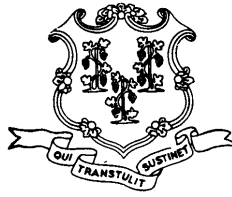


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION**

Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Website: www.ct.gov/dcp/liquorcontrol



APPLICATION FOR HOTEL GUEST BAR(S)

Instructions:

Complete this application and submit with a check or money order made payable to **“Treasurer, State of Connecticut”** for the total number of hotel guest bar(s) for which you are requesting approval at \$100.00 each.

→ **Return the completed application and appropriate fee to:**

**Department of Consumer Protection
450 Columbus Blvd., Suite 801
Hartford, CT 06103**

Permittee Name (First Name, Middle Initial, Last Name)		Liquor Permit Number	
Name of Business(Trade Name)			
Business Street Address (Location of Business)			
City		State	Zip code
Business Telephone Number (with area code)		Business Fax Number (with area code)	
Backer's Name		Number of Hotel Guest Bar(s) requested @ \$100.00 each	

Bars are lockable from desk? Yes No
Bars have key/card locking device? Yes No

I UNDERSTAND THAT THESE BARS ARE ONLY TO BE AVAILABLE TO GUESTS FROM:

9:00AM TO 1:00AM – MONDAY through THURSDAY
9:00AM TO 2:00AM – FRIDAY and SATURDAY
11:00AM TO 1:00AM – SUNDAY

****NO KEY/CARD WILL BE GIVEN TO A BAR WHERE THE PERSON RENTING IS UNDER 21 YEARS OF AGE.****

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)	