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

INSTRUCTIONS AND INFORMATION:
Grocery Beer 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 total filing fee of $270.00 is required for successful submission of this application. 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 filing fee and is not refundable. If you are filing the application in person with the department, cash may be accepted. You may not submit cash via mail.**

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) any first selectman holding office and acting as a chief of police in the town within which the permit premises are to be located, (3) a minor, and (4) 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 A GROCERY BEER LIQUOR PERMIT APPLICATION TO BE ACCEPTED

1. **APPLICATION FOR GROCERY BEER LIQUOR PERMIT**
   Complete all three pages of application. Every question must be answered, and all necessary approvals obtained (zoning and 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 #7 – 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.

Section B: Approval of Local Officials
Items #8 and #9 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 #10 through #14 please enter name, address and contact information for permittee.

Section D: Preferred Mailing Address
Items #15 and #16 .Indicate the preferred mailing address for all correspondence. If you would like correspondence mailed to an address other than the business or permittee home address, specify in #15 and #16.

Section E: Backer Information
Item #17 through #23 – Provide correct backer name in #18. 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 #24 through #26 – 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 #24a and #24b.

Section G: Certification of Permittee Applicant and Backer or Authorized Representative of Backer
Items #27 and #28 - The permittee listed in Section C #10 of the application must sign #27. The backer/owner listed in Section E or authorized backer representative must sign #28.

2. **FEE AND FORM OF PAYMENT:**
   The total filing fee of $270.00 is required for successful submission of this application. 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 filing fee and is not refundable.
   If you are filing the application in person with the department, cash may be accepted. You may not submit cash via mail.

3. **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.

4. **LEASE/DEED**
   Provide an executed/signed 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 is the owner of the property, provide a copy of the deed, a town assessor's street card for the property, **or other documentation showing proof of right to occupy the property.** (Sales agreements are not acceptable)

5. **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 for each person.

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

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

8. **CORPORATIONS & L.L.C.**
   Provide proof of filing of organization papers with the Connecticut Secretary of State. A printout verification from the C.O.N.C.O.R.D. system would be acceptable.

9. **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.

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

11. **GROCERY STORE BEER PERMIT – BREAKDOWN OF SALES**
    In order to determine your eligibility to obtain a Grocery Beer Permit, you must provide the sales data on the attached form for the most recent month of business operation. This information must reflect monetary sales for that month in each of the categories noted on the form. Please use whole dollar values with exact figures. (Estimate figures are not acceptable)

12. **PHOTOGRAPHS** 8"x 10" in size (any photos smaller than this required size will not be acceptable).
    A. One 8" x 10" photo taken from a position directly across the street or highway.
    B. Every application for a grocery store beer permit also shall be accompanied by photographs 8" x 10" in size showing the entire interior of the sales area of the grocery store. (Provide all necessary grocery inventory photos)
    ****Please Note**** *Photos must be 8"x 10". The applicant's name, business address, and date taken should be on the rear of all photographs.*

13. **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)*

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:

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

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

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APPLICATION FOR GROCERY BEER LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please submit the required fee of $270.00.** 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

1. Trade Name (DBA Name)			
2. Business Address	City	State	Zip Code
3. Is there currently a liquor permit at the proposed premises? ☐ YES ☐ NO	*If yes, current permit number*	4. Are you requesting a Provisional Permit? ☐ YES ☐ NO	

5. Business Telephone Number	6. Business Fax Number	7. Business Email Address

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

8. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #2 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 _____ /_____ /_____

9. **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

10. Permittee Name (First, Middle, Last)			
11. Permittee Residence Street Address	City	State	Zip Code
12. Permittee Telephone Number	13. Permittee Fax Number	14. 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**

15. Name			
16. 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

17. 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**

18. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.			
19. Street Address	City	State	Zip Code

20. Backer Telephone Number	21. Backer Fax Number	22. Backer Email Address

23. 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.

24a. Does any Permittee or Backer currently hold a liquor permit? ☐ YES ☐ NO

24b. 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

25a. 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
25b. 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
25c. 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

26. 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

27. **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
28. **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

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) 713-7235.

