TRANSFER OF STATION FORM Must be notarized

Can be submitted with application or may be sent by Mail/email/ or fax to:

> Department of Consumer Protection Food & Standards Division 450 Columbus Blvd. Suite 901 Hartford, CT 06103

Email: <u>dcp.foodandstandards@ct.gov</u>

Fax No. (860) 706 - 1209

New Licensee: Business Trade Name (d.b.a.)				
TRANSFER OF STATION: The previous licensee (or authorized officer) certifies that the following station has been sold and/or transferred from:				
Printed Name of Previous Company (as indicated on license certificate)		Previous License Number		
Business Street Address (Location of Station)	City	State	Zip Code	
Printed Name of Previous Owner/ Partner/ Officer of Corporation/ Member of LLC				
I CERTIFY, UNDER PENALTY OF LAW (SEC. 53a-157, CLASS A MISDEMEANOR), THAT THE INFORMATION, IS TRUE TO THE BEST OF MY KNOWLEDGE.				
Signature of Previous Owner/ Partner/ Officer of Corporation/ Member	of LLC Date	_		
Subscribed and sworn before me this day of	20			
Signature of Notary	My Commisson Expi	My Commisson Expires		