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

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



INSTRUCTIONS AND INFORMATION:

Manufacturer Liquor, Beer, Cider, and Apple Brandy 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 total filing fee of \$1,950.00 for Manufacturer Liquor, \$1,100.00 for Manufacturer Beer, \$300.00 for Manufacturer Cider, or \$500.00 for Manufacturer Apple Brandy is required for successful submission of this application. Checks and/or money orders should be made payable to "Treasurer, State of Connecticut" and must accompany this application. The application filing fee of \$100.00 is included in the total filing fee and is not refundable. If you are filing the application in person with the department, cash may be accepted. You may not submit cash via mail.

The Application Process

Once we are in receipt of your complete and correctly executed application and filing fee, a Liquor Placard will be mailed to you with additional instructions for public notification. The placarding process is critical to application approval. A placarding error can delay a permit approval at least two additional months. A Liquor Control Agent will then be assigned to your file and will contact you to begin the remainder of the new application process. If you have requested a Provisional Permit, please refer to the page entitled "Provisional Permit" in this application packet. If for any reason a Final Liquor Permit is not issued within a period of one year, you will be required to file another application.

Definitions

Permittee – The permittee is the applicant for the 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.

**Section 30-45 of the Connecticut General Statutes prohibits the following individuals and officer holders from obtaining a liquor permit. Section 30-45 appears below and the prohibited individuals are noted. If you are a prohibited individual, you may not apply for a liquor permit.

CT General Statutes, Section 30-45: The department of consumer protection shall refuse permits for the sale of alcoholic liquor to the following persons (1) Any sheriff, deputy sheriff, judge of any court, prosecuting officer or member of any police force, (2) a minor, and (3) any constable who performs criminal law enforcement duties and is considered a peace officer by town ordinance pursuant to the provisions of subsection (a) of section 54-1f, any constable who is certified under the provisions of sections 7-294a to 7-294e, inclusive, who performs criminal law enforcement duties pursuant to the provisions of subsection (c) of section 54-1f, or any special constable appointed pursuant to section 7-92. This section shall not apply to out-of-state shippers', boat and airline permits. As used in this section, "minor" means a minor as defined in section 1-1d or as defined in section 30-1, whichever age is older.

APPLICATION INSTRUCTIONS AND DOCUMENTS REQUIRED FOR A MANUFACTURER LIQUOR, BEER, CIDER, OR APPLE BRANDY PERMIT APPLICATION TO BE ACCEPTED

1. APPLICATION FOR MANUFACTURER LIQUOR, BEER, CIDER, AND APPLE BRANDY PERMIT

Complete all three pages of application. Every question must be answered, and all necessary approvals obtained (zoning and town clerk) If left blank, the application will not be accepted. If the question does not apply, enter the word "none".

Completing the Application

Section A: Business Information

Item #1; #3 through #7 - Complete this section with type of permit selected, trade name and business information.

Item #2 - If you are applying for a provisional permit, please complete the Provisional Permit Agreement form included in this application package (see attached instructions and explanation)

Section B: Approval of Local Officials

Items #8 and #9 need to be signed and completed by your local public officials. No applications will be accepted without local zoning approval and town clerk certification.

Section C: Permittee Applicant Information

Item #10 through #12 please enter name, address and contact information for permittee.

Section D: Preferred Mailing Address

Items #15 and #16. Indicate the preferred mailing address for all correspondence. If you would like correspondence mailed to an address other than the business or permittee home address, specify in #15 and #16.

Section E: Backer Information

Item #17 through #23 - Provide correct backer name in #18. Backer name is the <u>name</u> of the Limited Liability Company or Corporation that is registered with the Secretary of the State or the individual name of the Sole Owner that has not formed a LLC or Corporation or the individual names of a Partnership that has not formed a LLC or Corporation, etc.

Section F: Current or Previous Liquor Permits Held By Permittee or Backer

Item #24 through #26 – List current or previously held liquor permits. Include any permits held by permittee, backer, sole proprietor, partner or a member of a partnership organization, corporation, limited liability company etc. If there are none, check "NO" in #24a and #24b.

Section G: Certifications Required from Federal and State Agencies

Item #27 and #28 – Provide the permit number obtained from the Alcohol and Tobacco Tax and Trade Bureau (TTB). Also, provide the amount of tax bond posted with the Connecticut Department of Revenue Services.

