



**STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE**

450 Columbus Boulevard, Suite 702
Hartford, CT 06103

Licensing (860) 713-2512

License # FBR - _____

☐ **NEW** **\$16.00**

License Expiration: 12/31/20

Not valid for renewal

FUR BREEDER LICENSE APPLICATION

I/we hereby apply for a license to operate as a fur breeder in the State of Connecticut in accordance with and subject to the provisions of Sections 22-12b of the Connecticut General Statutes. The license period shall be from January 1st to December 31st following, inclusive. All licenses shall expire on December 31 of each year. The licensee (owner) is required to notify the Department of Agriculture within 48 hours of any change in business name, location, sale or change of ownership. The undersigned applicant states that all of the information herein is true to the best of his/her knowledge and agrees that in the event that a license is granted said applicant shall comply with all laws, orders, rulings, regulations, or directives issued by the Commissioner of Agriculture. Check or money order, made payable to the "Connecticut Department of Agriculture", must accompany the application. **RENEWAL APPLICATION FORM AND PAYMENT MUST BE RECEIVED ON OR BEFORE JANUARY 1st.** *Incomplete submissions will be returned for completion and resubmission.* All applications must be mailed to the address listed above.

| | | | |
|--------------------------------|--|-------|------------------------|
| Please print or type | Federal Employer Identification Number | or | Social Security Number |
| Name of Business | | | Telephone Number |
| Business Address | City/Town | State | Zip |
| Mailing Address (if different) | City/Town | State | Zip |

| | | | |
|---|-------------------------|---|--------------------------|
| Indicate ownership status and complete the corresponding line | | | |
| <input type="checkbox"/> Sole Proprietor | Name of Sole Proprietor | | |
| <input type="checkbox"/> Partnership | Partnership Name | Name of Partners | |
| <input type="checkbox"/> Corporation | Corporation Name | Name and Title of Principal Officer | |
| <input type="checkbox"/> LLC | LLC Name | <input type="checkbox"/> LLC Single <input type="checkbox"/> LLC Partnership <input type="checkbox"/> LLC Corporation | Name of Principal Member |

Application is hereby made for a license to propagate and sell one or more of the following species of fur breeding animals: fox, mink, chinchilla, marten, fisher, muskrat or nutria.

I shall conduct breeding operations at the following location: _____

I agree not to sell any fur bearing animals except as pelts until the purchaser thereof has obtained a fur breeder's license from the Department of Agriculture. Further, I agree to send to the same at the expiration of the license period a true report of the number and species of fur bearing animals raised by me, the number purchased or sold, and the names and addresses of the persons to whom they were sold or from whom they were purchased. The fur bearing animal(s) in my possession at the time of this application consist of the following:

| SPECIES | NUMBER | SPECIES | NUMBER |
|---------|--------|---------|--------|
| | | | |
| | | | |
| | | | |

| | |
|------------------------|-------|
| Signature of Applicant | Date: |
|------------------------|-------|

MAIL TO: Connecticut Department of Agriculture, Attn: Licensing, 450 Columbus Boulevard, Suite 702, Hartford, CT 06103

For Agency Use Only

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|---------------------|------------------------|----------------|--|
| FEE AMOUNT RECEIVED | CHECK OR MONEY ORDER # | DATE PROCESSED | REGISTRATION EXPIRATION December 31, 2020 |
|---------------------|------------------------|----------------|--|