

**DEEP USE ONLY:**

**Application #:**

**Date:**

**Exemption Application**

**Manufacturers of Beverage Containers**

*Pursuant to* *section 22a-345b CGS, any manufacturer who, during a calendar year, (1) bottles and sells two hundred and fifty thousand or fewer beverage containers containing a noncarbonated beverage that are twenty ounces or less in size each; or (2) bottles and sells one hundred thousand gallons or less of juice in beverage containers may apply for an exemption from the requirements of CGS section 22a-244 to 245a inclusive, with regard to such beverage containers containing noncarbonated beverages, by completing and submitting this form.*

***A manufacturer or such manufacturer’s authorized agent must apply for an exemption, for the following calendar year, no earlier than October 1 and no later than November 1st of the previous year.***

***The only exception is for a new manufacturer who started bottling/selling noncarbonated beverages after November 1st of a calendar year. State whether you are a NEW manufacturer in Parts I and III of this form.***

*Manufacturers or such manufacturers’ authorized agent must complete all sections of this form and certify to the statements made hereto.*

*Should a manufacturer choose to use an agent to complete the exemption application, such manufacturer shall provide the agent with a clear written statement authorizing such agent to act on behalf of the manufacturer and submit the original letter with this completed application.*

*You must complete the* ***ENTIRE*** *form, otherwise your form cannot be processed and your exemption cannot be approved. If a question does not apply, enter “N/A”.*

**Part I: Manufacturer Information**

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| **Name of Manufacturer or Owner of Private Label Trademark:** |
| Contact Name: Phone:  Business Mailing Address:  City/Town:  State:  Zip Code:  Business Phone:  ext.  Email:  **Authorized Agent name, if applicable:** Phone:  **Check if new manufacturer who started bottling/selling noncarbonated beverages after November 1st of a calendar year.** |

**Part II: Activity Information**

The **reporting period** is based on actual and estimated sales for the previous **calendar year for which you are applying for an exemption.** For example, if applying for an exemption for calendar year 2025, your reporting period would be for the calendar year 2024. A manufacturer who has been approved for an exemption shall be exempt only for the following **calendar year** (January 1st through December 31st).

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| 1. State the number of containers bottled and sold on a quarterly basis during the reporting year indicated below.   Reporting Period (previous calendar year):  Quarter 1 (actual):  Quarter 2 (actual):  Quarter 3 (actual): Quarter 4 (estimated):  2. Identify the brand name and/or private label name of noncarbonated beverage containers bottled and sold during the **reporting period calendar year:**  3. Please attach an **original** subject label to this application. |

**Part III: Applicant’s Affidavit**

*Affidavit is to be made before a Notary Public or other official qualified by law to administer oaths.*

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| “I have personally examined and am familiar with the information submitted in this document and all supplemental documentation and attachments thereto, and I certify that based upon a reasonable investigation, the submitted information is true, accurate and complete to the best of my knowledge and belief.  I certify that, during the reporting period stated in this application, (1) less than or equal to two hundred and fifty thousand beverage containers containing a noncarbonated beverage that are twenty ounces or less in size were bottled and sold or (2) one hundred thousand gallons or less of juice in beverage containers were bottled and sold. I understand that the exemption, from the requirements of CGS section 22a-244 to 245a inclusive, shall remain valid through December 31, of the following year of the reporting period stated in this application.  I certify that I am a ***new*** manufacturer, ***who started bottling/selling noncarbonated beverages after November 1***.  I also certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.  I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6(a)(8) of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.” | | | | | | | |
|  | | | | |  |  | |
| *(Signature of Applicant)* | | | | | *(Date)* | |
| STATE OF |  | | | } | |  | |
|  |  | | | } ss. | |  | |
| COUNTY OF |  | | | } | | *(Town)* | |
| The foregoing was subscribed to and sworn to before me this | | | | | |  | day of |
|  | | | | | | *(day)* |  |
|  | | , |  | by | | . | |
| *(month)* | |  | *(year)* |  | |  | |
|  | | | | | |  | |
|  | | | | | | (*Signature* *of Notary Public or other official*) | |
|  | | | | | |  | |
|  | | | | | | *(Name of Notary Public or other official)* | |
| My commission expires: | | | | | | . | |

Submit **completed** application, including an **original** subject label and the original authorization letter, if applicable, ***by e-mail***, to [laura.pointek@ct.gov](mailto:laura.pointek@ct.gov).

Note: **Please do not send by fax**. For assistance please contact [Laura Pointek](mailto:laura.pointek@ct.gov) at 860-424-3499.