Section H: Certification of Permittee Applicant and Backer or Authorized Representative of Backer

Items #29 and #30 - The permittee listed in Section C #10 of the application must sign #29. The backer/owner listed in Section E or authorized backer representative must sign #30.

2. FEE AND FORM OF PAYMENT:

The total filing fee of \$1,950.00 for Manufacturer Liquor, \$1,100.00 for Manufacturer Beer, \$300.00 for Manufacturer Cider, or \$500.00 for Manufacturer Apple Brandy is required for successful submission of this application. Checks and/or money orders should be made payable to "Treasurer, State of Connecticut" and must accompany this application. The application filing fee of \$100.00 is included in the total filing fee and is not refundable. If you are filing the application in person with the department, cash may be accepted. You may not submit cash via mail.

3. **SKETCH**

A diagram, sketch, plan or blueprint of the layout of the premises must be 8 ½" x 11" in size showing all dimensions of the manufacturing room and any other areas considered to be part of your permit premises. A diagram, sketch, plan or blueprint larger than 8 1/2" x 11" will not be accepted. If needed, you may submit additional 8 1/2" x 11" pages.

4. SALES TAX NUMBER

Submit copy of Connecticut Sales and Use Tax Permit, or copy of receipt as proof of filing from the Connecticut Department of Revenue Services.

5. **FEDERAL BASIC PERMIT**

Submit a copy of your federal basic permit from the Alcohol and Tobacco Tax and Trade Bureau (TTB).

6. ALCOHOL BEVERAGES DISTRIBUTOR LICENSE

Submit a copy of your Alcohol Beverages Distributor License from the Connecticut Department of Revenue Services as proof that a proper tax bond has been posted.

7. LEASE / DEED / EVIDENCE OF RIGHT TO OCCUPY

Provide a copy of the lease. The tenant listed on the lease needs to be the backer entity indicated on the application. Any assignment needs to be the backer entity indicated on the application with written consent of the landlord. If the backer entity is the owner of the property, provide a copy of the deed or a town property record card for the property. If you cannot provide a lease or deed at the time of application, the Department would accept other documentation showing evidence of the intention of the right to occupy the property.

8. AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION AND STATEMENT OF PERSONAL HISTORY

The applicant/permittee and backers (individuals, partners, general partner and limited partners in a limited partnership, officers, directors and limited liability company (LLC) manager/members in a LLC, corporate officers and stockholders) must complete an authorization for release of financial information and statement of personal history for each person.

9. AUTHORIZATION OF THE BACKER LEGAL ENTITY FOR RELEASE OF FINANCIAL **INFORMATION**

Only authorized individuals of the backer may sign on behalf of the entity.

10. BACKER'S FINANCIAL STATEMENT

Complete this form which is attached to the application.

11. CORPORATIONS & L.L.C.

Provide proof of filing of organization papers with the Connecticut Secretary of State. A printout verification from the C.O.N.C.O.R.D. system would be acceptable.

12. PHOTOGRAPHS

One 8" x 10" photo taken from a position directly across the street or highway (any photos smaller than this required size will not be accepted).

Please Note

- Photos must be 8"x 10". The applicant's name, business address and date photo taken shall be on the back of all photographs.
- For premises which has not been constructed, the submission of photographs are not required for the acceptance of a new application. (see #16)

13. PARTNERSHIP

Provide partnership agreement if backer/owner is a formal partnership or limited partnership. If no agreement exists, provide a letter to that effect that there is no such agreement.

14. FRANCHISE OR MANAGEMENT AGREEMENT

Provide any franchise or management agreement if applicable.

15. CRIMINAL CONVICTION WORKSHEET

If the permittee or any member of the backer has a felony conviction, complete the Criminal Conviction Worksheet, pursuant to Section 46a-80(b) of Connecticut General Statutes. (DCPLC-CHRO)

16. SIGNED STIPULATION FOR NEW CONTRUCTION

If you are applying for a permit for a building that has not been constructed, you shall provide to the Department a signed stipulation setting forth a time limit for the construction and occupancy for the proposed permit premises. Please note that the date of filing an application, as defined in section 30-39(a) CGS, to the date of the issuance of a final permit shall not exceed one year, regardless of whether a provisional permit has been applied for, approved, or issued. After one year, a new liquor application will be required.

