STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Web Site: www.ct.gov/dcp
Fax: (860) 706-1208

INSTRUCTIONS AND INFORMATION:
On-Premises Liquor Permit Application

PLEASE READ ALL INSTRUCTIONS AND INFORMATION BEFORE COMPLETING APPLICATION. APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE OR IF ANY REQUIRED DOCUMENT IS MISSING.

Fees and Form of Payment:

The "*ON-PREMISES PERMIT FEE SCHEDULE*" is included in the application package. Checks and/or money orders should be made payable to ***"Treasurer, State of Connecticut"*** and must accompany this application. **The application filing fee of $100.00 is included in the total fees and is not refundable.**

The Application Process

Once we are in receipt of your complete and correctly executed application and filing fee, a Liquor Placard will be mailed to you with additional instructions for public notification. **The placarding process is critical to application approval. A placarding error can delay a permit approval at least two additional months. A Liquor Control Agent will then be assigned to your file and will contact you to begin the remainder of the new application process. If you have requested a Provisional Permit, please refer to the page entitled "Provisional Permit" in this application packet. If for any reason a Final Liquor Permit is not issued within a period of one year, you will be required to file another application.**

Definitions

Permittee – The permittee is the applicant for the liquor permit. The permittee is a person designated as the representative of the backer for the permit premises. The permittee must be able to read and understand English. The permittee can be the owner/backer of the business that holds the permit.

Backer – An individual or legal business entity that owns the business to which the liquor permit is issued.

Authorized Backer Representative – An individual who is legally authorized by the nature of the position held (i.e. corporate officer) in the business, or through a power of attorney to sign documents and make decisions related to the liquor permit.

****Section 30-45** of the Connecticut General Statutes prohibits the following individuals and officer holders from obtaining a liquor permit. Section 30-45 appears below and the prohibited individuals are noted. If you are a prohibited individual, you may not apply for a liquor permit.

CT General Statutes, Section 30-45: The department of consumer protection shall refuse permits for the sale of alcoholic liquor to the following persons (1) Any sheriff, deputy sheriff, judge of any court, prosecuting officer or member of any police force, (2) a minor, and (3) any constable who performs criminal law enforcement duties and is considered a peace officer by town ordinance pursuant to the provisions of subsection (a) of section 54-1f, any constable who is certified under the provisions of sections 7-294a to 7-294e, inclusive, who performs criminal law enforcement duties pursuant to the provisions of subsection (c) of section 54-1f, or any special constable appointed pursuant to section 7-92. This section shall not apply to out-of-state shippers', boat and airline permits. As used in this section, "minor" means a minor as defined in section 1-1d or as defined in section 30-1, whichever age is older.

APPLICATION INSTRUCTIONS AND DOCUMENTS REQUIRED FOR AN ON-PREMISES LIQUOR PERMIT APPLICATION TO BE ACCEPTED

1. **APPLICATION FOR ON-PREMISES LIQUOR PERMIT**
   Complete all three pages of application. Every question must be answered, and all necessary approvals obtained (zoning, fire marshal, town clerk) If left blank, the application will not be accepted. If the question does not apply, enter the word "**none**".

Completing the Application

Section A: Business Information
Item #1 through #10 – Complete this section with type of permit selected, trade name and business information. If you are applying for a provisional permit, please complete the Provisional Permit and Credit Waiver Request form *(DCPLC-Provisional Permit Request)* included in this application package.. Include any entertainment you may have at your premises. After your permit is issued entertainment can not be changed until your yearly permit renewal.

Section B: Approval of Local Officials
Items #11 through #13 need to be signed and completed by your local public officials. No applications will be accepted without local zoning approval and town clerk certification.

Section C: Permittee Applicant Information
Item #14 through #18 please enter name, address and contact information for permittee.

Section D: Preferred Mailing Address
Indicate mailing address for all correspondence. If you would like correspondence mailed to an address other than the business or permittee home address, specify in #19 and #20.

Section E: Backer Information
Item #21 through #27 – Provide correct backer name in #21. Backer name is the **name** of the Limited Liability Company or Corporation that is registered with the Secretary of the State or the individual name of the Sole Owner that has not formed a LLC or Corporation or the individual names of a Partnership that has not formed a LLC or Corporation, etc.

