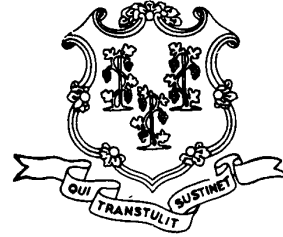


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Website: www.ct.gov/dcp/liquorcontrol



DISCLAIMER STATEMENT

APPLICANT: _____ DATE: _____

I/WE _____, _____
(Name of Lender/s or Account co-owner) (Date of Birth)

HAVE RELEASED THE SUM OF

\$ _____ TO _____
(Name and Relationship)

IN TERMS OF A: **LOAN**

GIFT

WITHDRAWAL OF CO-OWNED FUNDS

TO BE USED FOR THE PURPOSE OF PURCHASING THE _____
(Type of Business)

KNOWN AS _____ LOCATED AT _____
(Trade Name) (Number & Street)

I/WE SHALL HAVE NO FINANCIAL INTEREST IN SAID BUSINESS. I/WE PRESENTLY DO NOT HOLD ANY INTEREST, FINANCIAL OR OTHERWISE, IN ANY LIQUOR BUSINESS EXCEPT THE FOLLOWING:

(If None, print "None")

FUNDS WERE DERIVED FROM _____
(Account Type, Account Number, Bank Name)

IF THE PLACE WHERE THE MONEY WAS MAINTAINED IS IN MORE THAN ONE PERSON'S NAME, ALL INDIVIDUALS MUST COMPLETE A DISCLAIMER STATEMENT AND HAVE THEIR SIGNATURES NOTARIZED.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature:

X _____ Date: _____

Subscribed and affirmed before me:

Signed X _____ Date: _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)