

State of Connecticut Department of Agriculture

Bureau of Regulatory Services 450 Columbus Boulevard, Suite 702 Hartford, CT 06103 Licensing (860) 713-2512

License # SLB	
☐ NEW \$100.00	

For renewal forms contact 860-713-2512

Seed Labeler Registration Application

Application is hereby made in accordance with and subject to the provisions of Connecticut General Statutes Sections 22-55 through 22-61a, for registration to label and sell agricultural or vegetable seed products. The registration renewal period shall be from April 1st to March 31st following, inclusive. All registrations shall expire on March 31st of each year. Each company name appearing on labels requires a separate registration. A check payable to the "Connecticut Department of Agriculture" for the appropriate fee must accompany this application.

License Applicat	ENEWAL APPLICATION FOR tions cannot be processed if requ er Identification Number (FEIN) o	iired payment is not subn	nitted with	the application	n, if the a	pplication	n is incomplete	or if the
REQUIRED	Federal Employer Social Identification or Security Number - - -						REQUIRED	
Company Name			Telepho	ne Number -		_		
Company Busines	s Address							
City			State		Zip			
Mailing Address (if different from above)			City	State			Z	ip
Seed Company Name Appearing on Packaging			Email Ad	nail Address				
	Indicate	ownership status and co	nplete the	corresponding	a line			
□ Sole Proprietor	Name of Sole Proprietor				,			
□ Partnership	Partnership Name Names of Partners							
☐ Corporation	Corporation Name Name and Title of Principal Office					pal Officer	-	
□ LLC	LLC Name LLC Single Name of Principal Member							
1. The	tive immediately, the State of Conn seed must be packaged within nine packets must be removed from reta	The following condi (9) months of harvest.	allow exter tions will a ths after th	nded shelf time of pply:	of hermet lusive of t	ically seal	·	s.
	oplicant states that all of the information licant shall comply with all laws, orders,						event a retail Seed	Labeler licen
Printed Name of Applicant Signature of A			icant				Date of Signature	
Title of Applicant		Telephone Number						
For Agency Use (FEE AMOUNT RECEIVED	CHECK OR MONEY ORD	ER L	ICENSE EXPIRA March 31, 20	_			