Section F: Current or Previous Liquor Permits Held By Permittee or Backer
Item #28 through #30 – List current or previously held liquor permits. Include any permits held by permittee, backer; sole proprietor, partner or a member of a partnership organization, corporation, limited liability company etc. If there are none, check **"NO"** in #28a and #28b.

Section G: Certification of Permittee Applicant and Backer or Authorized Representative of Backer
Items #31 and #32 - The permittee listed in Section C #14 of the application must sign #31. The backer/owner listed in Section E or authorized backer representative must sign #32.

2. **FEE AND FORM OF PAYMENT:**
   The "*ON-PREMISES PERMIT FEE SCHEDULE"* is attached to the front of the overall application. Checks and/or money orders should be made payable to ***"Treasurer, State of Connecticut"*** and must accompany this application or it will be returned. **The application filing fee of $100.00 is included in the total fees and is not refundable.**

3. **SKETCH**
A diagram, sketch, plan or blueprint of the layout of the premises, including patios, **must be** 8 ½" x 11" in size showing all dimensions, height of separations, outside measurements of bars, measurement of doorways separating the barroom from the other rooms, and all rooms labeled (e.g., dining room, lockable storage area, barroom and kitchen), for all applications. **A diagram, sketch, plan or blueprint larger than 8 ½" x 11" will not be accepted. If needed, you may submit additional 8 ½" x 11" pages.**

4. **SALES TAX NUMBER**
Submit copy of Connecticut Sales and Use Tax Permit, or copy of receipt as proof of filing from the Connecticut Department of Revenue Services.

5. **LEASE / DEED / EVIDENCE OF RIGHT TO OCCUPY**
Provide a copy of the lease. The tenant listed on the lease needs to be the backer entity indicated on the application. Any assignment needs to be the backer entity indicated on the application with written consent of the landlord. If the backer entity is the owner of the property, provide a copy of the deed or a town property record card for the property. If you cannot provide a lease or deed at the time of application, the Department would accept other documentation showing evidence of the intention of the right to occupy the property.

6. **AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION AND STATEMENT OF PERSONAL HISTORY**
The applicant/permittee and backers (individuals, partners, general partner and limited partners in a limited partnership, officers, directors and limited liability company (LLC) manager/members in a LLC, corporate officers and stockholders) must complete an authorization for release of financial information and statement of personal history.

7. **AUTHORIZATION OF THE BACKER LEGAL ENTITY FOR RELEASE OF FINANCIAL INFORMATION**
Only authorized individuals of the backer may sign on behalf of the entity.

8. **BACKER'S FINANCIAL STATEMENT**
Complete this form which is attached to the application.

9. **CORPORATIONS & L.L.C.**
Provide proof of filing of organization papers with the Connecticut Secretary of State.

10. **PARTNERSHIP**
Provide partnership agreement if backer/owner is a formal partnership or limited partnership.
If no agreement exists, provide a letter to that effect that there is no such agreement.

11. **FRANCHISE OR MANAGEMENT AGREEMENT**
Provide any franchise or management agreement if applicable.

12. **CLUB PERMITS**
Provide:
a. Copy of Charter Incorporation and Copy of By-Laws
b. Proof of the existence of the club as a bona fide organization for at least three years in this state or proof that the club is a bona fide national or international fraternal or social organization in existence for at least one year in this state
(e.g., minutes of meetings).

13. **PHOTOGRAPHS**

Provide 8"x 10" in size (any photos smaller than this required size **will not be accepted**).

a) 8" x 10" Photos of the completed and furnished interior rooms

b) One 8" x 10" photo taken from a position directly across the street or highway

Applicants for restaurant, cafe, theater, special outing facility, special sporting facility, farm winery, airport, brew pub, coliseum, art museum, racquetball, and resort permits, bowling alley, hotel, tavern and university permits must furnish photographs showing the full interior of the barroom, dining rooms, lounge, lockable liquor storage and kitchen, where applicable.

****Please Note****

- **Photos must be 8"x 10". The applicant's name, business address and date photo taken shall be on the back of all photographs.**
- **For premises which has not been constructed, the submission of photographs are not required for the acceptance of a new application. (see #19)**

14. **MENU, STAFF & EQUIPMENT LIST**

Provide a **proposed** menu, equipment list, and number of staff positions to be held (e.g. chef, cook, waitress, etc) for café liquor permit (refer to section 30-22a of the Connecticut General Statutes) or restaurant liquor permit (refer to section 30-22 of the Connecticut General Statutes).

