (if different than above)			
Street Address	City	State	Zip Code
Applicant's Name & Title		Applicant's E-mail Address	
Seafood Processor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Acidified Food Processor <input type="checkbox"/> Yes <input type="checkbox"/> No	Low Acid Canned Food Processor <input type="checkbox"/> Yes <input type="checkbox"/> No	

Intended Sales/Distribution:	Public or Private Water Supply	Waste Water Disposal System
<input type="checkbox"/> Intra-State <input type="checkbox"/> Inter-State	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Supply	<input type="checkbox"/> Septic System <input type="checkbox"/> Public Sewers
Product Storage Requirements:	HACCP?	Firm Square Footage
<input type="checkbox"/> Shelf Stable <input type="checkbox"/> Refrigerated/Frozen <input type="checkbox"/> Both	<input type="checkbox"/> Mandatory - Seafood, Juice <input type="checkbox"/> Voluntary	

1. Intended Type of Manufacturing (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Low Acid Canned Foods | <input type="checkbox"/> Snack/Candy Foods | <input type="checkbox"/> Flour Mills |
| <input type="checkbox"/> Acidified Foods - Refrigerated | <input type="checkbox"/> Dietary Supplements | <input type="checkbox"/> Coffee or Tea (dry) |
| <input type="checkbox"/> Acidified Foods - Shelf Stable | <input type="checkbox"/> Re-packing, non-PHF | <input type="checkbox"/> Maple Syrup |
| <input type="checkbox"/> Seafood | <input type="checkbox"/> Repacking, PHF | <input type="checkbox"/> Honey |
| <input type="checkbox"/> Salads or Sandwiches | <input type="checkbox"/> Dry Ingredients/mixes | <input type="checkbox"/> Condiments (sauces, salad dressings, spices, mustards) |
| <input type="checkbox"/> Other (please describe below) | <input type="checkbox"/> Vacuum Packaged Product | |

Other

**All products and equipment shall be stored at the physical address of the firm provided in this application or at another facility approved by the Department of Consumer Protection*

2. Type of Manufacturing Facility (check all that apply):

- New Construction
- Existing Commercial Facility
- Residence
- Shared Facility - Test Kitchen, Rented Space in a Restaurant

CERTIFICATION

Certificates of approval shall be obtained from the local authority of the town, city or borough where the business is located or is proposed to be located in a non-commercial area. Certificates of approval shall not be required for existing, approved commercial locations.

Check one, as applicable

ZONING APPROVAL NOT REQUIRED (Approved commercial location)

THIS IS TO CERTIFY, BY THE UNDERSIGNED APPLICANT BELOW, THAT THE FACILITY WILL BE LOCATED IN A NEW or EXISTING COMMERCIAL LOCATION.

ZONING APPROVAL FOR FOOD MANUFACTURING ESTABLISHMENT

THIS IS TO CERTIFY THAT UNDER THE PROVISIONS OF SECTION 21a-152 OF THE GENERAL STATUTES, (I) (WE) HAVE APPROVED THE LOCATION OF THIS FOOD MANUFACTURING ESTABLISHMENT IN A NON-COMMERCIAL ZONE:

Signed: _____ *Title:* _____

Chairperson of Zoning Board or Other Town or City Official Date Signed: _____

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

INSPECTION DATE :	INSPECTED BY :	APPROVED BY :	APPROVAL DATE :
FEE DUE :	FEE COLLECTED :	CHECK OR MONEY ORDER #:	TOWN TAX CODE :
RENEWAL APPLICATION N <input type="checkbox"/>	NEW APPLICATION <input type="checkbox"/>	LICENSE YEAR :	EFFECTIVE DATE :
			EXPIRATION DATE :