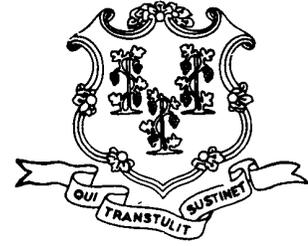


STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division  
Telephone: (860) 713-6210  
Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## **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) 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 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 D 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**

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)

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.**

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.

**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.**

19. **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>

20. **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>

21. **FIRE MARSHAL APPROVAL**

This form can be found on our website <http://www.ct.gov/dcp>



STATE OF CONNECTICUT  
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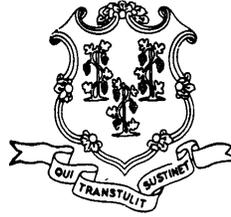
Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

**ON-PREMISES LIQUOR PERMIT FEE SCHEDULE**

	<b>Full Year</b>	<b>Six Months</b>
**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
AMPHITHEATER – CONCESSION	400.00	300.00
BOAT	600.00	433.33
BOWLING ALLEY LIQUOR	2,350.00	1,600.00
BOWLING ALLEY BEER	540.00	393.33
BREW PUB	400.00	300.00
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	2,350.00	1,600.00
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

<b>1. Type of Liquor Permit Applying for:</b>		2. Are you requesting a Provisional Permit? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If yes, current permit number</i>	9. Patio? (If yes, complete attached patio request form) <input type="checkbox"/> YES <input type="checkbox"/> NO
10. Type of Live Entertainment: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<input type="checkbox"/> Acoustics - (Not Amplified)	<input type="checkbox"/> Disc Jockeys	<input type="checkbox"/> Live Bands	<input type="checkbox"/> Comedians <input type="checkbox"/> Exotic Dancers
<input type="checkbox"/> Concerts	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows	<input type="checkbox"/> Sporting Event(s) <input type="checkbox"/> 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					
<input type="checkbox"/> <b>Sole Proprietorship/ Owner</b>	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Limited Liability Company</b>	<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Limited Liability Partnership</b>	<input type="checkbox"/> <b>Unincorporated Association</b>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
28b. Has any Permittee or Backer held a liquor permit in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please complete the permit information for each past or present permit below</i>			
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? <input type="checkbox"/> Backer <input type="checkbox"/> 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? <input type="checkbox"/> Backer <input type="checkbox"/> 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? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held
30. Have any of the permits listed above been revoked, suspended or denied in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> 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**

<p><b>31. Permittee Certification</b> (To be signed by permittee applicant, identified in “Section A” of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	<p>Signed by Permittee Applicant</p> <p>X _____</p>	<p>Date</p>
<p><b>32. Backer Certification</b> (To be signed by backer or the authorized representative of the backer)</p> <p>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.</p>	<p>Signed by Backer or Authorized Representative of Backer</p> <p>X _____</p>	<p>Date</p>
<p>Print name of Backer or Representative</p>		<p>Title of Backer or Representative</p>

## 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.

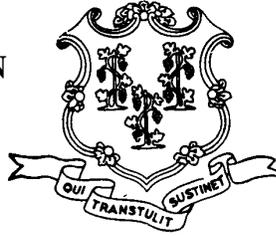
Below is the relevant statute and regulation.

**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.

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210  
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For Official Use Only

**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.

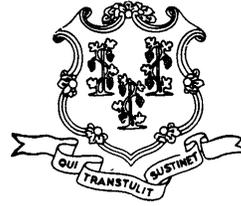
**In order to obtain a credit waiver, please provide proof that the backer is fiscally responsible. This can be demonstrated by submitting a complete financial affidavit and any supporting documentation.**

\_\_\_\_\_  
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 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 <input type="checkbox"/> Permittee <input type="checkbox"/> Backer		Shares	
				Aliases, other names known by, maiden name	
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 <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth / /	Place of Birth		Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		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

**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.)*

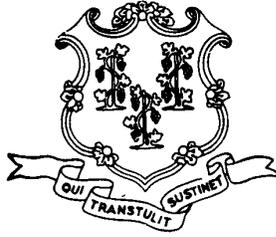
**D. AUTHORIZATION:**

- 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.
- 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
- 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