15. **CRIMINAL CONVICTION WORKSHEET**

If the permittee or any member of the backer has a felony conviction, complete the Criminal Conviction Worksheet, pursuant to Section 46a-80(b) of Connecticut General Statutes. *(DCPLC-CHRO)*

16. **ADDITIONAL CONSUMER BAR(S)**

If the premises will have more than one consumer bar, complete the Application for Additional Consumer Bar(s).

17. **PATIO REQUEST FORM**

Complete this form for Restaurants and Cafés if alcoholic liquor is to be served or allowed at outside areas.

18. **EXTENSION OF USE FORM**

Complete this form for all other on-premises permit types, except for cafés and restaurants, if alcoholic liquor is to be served or allowed at outside areas.

19. **SIGNED STIPULATION FOR NEW CONTRUCTION**

If you are applying for a permit for a building that has not been constructed, you shall provide to the Department a signed stipulation setting forth a time limit for the construction and occupancy for the proposed permit premises. Please note that the date of filing an application, as defined in section 30-39(a) CGS, to the date of the issuance of a final permit shall not exceed one year, regardless of whether a provisional permit has been applied for, approved, or issued. After one year, a new liquor application will be required.

ONCE THE APPLICATION IS RECEIVED AND ACCEPTED BY THE DEPARTMENT OF CONSUMER PROTECTION, ADDITIONAL DOCUMENTS AND/OR INFORMATION MAY BE REQUIRED OF YOU BY A LIQUOR CONTROL AGENT AS PART OF THE REVIEW AND INVESTIGATION PROCESS.

20. **AFFIDAVIT OF SELLER'S UNPAID OBLIGATIONS**
    If a business or equipment was purchased from the previous permit holder, this form must be signed at the closing. This form can be found on our website http://www.ct.gov/dcp

21. **ABANDONMENT AFFIDAVIT**
    If the premises were abandoned by the previous permit holder/backer and did not receive any consideration from you, whether direct or indirect, this form will need to be completed. This form can be found on our website http://www.ct.gov/dcp

22. **FIRE MARSHAL APPROVAL**
    This form can be found on our website http://www.ct.gov/dcp

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ON–PREMISES LIQUOR PERMIT FEE SCHEDULE

	Full Year	Six Months
**ADDITIONAL CONSUMER BAR (NO FILING FEE)	$ 190.00	$
AIRLINE	600.00	433.33
AIRPORT AIRLINE CLUB	915.00	643.33
AIRPORT BAR	475.00	350.00
AIRPORT RESTAURANT	1,550.00	1,066.67
AMPITHEATHER – CONCESSION	400.00	300.00
BOAT	600.00	433.33
BOWLING ESTABLISHMENT LIQUOR	1,100.00	666.67
BOWLING ESTABLISHMENT BEER AND WINE	540.00	393.33
CAFÉ	2,100.00	1,433.33
CLUB	400.00	300.00
CLUB NON-PROFIT	915.00	643.33
COLISEUM CONCESSION (BEER ONLY)	1,350.00	933.33
COLISEUM	2,350.00	1,600.00
CONCESSION	400.00	300.00
CONCESSION (ONE DAY)	150.00	N/A
FARM WINERY	400.00	300.00
GOLF COUNTRY CLUB	1,100.00	766.67
HOTEL BEER	400.00	300.00
HOTEL LIQUOR		
10,000 OR LESS POPULATION	1,550.00	1,066.67
50,000 OR LESS POPULATION	1,950.00	1,333.33
50,000 OR MORE POPULATION	2,750.00	1,866.67
**HOTEL MINI BAR (NO FILING FEE)	100.00	
MILITARY	130.00	120.00
NONPROFIT GOLF TOURNAMENT ($10 FILING FEE INCLUDED)	260.00	N/A
NONPROFIT PUBLIC ART MUSEUM	350.00	266.67
NONPROFIT PUBLIC TELEVISION ($10 FILING FEE INCLUDED)	60.00	N/A
**PROVISIONAL PERMIT (90 DAY RENEWABLE)	500.00	
RACQUETBALL FACILITY	1,100.00	666.67
RAILROAD	600.00	433.33
RESORT	1,550.00	1,066.67
RESTAURANT BEER	400.00	300.00
RESTAURANT CATERER	1,550.00	1,066.67
RESTAURANT LIQUOR	1,550.00	1,066.67
RESTAURANT WINE & BEER	800.00	566.67
SPECIAL OUTING FACILITY BEER	400.00	300.00
SPECIAL OUTING FACILITY LIQUOR	1,550.00	1,066.67
SPECIAL SPORTING FACILITY BAR	475.00	350.00
SPECIAL SPORTING FACILITY CONCESSION	475.00	350.00
SPECIAL SPORTING EMPLOYEE RECREATION	400.00	300.00
SPECIAL SPORTING FACILITY GUEST	400.00	300.00
SPECIAL SPORTING FACILITY RESTAURANT	1,550.00	1,066.67
TAVERN	400.00	200.00
THEATRE	350.00	266.67
UNIVERSITY BEER ONLY	400.00	300.00
UNIVERSITY LIQUOR (UCONN ONLY)	400.00	300.00
UNIVERSITY WINE & BEER	800.00	566.67

