

## State of Connecticut

Department of Agriculture 450 Columbus Blvd. Suite 702 Hartford, CT 06103 Licensing (860) 713-2512

Lic	ense # CFM
	New (see below for fee)
Re	gistration Expiration: 12/31/2020

For renewal forms, contact 860-713-2512

## Commercial Animal Feed Manufacturing Facility Registration Application

Application is hereby made in accordance with and subject to the provisions of Connecticut General Statutes Sections 22-118l for the

			I expire on December thirty f					
REQUIRED		ral Employer ification	OR	Social Security			REQUIRED	
<b>&gt;&gt;</b>	Num	ber		Number			_	
Business Name	;							
Physical Location	on of th	e Facility						
1 Hydiodi Eddalik	JII 01 til	o i domity						
City				State	Zip	)		
Telephone Number of the Facility				Email Address				
		 erent from above)				1 2		
Mailing Address	s (if diffe	erent from above)		City		State	Zip	
		Indic	ate ownership status and con	nplete the corresp	onding line			
☐ Sole Proprietor	N	ame of Sole Proprietor						
☐ Partnership	Pa	Partnership Name Names of Partners						
☐ Corporation	C	orporation Name		Name and Title of Principal Officer				
LLC	LI	_C Name	□ LLC Single Name of Principal Member □ LLC Partnership □ LLC Corporation					
Check On	ne .					Fee Due	 2	
			00 per year in commercia	ear in commercial feed sales			Exempt	
		oer year in commercial for than five full-time staff	ear in commercial feed sales and five full-time staff		\$50.00			
		\$25,000 or more per year in commercial fe		eed sales and	\$100.00		)	
Y	ou mi	ust attach the Yearly	Licensing Questionnaire	e for Commerc	al Feed Ma	nufacturing Fa	cilities	
Commercial Fe	ed Maı	nufacturing Facility regist	e information contained herein ration is granted, said applica					
issued by the Commissioner of Agriculture.  Printed Name of Applicant Signature			Signature of Applicar	plicant			Date of Signature	
Title of Applicant			Telephone Number	Telephone Number				
For Agency Use	_ F	FEE AMOUNT RECEIVED	AMOUNT RECEIVED   CHECK OR MONEY ORDER   AGENCY APPRO		ROVED	LICENSE	EXPIRATION	
Only						Decemb	December 31, 2020	



## State of Connecticut Department of Agriculture Agricultural Commodities Division Yearly Licensing Questionnaire for Commercial Animal Feed Manufacturing Facilities

Name of Owner/Manager		Phone Number						
Name of Facility								
Address	Town		State	Zip				
1. Indicate the Gross Sales of Commercial Feed from this facility.		Indicate the types o cility.	f process	sing conducted at your				
Less than \$25,000 per year (exempt from registration)		Rendering						
		Pelleting Extrusion						
More than \$25,000 but less than \$2,500,000 per year		Roasting						
por your		Steam Flaking						
☐ More than \$2,500,000 per year		Refrigeration/Freezing						
		Mixing						
		] Milling						
		☐ Salvaging						
		☐ Thermal Processing						
		☐ Heating/ Baking						
2. Does your facility produce medicated feed or a	a 5.	Indicate the types of	feed ma	nufactured				
VFD* feed?		☐ Pet Food						
☐ Yes		Specialty pet food (for pets normally maintained in a						
□ No	ca	cage or tank)						
		Pet Treats						
3. Does your facility manufacture feed containing animal proteins?	g 📗	Raw pet food						
'		Livestock feed (cam	nelid & ho	oved mammal)				
Yes		☐ Poultry feed including Ratite's						
☐ No		Aquaculture feed						
		Wild animal feed						
		Other						
*Veterinary Feed Directive: <a href="https://www.fda.gov/AnimalVeterinary/DevelopmentApprovalProcess/ucm071807.htm">www.fda.gov/AnimalVeterinary/DevelopmentApprovalProcess/ucm071807.htm</a>								
Signature of Owner/Manager	. 5.6.111	<u>,, = 0.000,010 (pp</u>		Date				
Oignature of Owner/ivialiager				Dato				

## OTHER IMPORTANT INFORMATION:

A license is not required to distribute pet food and specialty pet food in Connecticut. However, all animal feeds including pet food and specialty pet food products must be registered. Forms necessary to register animal feeds can be found at <a href="http://www.ct.gov/doag/cwp/view.asp?a=1366&q=258988">http://www.ct.gov/doag/cwp/view.asp?a=1366&q=258988</a>