# STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210 Email: <u>dcp.liquorcontrol@ct.gov</u>

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



## Authorization of the Proposed Backer Legal Entity for Release of Financial Information

This form must be completed by a duly authorized representative of the backer identified in Section D of the new application:

### A. BUSINESS INFORMATION

1. Name of Backer Business Entity:				
2. Address of Backer Business Entity: (street & number)	City:		State:	Zip code:
3. Name of Authorized Representative: (last, first, middle)		4. Busines	s Title of R	Representative:
5. Address of Authorized Representative: (street & number)	City:		State:	Zip code:
6. Telephone Number of Authorized Representative:	7. Fax Number:	8. Email A	ddress	

#### **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	Date		