*Fees above include $100.00 non-refundable application fee unless otherwise indicated

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APPLICATION FOR ON-PREMISES LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please see fee chart for required fee.** Checks and/or money orders should be made to ***"Treasurer, State of Connecticut"*** and must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Section A: BUSINESS INFORMATION

ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED

1. Type of Liquor Permit Applying for:		2. Are you requesting a Provisional Permit? ☐ YES ☐ NO	
3. Trade Name (DBA Name)			
4. Business Address	City	State	Zip Code
5. Business Telephone Number	6. Business Fax Number	7. Business Email Address	
8. Is there currently a liquor permit at the proposed premises? ☐ YES ☐ NO	*If yes, current permit number*	9. Patio? *(If yes, complete attached patio request form)* ☐ YES ☐ NO	

10. Type of Live Entertainment: ☐ YES ☐ NO (If yes, please check (✓) all that apply below)

☐ Acoustics - (Not Amplified) ☐ Disc Jockeys ☐ Live Bands ☐ Comedians ☐ Exotic Dancers
☐ Concerts ☐ Karaoke ☐ Plays/Shows ☐ Sporting Event(s) ☐ Magicians

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

11. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #4 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application and/or entertainment listed in #10.

Signature of Zoning Official **X** _____ Print Name _____

Title of Official _____ Date _____ /_____ /_____

12. **Fire Marshal's Approval:** I certify that the premises identified in items #3 & #4 of this application is physically constructed in a manner that is safe for the type of business that will be operated there.

Signature of Fire Marshal **X** _____ Print Name _____

Title of Official _____ Date _____ /_____ /_____

13. **Certification of Town Clerk:** The town in which the business identified in item # 4 of this application is to be operated, has no ordinance restricting the hours of sale of alcoholic liquors beyond those set forth in State law except as indicated in the box below. (If none, please enter "NONE")

Additional Restrictions:

Signature of Town Clerk **X** _____ Date _____ /_____ /_____

Section C: PERMITTEE APPLICANT INFORMATION

14. Permittee Name (First, Middle, Last)				
15. Permittee Residence Street Address		City	State	Zip Code
16. Permittee Telephone Number	17. Permittee Fax Number	18. Permittee Email Address		

Section D: PREFERRED MAILING ADDRESS

Check (✓) one box below and enter address if different than Business or Permittee Address

☐ **BUSINESS ADDRESS** ☐ **PERMITTEE ADDRESS** ☐ **ADDRESS BELOW**

19. Name			
20. Address	City	State	Zip Code

Section E: BACKER INFORMATION

*** Each backer** must also complete the **"Authorization for Release of Financial Information & Statement of Personal History"** form that accompanies this application

21. Backer: Please select the type of Backer (individual or legal entity that owns the business) below
Please check (✓) only one

☐ **Sole Proprietorship/ Owner**	☐ **Corporation**	☐ **Limited Liability Company**	☐ **Partnership**	☐ **Limited Liability Partnership**	☐ **Unincorporated Association**

22. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.			
23. Street Address	City	State	Zip Code
24. Backer Telephone Number	25. Backer Fax Number	26. Backer Email Address	

27. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed.

a. Name (First, Middle, Last)	Title	% of ownership or # of shares
b. Name (First, Middle, Last)	Title	% of ownership or # of shares
c. Name (First, Middle, Last)	Title	% of ownership or # of shares
d. Name (First, Middle, Last)	Title	% of ownership or # of shares

Section F: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE OR BACKER

This section applies to the permittee applicant, and to each backer who is a sole proprietor, partner or a member of a partnership organization, corporation, and members of a limited liability organization or unincorporated associations. Attach a separate sheet if needed.

