

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**Liquor Control Division**  
Telephone: (860) 713-6210  
Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)

**INSTRUCTIONS AND INFORMATION:**  
**Farmers’ Market Beer Permit Application**

**PLEASE READ ALL INSTRUCTIONS AND INFORMATION BEFORE COMPLETING APPLICATION. APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE OR IF ANY REQUIRED DOCUMENT IS MISSING.**

**Fees and Form of Payment:**

The “Farmers’ Market Beer Permit” is included in the application package. Checks and/or money orders should be made payable to “*Treasurer, State of Connecticut*” in the amount of \$350.00, and must accompany this application. **The application filing fee of \$100.00 is included in the total fees and is not refundable.**

**The Application Process**

\*\*Once we are in receipt of your complete and correctly executed application and filing fee, the application will be reviewed by the department. You must have an active permit for Manufacturer Beer (LMB), Manufacturer Brew Pub (LBP), or Manufacturer Beer and Brew Pub (LMP) to be eligible for this permit.\*\*

**Definitions**

**Permittee** – The permittee for the Manufacturer Beer (LMB), Manufacturer Brew Pub (LBP), or Manufacturer Beer and Brew Pub (LMP) is the applicant for this liquor permit. The permittee is a person designated as the representative of the backer for the permit premises. The permittee must be able to read and understand English. The permittee can be the owner/backer of the business that holds the permit.

**Backer** – An individual or legal business entity that owns the business to which the liquor permit is issued.

**Authorized Backer Representative** – An individual who is legally authorized by the nature of the position held (i.e. corporate officer) in the business, or through a power of attorney to sign documents and make decisions related to the liquor permit.

**Farmers’ Market** - *Section 22-6r* defines a “Farmers’ Market” as “a cooperative or nonprofit enterprise or association that consistently occupies a given site throughout the season or that occupies a given site for any given day or event and that operates principally as a common marketplace for a group of farmers, at least two of whom are selling Connecticut-grown fresh produce, to sell Connecticut-grown farm products in conformance with the applicable regulations of Connecticut state agencies and where the farm products sold are produced by the participating farmers with the sole intent and purpose of generating a portion of household income.”

**Who Qualifies and What Does this Permit Allow?**

Manufacturer Beer (LMB), Manufacturer Brew Pub (LBP), or Manufacturer Beer and Brew Pub (LMP) licensed premises.

A farmers' market beer sales permit shall authorize the sale of beer manufactured by the holder of a permit specified above for an unlimited number of appearances at a farmers' market at not more than three farmers' market locations per year, provided such permit holder:

- (1) Has an invitation from such farmers' market to sell beer at such farmers' market,
- (2) sells only sealed bottles of beer for off-premises consumption at such farmers' market,
- (3) is present, or has an authorized representative present, at the time of sale of any such beer at such farmers' market, and
- (4) does not sell more than five liters of such beer per day to any one person at such farmers' market.

## **APPLICATION INSTRUCTIONS AND DOCUMENTS REQUIRED FOR A FARMERS’ MARKET BEER PERMIT APPLICATION TO BE ACCEPTED**

### **APPLICATION FOR FARMERS’ MARKET BEER PERMIT**

Complete the one-page application.

#### **Completing the Application**

##### **Current Manufacturer Business Information**

**Item #1 through #7** – Complete these items including permit number for the Manufacturer Beer, Manufacturer Brew Pub, or Manufacturer Beer and Brew Pub, permittee name, trade name of business, manufacturer address, and contact information.

##### **Authorized Representative of Backer**

**Items #8 and #9** The permittee listed in #2 of the application must sign #8. The backer/owner or authorized backer representative must sign #9.

### **FARMERS’ MARKET LOCATION REQUEST FORM**

The holder of a farmers’ market beer permit may sell the beer it manufactures at up to three (3) farmers’ market locations a year for an unlimited number of appearances. For each location of a farmers’ market, the holder of the Manufacturer Beer, Manufacturer Brew Pub, or Manufacturer Beer and Brew Pub must fill out a separate “Farmers’ Market Location Request Form” (*DCPLC – Farmers’ Market Location Request form*).

#### **Completing the Form**

##### **Location of Farmers’ Market**

**Items #1 and #2** - Please fill out your current Manufacturer Beer, Manufacturer Brew Pub, or Manufacturer Beer and Brew Pub license number and provide the name of your manufacturer business (Doing Business As)

**Items #3 through #8** – Please complete the name, address, and contact information of the Farmers’ Market you will be attending.

