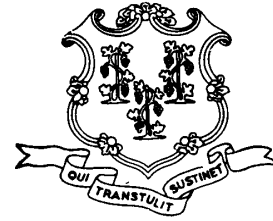


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division**

Telephone: (860) 713-6210

Email: dcp.liquorcontrol@ct.gov

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



ABANDONMENT AFFIDAVIT

Date: _____

Permittee: _____

Trade Name: _____

Address: _____

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)