

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
LAW ENFORCEMENT REFERRAL**

**REPORT OF A VIOLATION OF CRIMINAL LAW AND/OR LIQUOR CONTROL
REGULATION INVOLVING PREMISES LICENSED TO SELL/DISTRIBUTE
ALCOHOLIC BEVERAGES**

Name of business:		Liquor permit#:
Business Address (include street, city, state)		
Name of permittee (can be found on liquor permit):		
Name of backer (can be found on liquor permit):		
Name of person in-charge of premises at time of alleged violation and/or incident (last, first):		
Date of birth of person in-charge:	Daytime phone of person in-charge:	Evening phone of person in-charge:
Name of law enforcement agency submitting referral:		

Identity of law enforcement officer(s) who can testify to facts surrounding incident:

a. Name of officer #1 (last, first)		Rank of officer #1:	
Telephone # of officer #1:	Email address of officer #1:		
b. Name of officer #2 (last, first)		Rank of officer #2:	
Telephone # of officer #2:	Email address of officer #2:		
Law enforcement agency case #:	Date of incident:		
a. Violation(s) found (include statute number(s) and/or regulation section(s) if known:			
b. Violation(s) found (include statute number(s) and/or regulation section(s) if known:			
c. Violation(s) found (include statute number(s) and/or regulation section(s) if known:			
Were arrests made? YES [] NO []	If yes, name of accused (last, first)	Date of birth:	Daytime phone of accused:
Criminal charges:			
Superior court in which criminal case is being handled:			G.A. number:

Mail to:
Department of Consumer Protection
Liquor Control Division
165 Capitol Avenue
Hartford, Connecticut 06106-1630

If you have any questions, please call (860) 713-6210 and speak to a Liquor Control Agent