28a. Does any Permittee or Backer currently hold a liquor permit? ☐ YES ☐ NO

28b. Has any Permittee or Backer held a liquor permit in the past? ☐ YES ☐ NO

If yes, please complete the permit information for each past or present permit below

29a. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? ☐ Backer ☐ Permittee	Dates held
29b. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? ☐ Backer ☐ Permittee	Dates held
29c. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? ☐ Backer ☐ Permittee	Dates held

30. Have any of the permits listed above been revoked, suspended or denied in CT or any other state? ☐ YES ☐ NO	If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.

Section G: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

31. **Permittee Certification** (To be signed by permittee applicant, identified in "Section A" of this application) I certify that the information provided in this application is true to the best of my knowledge.	Signed by Permittee Applicant **X**_____	Date
32. **Backer Certification** (To be signed by backer or the authorized representative of the backer) I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in "Section A" of this application is designated as my principal representative on the premises for which this application is being submitted.	Signed by Backer or Authorized Representative of Backer **X**_____	Date
	Print name of Backer or Representative	Title of Backer or Representative

NOTICE

A Message from John Suchy
Division Director of Liquor Control

Effective January 1, 2012

ATTENTION: ALL APPLICANTS APPLYING FOR AN ON-PREMISES LIQUOR PERMIT IN THE CITY OF NEW HAVEN

During this past legislative session, the legislature passed and the governor signed Special Act No. 11-14, "An Act Concerning Municipal Police Departments and the Renewal of Certain Alcoholic Liquor Permits". Among other things, this law requires anyone applying for a liquor permit application for an on-premises liquor permit in the City of New Haven in New Haven to notify the New Haven police chief, in writing, of their intention to file for such on-premises liquor permit. The law requires that this notification be simultaneous with the filing of a liquor permit and/or the renewal of an existing on-premises liquor permit.

This is a pilot program, which is effective January 1, 2012 until December 31, 2013, in the City of New Haven only.

You are required to comply with this legislation. Your written notification to the police chief should include your trade name, business address, proposed permittee or contact person with telephone number, email address, type of permit being applied for, and type of live entertainment being proposed for the premises.

Your written notification should be directed to:

Police Chief Frank Limon
New Haven Police Department
1 Union Avenue
New Haven, Connecticut 06519
Attn: Liquor Permit Application Notification

Please make a copy of your written notification to the police chief and include it with any initial filing of a liquor permit application.

The legislation provides that the police chief or his designee may respond, in writing, not later than 15 days after receipt of said notification, to the Commissioner of Consumer Protection, with comments about the application that is the subject of said notice.

PROVISIONAL PERMIT

If you are applying for a liquor permit, please realize that the Department needs to investigate the submitted application and documents to ensure that the location and the applicant are suitable. In most instances, a final liquor permit may be issued by the Department between 60 to 90 days from the time it is filed with the Department.

If you are applying for a liquor permit, and you anticipate opening your business in less than the projected timeframe for review, you may wish to consider requesting a provisional liquor permit at the time that you file your application with the Department. You may file for a provisional permit at any point during the application investigation/review process by notifying your assigned agent, in writing, of the request for a provisional permit.

A provisional permit may be requested during the investigation and public notification of your application for liquor permit. The Liquor Commission has the discretion to grant or deny your provisional permit request. The fee shall be five hundred dollars ($500.00) after granting approval and upon issuance of this permit.

If approved, you will be required to make cash payment for alcoholic liquor on any delivery from a wholesaler or manufacturer. However, the Department has the discretion to waive this requirement and allow wholesalers to extend credit to you while operating under a provisional permit. If you decide to request a provisional permit and wish to request a C.O.D. payment, please attach a letter of such request when you submit your application for your liquor permit.

Your provisional permit is effective for 90 days, but may be extended by the Liquor Control Commission, as long as you did not cause the delay. As your expiration date of the provisional permit approaches, fax us a written request to extend the provisional permit, along with providing a copy of the provisional permit. Faxes may be sent to the Department at (860) 706-1208.

