STATE OF CONNECTCUT
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Telephone: (860) 713-6160
Email: dcp.foodandstandards@ct.gov
Web Site: www.ct.gov/dcp

For Official Use Only

Reinstatement Form for Bakery License

- A license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than three years after the date of expiration of the license** or you must reapply. The license number you wish to reinstate must be entered on this form.

- **A change in ownership or location**: **Do not** use this form. This license is non-transferable. To obtain a new application, go to our web-site at www.ct.gov/dcp. Questions can be directed to the Food & Standards Division at the above telephone number or email address.

- **See *fee schedule below:** A total **reinstatement fee is based on the number of production workers, for each one-year period of expiration** and must accompany this form. Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*

- Return this completed form with the applicable fee to the above address.

- All licenses expire annually on June 30th. A completed form with the applicable fee will reinstate the indicated license to the current renewal year.

*Fee Schedule:	
Based on range of production workers:	Application fees for each one-year period expired:
1 to 4	$30.00
5 to 9	$50.00
10 to 25	$110.00
26 to 99	$220.00
100 or more	$275.00

License Number to be Reinstated	Expiration Date of License

License Information

Business Name

Physical Location of Production/Storage Facility – Street Address	City	State	Zip Code

Telephone Number	Email Address to be used for all correspondence	FEIN

Mailing Address (if different than above)

Business Name (if applicable)

Street Address	City	State	Zip Code

Reinstatement Questions

1) How many production workers do you have? _____ *see fee schedule for reinstatement fee due

2) What is the nature of your sales business? ☐ Wholesale ☐ Retail ☐ Both Wholesale and Retail

3) What are the storage requirements for your product(s)? ☐ Shelf Stable ☐ Refrigerated/Frozen ☐ Both

Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

_____ _____ _____
Signature of Applicant   Title   Date