

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 1<sup>st</sup> of the previous year.

The only exception is for a new manufacturer who started bottling/selling noncarbonated beverages after November 1<sup>st</sup> 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

| 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 1 <sup>st</sup> of a calendar year.   |                 |                                 |  |  |
| Part II: Activity Information   |                 |                                 |  |  |
| The <b>reporting period</b> is based on actual and estimated sales for the previous <b>calendar year for which you are applying for an exemption</b> . 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 <b>calendar year</b> (January 1st through December 31 <sup>st</sup> ). |                 |                                 |  |  |
| State the number of containers bottled and sold on a quarterly b  | asis during the | reporting year indicated below. |  |  |
| Reporting Period (previous calendar year):  |                 |                                 |  |  |
| Quarter 1 (actual): Quarter 2 (actual): Quarter   | er 3 (actual):  | Quarter 4 (estimated):          |  |  |
| 2. Identify the brand name and/or private label name of noncarbonated beverage containers bottled and sold during the <b>reporting period calendar year:</b>  |                 |                                 |  |  |
| 3. Please attach an <b>original</b> 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.

| "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 a fifty thousand beverage containers containing a nonca size were bottled and sold or (2) one hundred thousan bottled and sold. I understand that the exemption, froi inclusive, shall remain valid through December 31, of application.                | irbonate<br>d gallon<br>m the re | d beverage that are twenty ounces or less in s or less of juice in beverage containers were quirements of CGS section 22a-244 to 245a |  |  |
| ☐ I certify that I am a <b>new</b> manufacturer, <b>who starts November 1</b> .  | ed bottli                        | ng/selling noncarbonated beverages after  |  |  |
| 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   | }<br>} ss.                       |   |  |  |
| COUNTY OF  | }                                | (Town)  |  |  |
| The foregoing was subscribed to and sworn to before this   | me                               | day of  |  |  |
| _  | by                               |   |  |  |
| (month) (year)   | ,                                |   |  |  |
|  |                                  | (Signature of Notary Public or other official)  |  |  |
|  |                                  | (Name of Notary Public or other official)   |  |  |
| My commission e  | expires:                         |   |  |  |

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

Note: Please do not send by fax. For assistance please contact Laura Pointek at 860-424-3499.