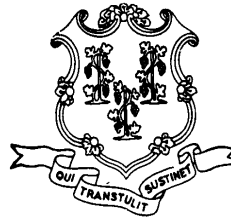
**Items #9** – Please provide the Department with the specific hours you will be selling beer during the Farmers’ Market.

##### **Approval/Certification of Local Officials**

**Item #10-** The representative of the farmers’ market must certify that the Manufacturer Beer, Manufacturer Brew Pub, or Manufacturer Beer and Brew Pub has been invited to sell its beer at this particular farmers’ market.

**Items #11 and #12** – The local Zoning official and Town Clerk located in the jurisdiction where by the farmers’ market is located are required to sign this form before Department approval.

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## APPLICATION FOR FARMERS' MARKET BEER PERMIT

Please print clearly or type the information entered on this application. **An application filing fee of \$100.00 and permit fee of \$250.00 is required. Please submit the required fee of \$350.00.** Check and/or money order should be made payable to "**Treasurer, State of Connecticut**" and must accompany this application. The application filing fee of \$100 is non-refundable. Return your completed application, documentation and appropriate fee to:

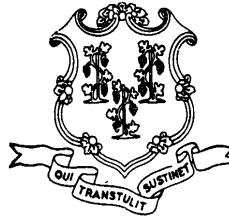
**Department of Consumer Protection, 450 Colubus Blvd., Suite 801, Hartford, CT 06103**

### CURRENT LICENSED BUSINESS INFORMATION

|                                |                        |                           |          |
|--------------------------------|------------------------|---------------------------|----------|
| 1. Manufacturer Permit Number: | 2. Permittee Name      |                           |          |
| 3. Trade Name (DBA Name)       |                        |                           |          |
| 4. Business Address            |                        | City                      | State    |
|                                |                        |                           | Zip Code |
| 5. Business Telephone Number   | 6. Business Fax Number | 7. Business Email Address |          |
|                                |                        |                           |          |

### AUTHORIZED REPRESENTATIVE OF BACKER

|   |   |  |
|---|---|--|
| <p><b>8. Permittee Certification</b> (<u>To be signed by permittee applicant</u>)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>   | <p>Signed by Permittee Applicant</p> <p>X _____</p>                           | <p>Date</p>                              |
| <p><b>9. Backer Certification</b> (<u>To be signed by backer or the authorized representative of the backer</u>)</p> <p>I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in this application is designated as my principal representative on the premises for which this application is being submitted.</p> | <p>Signed by Backer or Authorized Representative of Backer</p> <p>X _____</p> | <p>Date</p>                              |
|   | <p>Print name of Backer or Representative</p>                                 | <p>Title of Backer or Representative</p> |



For Official Use Only

## FARMERS' MARKET LOCATION REQUEST FORM

### LOCATION OF FARMERS' MARKET

|  |  |  |                  |  |
|--|--|--|------------------|--|
| 1. Manufacturer Permit Number:   |  | 2. Trade Name of Manufacturer being Invited: |                  |  |
| 3. Name of Farmers' Market   |  |  |                  |  |
| 4. Address of Farmers' Market (Street Address)                         |  |  |                  |  |
| 5. City  |  | State  | Zip Code         |  |
| 6. Telephone Number  |  | 7. Fax Number                                | 8. Email Address |  |
| 9. Days and Hours of Operation:  |  |  |                  |  |
| Date(s) of Farmer's Market: _____                                      |  |  |                  |  |
| Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ |  |  |                  |  |
| Saturday _____ Sunday _____  |  |  |                  |  |

### APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

|  |  |
|--|--|
| <p><b>10. Farmers' Market Invitation:</b> I certify that as a representative of the Farmers' Market identified above, the above named Business has been invited to sell beer at the Farmers' Market identified in #3 and during the dates and times allowed by law.</p> <p>Signature of Farmers' Market Representative <b>X</b> _____</p> <p style="text-align: center;">Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>   |  |
| <p><b>11. Zoning Authority Approval:</b> I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #5 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.</p> <p>Signature of Zoning Official <b>X</b> _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>   |  |
| <p><b>9. Certification of Town Clerk:</b> The town in which the business identified in item # 4 of this application is to be operated, has no ordinance restricting the hours of sale of alcoholic liquors beyond those set forth in State law except as indicated in the box below. (If none, please enter "NONE")</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Additional Restrictions:</p> </div> <p>Signature of Town Clerk <b>X</b> _____ Date ____/____/____</p> |  |