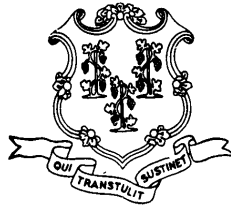


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.drugcontrol@ct.gov](mailto:dcp.drugcontrol@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only
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## Non-Legend Drug Permit Reinstatement Form

- A permit may be reinstated provided a completed reinstatement form and the applicable fee are submitted not later than three (3) years after the expiration date or you must reapply.
- The permit number you wish to reinstate must be entered on this form.
- A reinstatement fee of **\$110.00 for each one year period of expiration (not to exceed 3 years)** must accompany this form. Checks or money orders should be made payable to *“Treasurer, State of Connecticut.”*
- All permits expire annually on December 31<sup>st</sup>. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.
- Mail this completed form with the applicable fee to the above address.

Non-Legend Drug Permit Number to be Reinstated	Expiration Date of Permit

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		
Name of Parent Company (Corporation, Partnership, LLC, etc.)			
<b>Mailing Address (If different than above)</b>			
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