



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

DRUG CONTROL DIVISION
Telephone: (860) 713-6065
Email: drug.control@ct.gov
WebSite: www.ct.gov/dcp

NON-LEGEND DRUG PERMIT APPLICATION

INSTRUCTIONS:

All spaces must be completed - please print or type. This application must be accompanied by a check or money order in the amount of **\$140.00**, 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, 165 Capitol Avenue, Hartford, CT 06106

Name of Business (d/b/a)		FEIN Number:	
Street Address	City	State	Zip Code
Name of Manager:	Type of Business:	Telephone Number :	
Has the Premise had a Previous Non-Legend Drug Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Previous Business & Permit Number:		
Name of Parent Company (Corporation, Partnership, LLC, etc.)			
Mailing Address (If different than above)			
Street Address	City	State	Zip Code

The applicant understands that in accordance with Section 43(d) of Public Act 95-264 the holder of the Non Legend Drug Permit shall notify the Department of Consumer Protection of any change of ownership, name or location of the permit premises within five (5) days of the change. Failure to do so will result in a \$10.00 late fee. **Any time the business changes ownership, name or location it shall be cause for re-application.**

Non-Legend Drug Permits Are Not Transferable

*Applicant must return the old permit upon changes in ownership, name or location.

I have read the above statement and understand fully my responsibility as holder of a Non Legend Drug Permit.

SIGNATURE OF APPLICANT

DATE