Below is the relevant statute and regulation.

Sec. 30-35b. Ninety-day provisional permit. A ninety-day provisional permit shall allow the retail sale of alcoholic liquor by any applicant and his backer, if any, who has made application for a liquor permit pursuant to section 30-39 and may be issued at the discretion of the Liquor Control Commission. If said applicant or his backer, if any, causes any delay in the investigation conducted by the Department of Consumer Protection pursuant to said section, the ninety-day provisional permit shall cease immediately. Only one such permit shall be issued to any applicant and his backer, if any, for each location of the club or place of business which is to be operated under such permit and such permit shall be nonrenewable but may be extended due to delays not caused by the applicant. The fee for such ninety-day permit shall be five hundred dollars.

Sec. 30-6-A36 (b). Period of credit No wholesaler shall provide credit to a permittee while under a provisional permit, unless otherwise approved by the department.

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DCPLC-ProvisionalPermitRequest Rev 5/10

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Provisional Permit Request

I, _____, have submitted an application for a liquor permit to the Department of Consumer Protection and hereby request a Provisional Permit pursuant to Sec. 30-35b, Connecticut General Statutes. In the event my request is granted, I understand there will be an additional fee of $500 associated with the issuance of such provisional permit.

_____ _____
Date Applicant/Backer

Sec. 30-35b. Ninety-day provisional permit.
A ninety-day provisional permit shall allow the retail sale of alcoholic liquor by any applicant and his backer, if any, who has made application for a liquor permit pursuant to section 30-39 and may be issued at the discretion of the Liquor Control Commission. If said applicant or his backer, if any, causes any delay in the investigation conducted by the Department of Consumer Protection pursuant to said section, the ninety-day provisional permit shall cease immediately. Only one such permit shall be issued to any applicant and his backer, if any, for each location of the club or place of business which is to be operated under such permit and such permit shall be nonrenewable but may be extended due to delays not caused by the applicant. The fee for such ninety-day permit shall be five hundred dollars.

Credit Waiver

I, _____, hereby request approval by the Department of Consumer Protection allowing wholesalers to extend credit while I am operating under a provisional liquor permit, pursuant to Section 30-6-A36(b) of the Regulations of Connecticut State Agencies.

In order to obtain a credit waiver, please provide proof that the backer is fiscally responsible. This can be demonstrated by submitting a complete financial affidavit and any supporting documentation.

_____ _____
Date Applicant/Backer

Sec. 30-6-A36(b). Period of credit.
No wholesaler shall provide credit to a permittee while under a provisional permit, unless otherwise approved by the department.

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AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION & STATEMENT OF PERSONAL HISTORY

All spaces must be completed – **please print or type**. This statement must be completed by the permittee and each person who is a backer member or partner for this liquor permit. Please attach a separate sheet if necessary.

A. PERSONAL/BUSINESS INFORMATION:

Last Name	First Name	Middle Name

Business Title	Relationship to Liquor Permit ☐ Permittee ☐ Backer	% Interest / # of Shares	Aliases, Other names known by, Maiden name

Residence Street Address (no P.O. Boxes):	City or Town:	State:	Zip Code:

Telephone Number (Home):	Telephone Number (Cell):	Fax Number:	E-mail Address:

Motor Vehicle Driver's License Number	State of Issue:	Sex: ☐ Male ☐ Female

Date of Birth	Place of Birth	Are you a US Citizen?	If No, Alien Reg Number:	Date & Place of Naturalization

B. EMPLOYMENT OF PUBLIC OFFICES: Please indicate below any public offices held by the applicant, individual backers, shareholders, corporate officers, LLC members, etc. **Please attach a separate sheet if necessary*

Name	Title	Place	Town, City, State or Federal Agency

If NONE, check here ☐ **NONE**

C. CRIMINAL HISTORY: Have you had any prior felony convictions? ☐ **YES** ☐ **NO**
(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet")

D. **AUTHORIZATION**:

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments or individuals. This information may include, but is not limited to, my residential, personal, and criminal history records and financial and credit information.
2. I authorize criminal justice agencies to release records concerning my criminal history to the Department of Consumer Protection for the purpose of determining my suitability, as a permittee or backer; or
    1. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability as a permittee or backer

I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge.

