

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

**APPLICATION FOR REGISTRATION - FOOD WAREHOUSE**

**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**

**Food Warehouse Registration - \$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)				
<b>Mailing Address (if different than above)</b>				
Street Address		City	State	Zip Code
Applicant's Name & Title		Applicant's Email Address		

<b>Type of product:</b>	<b>Public or Private Water Supply</b>	<b>Waste Water Disposal System</b>
	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Supply	<input type="checkbox"/> Septic System <input type="checkbox"/> Public Sewers
<b>Product Storage Requirements:</b>	<b>HACCP?</b>	
<input type="checkbox"/> Shelf Stable <input type="checkbox"/> Refrigerated/Frozen <input type="checkbox"/> Both	<input type="checkbox"/> Mandatory - Seafood <input type="checkbox"/> Voluntary <input type="checkbox"/> N/A	

***\*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***

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. Certificates of approval shall not be required for locations where a previously approved food manufacturing facility has been operating, provided that there is no more than one year's gap between the old and new facility.

Check one, as applicable

- ZONING APPROVAL NOT REQUIRED\***  
 **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:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Chairperson of Zoning Board or Other Town or City Official      Date Signed: \_\_\_\_\_

**\*TO BE COMPLETED FOR ESTABLISHMENTS WHERE ZONING APPROVAL IS NOT REQUIRED**

This is to certify that the above listed applicant DOES NOT require zoning approval because they are either:

Pre-existing commercial establishment

New construction with a building permit

Agent for the Shared Facility

Print Name(s): \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_

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 <input type="checkbox"/>	NEW APPLICATION <input type="checkbox"/>	LICENSE YEAR :	EFFECTIVE DATE :	EXPIRATION DATE :