**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](http://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	

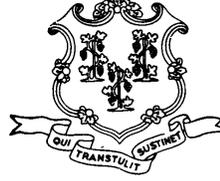
**B. AUTHORIZATION:**

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**  
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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: <small>(If real estate is being transferred)</small>	\$
3. LEASEHOLD/SECURITY DEPOSIT:	\$
4. RENOVATIONS/ALTERATIONS:	\$
5. EXISTING BEER/WINE/LIQUOR/FOOD INVENTORY:	\$
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$
7. OTHER EXPENSES: (Please Specify)	\$
<b>TOTAL FUNDS FOR ALL COSTS/EXPENSES:</b> <small>(add 1-7 above)</small>	<b>\$</b>

**Section B - Sources of Funds:**

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

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:
--	--------

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**



**Liquor Control Division**  
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**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:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**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

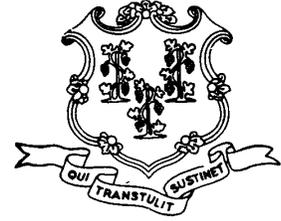
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructions for Processing** \_\_\_\_\_

**Additional Information Required** \_\_\_\_\_

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

**STATE OF CONNECTICUT**  
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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.

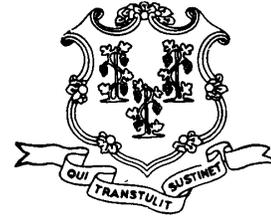
Signature of permittee, backer or authorized representative of the backer:

X \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and affirmed before me:

Signed X \_\_\_\_\_ Date \_\_\_\_\_  
(Commissioner of Superior Court, Notary Public, Justice of Peace)

**STATE OF CONNECTICUT**  
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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)

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
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**APPLICATION FOR ADDITIONAL CONSUMER BAR(S)**

**Instructions:**

Complete this application and submit with a check or money order made payable to *"Treasurer, State of Connecticut"* for the total number of additional consumers bar(s) for which you are requesting approval at \$190.00 each.

→ Return the completed application and appropriate fee to:

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

Permittee Name (First Name, Middle Initial, Last Name)		Liquor Permit Number	
Name of Business			
Business Street Address (Location of Business)			
City		State	Zip code
Business Telephone Number (with area code)		Business Fax Number (with area code)	
Backer's Name (LLC, INC, SOLE PROP.)		Number of additional consumer bar(s) requested @ \$190.00 each	

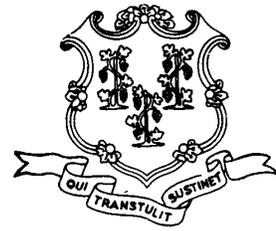
**NOTE:**

☞ This application must be accompanied by an 8.5 x 11 inch sketch of the entire premises, showing the location(s) of the additional consumer bar(s) for which you are requesting approval. You must also submit a photograph(s) of these proposed location(s).

I have attached a sketch and photograph(s), as described above, related to the additional consumer bar(s) for which I am requesting approval  Yes  No

Signature of duly authorized representative	Date
---	------

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division  
Telephone: (860) 713-6210  
Fax: (860) 713-7235  
Website: http://www.ct.gov/dcp



**PATIO REQUEST FORM**

PERMITTEE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

BACKER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX # \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WILL PATIO BE PERMANENT: YES \_\_\_\_\_ NO \_\_\_\_\_

If Patio is going to only be used Temporarily, List exact dates needed: \_\_\_\_\_

**DIRECTIONS: ON THE BACK OF THIS SHEET MAKE A SKETCH OF THE EXISTING PERMIT PREMISES AND INCLUDE THE FOLLOWING**

1. The Patio in relation to the permit premises. List all dimensions of Patio in feet.
2. All entrances & exits leading to and from the patio.
3. Portion of sketch that shows Permit Premises must be labeled with all the Dining Rooms, Barrooms, Kitchen, etc
4. Indicate all fences, railings, etc. surrounding patio area
5. Indicate how alcoholic beverages are going to be served on Patio. Show all consumer bars & Service Bars

**NOTE:** *If a Consumer Bar is going to be used on the Patio, an application for Additional Consumer Bar permit together with a \$190.00 fee must be Submitted with this application.*