_____ / _____ / _____

Signature of Applicant, Permittee, Backer, Backer Member or Partner completing this statement | Print Name | Date

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Web Site: **www.ct.gov/dcp**

Authorization of the Backer Legal Entity for Release of Financial Information

This form must be completed by a duly authorized representative of the backer business identified in item #1 below:

A. BUSINESS INFORMATION

1. Name of Backer Business Entity:			
3. Address of Backer Business Entity: (street & number)	City:	State:	Zip code:
4. Name of Authorized Representative: (last, first, middle)		5. Business Title of Representative:	
6. Address of Authorized Representative: (street & number)	City:	State:	Zip code:
7. Telephone Number of Authorized Representative:	Fax Number:	Email Address	

B. AUTHORIZATION:

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to the business entity identified in item #1 above from financial or lending institutions, credit bureaus, consumer reporting agencies, licensing agencies and retail business establishments or individuals.

2. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability for a liquor permit.

C. PERSONAL CERTIFICATION:

I certify under penalty of law that the information provided in this authorization is true to the best of my knowledge:

Signature of duly authorized representative of the backer:

_____ Title: _____

Date: _____

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Web Site: www.ct.gov/dcp/liquorcontrol

BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Backer:			
Street Address:	City:	State:	Zip Code:

*****Please Note:* The following sections should document the expenses involved in establishing your business and the sources of the funds to pay for these expenses. The total dollar amount in Section A should equal the total dollar amount in Section B. Additional documents may be required by the Department.*****

Section A – Cost/Expenses:

1. **PURCHASE/SALE PRICE OF YOUR BUSINESS:**	**$**
2. **COST OF BUILDING:** (If real estate is being transferred)	**$**
3. **LEASEHOLD/SECURITY DEPOSIT:**	**$**
4. **RENOVATIONS/ALTERATIONS:**	**$**
5. **EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:**	**$**
6. **FURNITURE. FIXTURES, EQUIPMENT, ETC:**	**$**
7. **OTHER EXPENSES:** (Please Specify)	**$**
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above)	**$**

Section B - Sources of Funds:

8. **PERSONAL ACCOUNTS:** (Savings, Checking, Certificate of Deposit-CD's)	**$**
9. **CASH ON HAND:**	**$**
10. **PROMISSORY NOTES & LOANS:** (Specify Other Source Types)	**$**
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	**$**

I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

Printed Name of Backer or Authorized Representative:	Title:

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STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Email: liquor.control@ct.gov
Web Site: www.ct.gov/dcp

REVIEW OF CRIMINAL CONVICTION

DEAR APPLICANT:

Pursuant to Section 46a-80(b) of the Connecticut General Statutes, if your application indicates that you have had a prior felony conviction, the specifics of your felony background must be documented for review in order to determine your eligibility for a license.
IF APPLICABLE:

☐ 1. Complete the Criminal Conviction Application Worksheet below.
☐ 2. Attach copies of your conviction, sentencing, parole and probation documents.
☐ 3. Attach a letter from your Probation Officer attesting to compliance with your Probation Order or details regarding non-compliance with your Probation Order.
☐ 4. If Probation has been satisfied, attach a letter from your Probation Officer stating when you completed your probationary period.
☐ 5. Attach a letter from your Parole Officer attesting to compliance with your Parole Order or details regarding non-compliance with your Parole Order.
☐ 6. If Parole has been satisfied, attach a letter from your Parole Officer stating when you completed your parole. If Parole has not been completed, provide the date on which it will be completed.

CRIMINAL CONVICTION APPLICATION WORKSHEET

Pursuant to CHRO Criteria --SECTION 46a-80

Please Print Clearly

APPLICANT:_____

DATE OF BIRTH:_____**SOCIALSECURITY#**_____

CHECK ONE: ☐ NEW APPLICANT ☐ RENEWAL ☐ REINSTATEMENT **DATE OF APPLICATION**_____

LICENSE TYPE:_____**LICENSE#**_____

DATE OF CRIME_____**DATE OF CONVICTION**_____

SIGNATURE OF APPLICANT:_____**DATE**_____

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Nature of Crime:_____

What is relationship of crime to the license for which the person has applied?_____

_____

What is the degree of rehabilitation?_____

What is the time lapsed since conviction or release?_____

DIVISION DIRECTOR: ☐ **Approval** ☐ **Denial** ☐ **Refer to Legal Division** ☐ **Refer to Board or Commission**