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.

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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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/LIQUOR/FOOD 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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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 for this liquor permit. If you need additional space, please attach a separate sheet.

A. PERSONAL/BUSINESS INFORMATION:

Last Name	First Name	Middle Name

Business Title	Relationship to Liquor Permit	Shares	Aliases, other names known by, maiden name
	☐ Permittee ☐ Backer		

Residence Street Address:	City or Town:	State:	Zip Code:

Telephone Number:	Fax Number:	E-mail Address:

Social Security Number	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
/ /		☐ Yes ☐ No		

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

C. CRIMINAL HISTORY: Have you had any prior felony convictions? ☐ **YES** ☐ **NO**

(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet" - Please visit our website http://www.ct.gov/dcp to download the form.)

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
3. 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 permittee/backer completing this statement Date

DCPLC-authbus Rev 3/08

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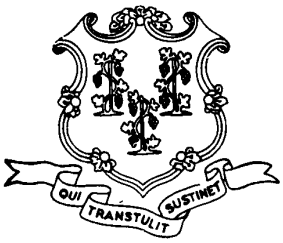

Authorization of the Backer Legal Entity for Release of Financial Information

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:		2. Federal Employer ID Number (FEIN):	
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 nowledge:

Signature of duly authorized representative of the backer:

_____ Title: _____

Date: _____

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Grocery Store Beer Permit

Breakdown of Sales

➔ **This form must be completed if applying for a grocery beer permit in accordance with CGS Section 30-20(c)**

Name of Permittee (First Name, Middle Initial, Last Name)			
Name of Business			
Business Street Address	City	State	Zip

In order to determine your eligibility to obtain a grocery beer permit you must provide the following sales data for the most recent month of business operation. This information should reflect monetary sales for that month in each of the categories noted below. Please use whole dollar values. (Estimate Figures are NOT Acceptable)

Date of Sales - Beginning Date: _____ **Ending Date:** _____

1. Dairy products: (i.e. butter, cheese, milk, cream, ice cream and other milk products)	Month's sales in dollars:	**For Liquor Control Use**
2. Eggs & Poultry:	Month's sales in dollars:	
3. Fruits & Vegetables:	Month's sales in dollars:	
4. Seafood:	Month's sales in dollars:	
5. Bakery products:	Month's sales in dollars:	
6. Grocery items: (all edible items other than those noted above including, but not limited to, canned goods, dry goods, meats, tea, coffee, spices, sugar, flour, cereal, juices & drinks, frozen food)	Month's sales in dollars:	
7. Candies, Nuts and Confectioneries (Sweets):	Month's sales in dollars:	
8. Food items consumed on premises:	Month's sales in dollars:	
9. Take-out foods: (i.e. sandwiches, salads, coffee & rolls)	Month's sales in dollars:	
10. Non-edible items: (i.e. tobacco, health/beauty aids, paper products, magazines, newspapers)	Month's sales in dollars:	
11. Gasoline:	Month's sales in dollars:	
12. Beer: (If grocery beer permit is active on premises)	Month's sales in dollars:	
	TOTAL	

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

Signature of Permittee, Backer or Authorized Representative of the Backer:

X _____ Date: _____

CPLP-sellaff Rev 1/09

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AFFIDAVIT OF SELLER UNPAID OBLIGATIONS

THIS FORM IS TO BE EXECUTED AT THE TIME OF THE CLOSING

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:

PLEASE LIST ANY UNPAID OBLIGATIONS (INVOICES) FOR THE PURCHASE OF ALCOHOLIC LIQUOR PRIOR TO THE CHANGE IN OWNERSHIP. ***Please attach a separate sheet if needed*
IF YOU DO NOT PROVIDE A LIST, YOU ARE AFFIRMING THERE ARE NO UN-PAID OBLIGATIONS.

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)

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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)

DCPLC-CHRO Rev 10/08

For Official Use Only

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**_____

Official Use Only

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