STATE OF CONNECTICUT **DEPARTMENT OF CONSUMER PROTECTION** LIQUOR CONTROL DIVISION

Telephone: (860) 713-6200 Email: <u>dcp.brands@ct.gov</u> Website: <u>www.ct.gov/dcp</u>



For Official Use Only

-

## **Application for Transporter's Liquor Permit**

### **INSTRUCTIONS:**

All spaces must be completed - please print in ink or type. A check or money order in the amount of \$1350.00 must accompany this application and should be made payable to "Treasurer, State of Connecticut."

## **Applicant**

et Address		City	St	ate Zip Code
hone Number (w/ area code)	Date of Birth	Social Security Number	Email Address	
		nittee or backer ever been refus ach name(s) and date(s) on a se		rmit revoked by the Lic
t for Applicant				
	ty of false statement, tha	nt my statements and answers to all	questions in this application	are true and complete.
	-	nt my statements and answers to all		are true and complete.
Signature of Applicant (Per	rmittee)		e	are true and complete. Notary Seal

### Backer

Name of Backer (The owner or proprietor of the	business)				
Business Street Address		City		State	Zip Code
Telephone Number (w/ area code)	FEIN or Social Secu	rity Number	Email Address		
Indicate Organizational Structure:	Limited Liability Con	ipany (LLC) 🗌 I	Limited Liability Pa	rtnership (L	LP) 🗌 Partnership
If a corporation, please indicate date of incorp date of authorization to conduct business in th	poration and state wh	ere incorporated. I	0		•
Have you or any of your employees or agents l directly or indirectly, to any person, firm or or Yes No If yes, please attach on a sep	rganization holding a	permit for the sale	of alcoholic liquor	in the State	of Connecticut?
Have you, or any member of your family, eith Control Division?	er as permittee or bac please attach name(s)			-	oked by the Liquor

# For Corporation, LLC, LLP or Partnership (Attach additional sheet if necessary) List the names, titles and signatures of all persons associated in the ownership.

,,,		
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature

### Jurat for Backer (Individual)

Signature of Backer (Individual)		Date	
Subscribed and sworn to before me, this	day of	20	 Notary Seal

#### Jurat for Backer (For a Corporation, LLC, LLP and Partnership) FOR CORPORATION, LLC OR LLP Signature of duly authorized officer with title; For PARTNERSHIP, signature of partners

ignature of Backer & Title	Date	Signature of Backer & Title	Date
Subscribed and sworn to before	me, this day of	20	Notary Seal

## **Instructions for completing the Application for Transporter's Liquor Permit:**

- <u>Applicant</u> The name of the **permittee** is the applicant for the liquor permit. This is the individual who operates/manages an establishment holding a liquor permit. The permittee may, in some cases, also be the owner/backer of the business that holds the permit.
- 2) **<u>Backer</u>** An individual or legal business entity that **owns** the business to which the liquor permit is issued.
- 3) Fee & Form of Payment The application must be accompanied by the filing fee of \$100.00 and the initial permit fee of \$1250.00. A check or money order in the amount of \$1350.00 should be made payable to "Treasurer, State of Connecticut." The application filing fee is non-refundable.
- 4) **<u>MC Permit</u>** A copy of your Motor Carrier Permit must accompany the application.

### ⇒ Return the completed application and fee to:

 License Services Division
Department of Consumer Protection 450 Columbus Blvd, Ste. 801 Hartford, CT 06103