**IF THIS SHEET IS NOT LARGE ENOUGH, CONTINUE SKETCH ON ONE ADDITIONAL SHEET.**

1. If access to Patio is through the Barroom, the Patio is considered an extension of the Barroom (NO MINORS ALLOWED) Unless accompanied by Parent or Guardian.
2. If access to Patio is through a Dining Room, the Patio is considered an extension of the Dining Room.
  - a. If Alcoholic Beverages are to be made from a Service Bar located on Patio-NO additional fee if required. (Service must be made by Waitstaff only).
3. If Alcoholic Beverages are to be made from an Additional Consumer Bar Located on the Patio-Patio is considered Barroom-(NO MINORS ALLOWED)
4. No alcoholic beverages are to leave the patio area (away from premises.)
5. NO DEVIATIONS FROM THE PLAN SHOWN ON THIS FORM ARE ALLOWED WITHOUT WRITTEN APPROVAL FROM THIS DEPARTMENT.

SIGNATURE: \_\_\_\_\_  
*PERMITTEE*

\_\_\_\_\_  
*DATE*

**MUNICIPAL APPROVALS**

ZONING: SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

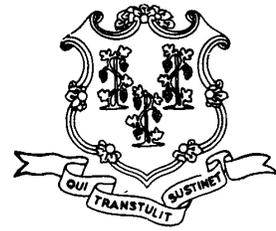
FIRE DEPT. SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH DEPT. SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**DEPARTMENT OF CONSUMER PROTECTION PATIO APPROVAL**

THIS MUST BE DISPLAYED NEXT TO YOUR PERMIT OR PERMIT MUST BE ENDORSED. LIMITATIONS OR CONDITIONS:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division**

Telephone: (860) 713-6210  
Fax: (860) 713-7235  
Website: <http://www.ct.gov/dcp>

**EXTENSION OF USE REQUEST FORM**

PERMITTEE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

BACKER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX # \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WILL EXTENSION BE PERMANENT: YES \_\_\_\_\_ NO \_\_\_\_\_

If Extension is going to only be used Temporarily, List exact dates needed: \_\_\_\_\_

**DIRECTIONS: ON THE BACK OF THIS SHEET MAKE A SKETCH OF THE EXISTING PERMIT PREMISES AND INCLUDE THE FOLLOWING**

1. The Extension in relation to the permit premises. List all dimensions of Extension in feet.
2. All entrances & exits leading to and from the extension.
3. Portion of sketch that shows Permit Premises must be labeled with all the Dining Rooms, Barrooms, Kitchen, etc
4. If extension is outside, include property boundaries and height of fencing, if any.
5. Indicate how alcoholic beverages are going to be served in Extended area. Show all consumer bars & Service Bars

**NOTE:** *If a Consumer Bar is going to be used in the Extension, an application for Additional Consumer Bar permit together with a \$190.00 fee must be Submitted with this application.*

**IF THIS SHEET IS NOT LARGE ENOUGH, CONTINUE SKETCH ON ONE ADDITIONAL SHEET.**

1. If access to Extension is through the Barroom, the area is considered an extension of the Barroom (**NO MINORS ALLOWED**) Unless allowed by Section 30-86(b).
2. If access to Extension is through a Dining Room, the extension is considered part of the Dining Room.
3. If Alcoholic Beverages are to be made from a Service Bar in extended area-NO additional fee if required. (Service must be made by Waitstaff only).
4. If Alcoholic Beverages are to be made from an Additional Consumer Bar Located in Extension area--area is considered Barroom-(**NO MINORS ALLOWED**)
5. No alcoholic beverages are to leave the extended area (away from premises.)
6. NO DEVIATIONS FROM THE PLAN SHOWN ON THIS FORM ARE ALLOWED WITHOUT WRITTEN APPROVAL FROM THIS DEPARTMENT.

SIGNATURE: \_\_\_\_\_  
*PERMITTEE*

\_\_\_\_\_  
*DATE*

**MUNICIPAL APPROVALS**

ZONING: SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

FIRE DEPT. SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**DEPARTMENT OF CONSUMER PROTECTION PATIO APPROVAL**

THIS MUST BE DISPLAYED NEXT TO YOUR PERMIT OR PERMIT MUST BE ENDORSED. LIMITATIONS OR CONDITIONS:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_