Signature_____**Date**_____

Instructions for Processing_____

Additional Information Required_____

THIS FORM IS TO REMAIN WITH LICENSEE'S FILE AS PART OF THE RECORD

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
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For Official Use Only

APPLICATION FOR PATIO, EXTENSION OF USE and/or ADDITIONAL CONSUMER BAR

☐ **PATIO** *(Restaurants & Cafes ONLY)*	☐ **EXTENSION OF USE** *(All other permit types)*	☐ **ACB (Additional Consumer Bar)** # of ACB's: _____ (FEE: $190.00 each)

Section A: BUSINESS INFORMATION

1. Trade Name (DBA Name)		2. Permit Number	
3. Permittee Name (First, Middle, Last)			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)			
5. Business Address	City	State	Zip Code
6. Business Telephone Number	7. Business Fax Number	8. Business Email Address	
9. Type of Request? ☐ Permanent ☐ Temporary	*If TEMPORARY is checked, List Specific Dates Below:*		

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

10. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.

Signature of Zoning Official **X** _____ Print Name _____

Title of Official _____ Date _____ /_____ /_____

11. **Fire Marshal's Approval:** I certify that the premises identified in Section A and on the sketch of this application is safe for this type of request.

Signature of Fire Marshal **X** _____ Print Name _____

Title of Official _____ Date _____ /_____ /_____

12. **Local Health Approval: (Patio Requests ONLY) I** certify that the Patio at the premises identified in Section A and on the sketch of this application meets local health approval.

Signature of Health Official **X** _____ Print Name _____

Title of Official _____ Date _____ /_____ /_____

Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

13. **Backer Certification** (To be signed by backer or the authorized representative of the backer) I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in "Section A" of this application is designated as my principal representative on the premises for which this application is being submitted.	Signed by Backer or Authorized Representative of Backer **X**_____	Date: _____
	Print name of Backer or Representative	Title of Backer or Representative

Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB

CPLP-sellaff Rev 12/13

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
Telephone: (860) 713-6210
Email: liquor.control@ct.gov
Web Site: **www.ct.gov/dcp/liquorcontrol**

AFFIDAVIT OF SELLER UNPAID OBLIGATIONS

THIS FORM IS TO BE EXECUTED BY THE SELLER

The undersigned permittee, backer or authorized representative of the backer:

Name: (Last, First, Middle)		
Address: (Street Address & Number)	State: Zip	code:

Representing:

Name of Backer:

BEING DULY SWORN DEPOSES AND SAYS:

I AM OVER EIGHTEEN YEARS OF AGE AND BELIEVE IN THE OBLIGATION OF AN OATH.

I AM THE BACKER, OR DULY AUTHORIZED REPRESENTATIVE OF THE BACKER, FOR THE PERMITTED LIQUOR PREMISES OPERATING UNDER THE BUSINESS NAME:

Name of Permitted Liquor Business:		
Address: (Street Address & Number)	State:	Zip code:

Operating with CT liquor permit number:

Liquor Permit Number:

Pursuant to 30-48(c) of the Connecticut General Statutes, I attest that:
ALL OBLIGATIONS OF THE PREDECESSOR PERMITTEE FOR THE PURCHASE OF ALCOHOLIC LIQUOR AT SUCH PERMIT PREMISES HAVE BEEN PAID OR THAT SUCH APPLICANT DID NOT RECEIVE DIRECT OR INDIRECT CONSIDERATION FROM THE PREDECESSOR PERMITTEE.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature of permittee, backer or authorized representative of the backer:

X _____ Date: _____

Subscribed and affirmed before me:

Signed **X**_____ Date _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)

DCPLC-abandaff Rev 9/08

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
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ABANDONMENT AFFIDAVIT

Date: _____

Permittee: _____

Trade Name: _____

Address: _____

_____

_____

Pursuant to section 30-48 (c) of Connecticut General Statutes, I attest that:

Neither I, _____, nor the backer _____, purchased anything from the previous permit holder/backer.

Neither I, _____, nor the backer _____, received any benefit from the predecessor for the abandonment of permittee/backer.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature of permittee, backer or authorized representative of the backer:

X _____ Date: _____

Subscribed and affirmed before me:

Signed **X**_____Date _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)