ONCE THE APPLICATION IS RECEIVED AND ACCEPTED BY THE DEPARTMENT OF CONSUMER PROTECTION, ADDITIONAL DOCUMENTS AND/OR INFORMATION MAY BE REQUIRED OF YOU BY A LIQUOR CONTROL AGENT AS PART OF THE REVIEW AND **INVESTIGATION PROCESS**

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

12. Permittee Telephone Number

Web Site: $\underline{www.ct.gov/dcp/liquorcontrol}$



For Official Use Only

APPLICATION FOR MANUFACTURER LIQUOR, MANUFACTURER BEER, CIDER, OR APPLE BRANDY PERMITS

Please print clearly or type the information entered on this application. An application and permit fee is required. Please submit the required fee of \$1,950.00 for Manufacturer Liquor, \$1,100.00 for Manufacturer Beer, \$300.00 for Manufacturer Cider, or \$500.00 for Manufacturer Apple Brandy. Checks and/or money orders should be made to "Treasurer, State of Connecticut" and must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to:

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

Section A: BUSINESS INFORMATION

<u>56</u>	CHOII A. DUSINE	35 INFORMA	<u> </u>					
1. Trade Name (DBA Name)								
2. Business Address		City		State	Zip Code			
3. Is there currently a liquor permit at the proposed premises? YES NO	If yes, current peri	nit number	· · ·	ting a Provisional Permit?				
proposed premises? i ES NO				YES	NO			
5. Business Telephone Number 6. Business	s Fax Number	7. Business Ema	il Address					
Section B: APPRO	OVAL/CERTIFIC	CATION OF	LOCAL OFFIC	<u>IALS</u>				
8. Zoning Authority Approval: I certify the #2 of this application and they do not prohibit this application and/or entertainment listed in #	the sale of alcoholic be							
Signature of Zoning Official X		Print l	Name					
Title of Official			Da	ate	//			
9. Certification of Town Clerk: The town ordinance restricting the hours of sale of alcoho (If none, please enter "NONE")			* *		•			
Additional Restrictions:								
Signature of Town Clerk X			Da	ite	//			
Section C:	PERMITTEE AP	PLICANT IN	FORMATION					
10. Permittee Name (First, Middle, Last)								
11. Permittee Residence Street Address		City		State	Zip Code			

14. Permittee Email Address

13. Permittee Fax Number

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Section D: PREFERRED MAILING ADDRESS

Check (\checkmark) one box below and enter address if different than Business or Permittee Address

BUSINE	SS ADDRESS	☐ PERMIT	TEE ADDRESS		ADDRESS BELOW			
15. Name								
16. Address			City		State	Zip Code		
* Each backer r	_	Section E: BACKE the "Authorization al History" form that	for Release of Fina	- ancial Info	rmatio	n & Statement of		
17. Backer: Please s Please check (✓	• 1	cker (individual or lega	al entity that owns the	business) be	low			
Sole Proprietorship/ Owner	Proprietorship/		Partnership	Limited Liability Partnership		Unincorporated Association		
18. Name of Corporat	ion, LLC, Partnership	, Sole Proprietorship, etc						
19. Street Address			City		State	Zip Code		
20. Backer Telephone	Number 21. Bac	cker Fax Number	22. Backer Email Add	ress				
23. Backers: List ind	dividuals below (for	example; sole owner, con	porate officers, member	rs, etc.) Attacl	n additio	onal sheet if needed.		
a. Name (First, Middl	e, Last)		Title	%	of own	ership or # of shares		
b. Name (First, Middl	e, Last)		Title	%	% of ownership or # of shares			
c. Name (First, Middl	e, Last)		Title	%	% of ownership or # of shares			
d. Name (First, Middl	e, Last)		Title	%	% of ownership or # of shares			
Section F: CU	JRRENT OR PR	EVIOUS LIQUOR	PERMITS HELD I	BY PERMI	TTEE	OR BACKER		
	ation, corporation, a	applicant, and to each and members of a limit						
24b. Has any Permitte	ee or Backer held a lic	y hold a liquor permit? nuor permit in the past? rmation for each past or	YES NO YES NO present permit below					

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25a. Type of liquor permit (e.g., cafe)	Liquor permit #	State in v	which issued	Name of business		
25th Type of Inquot permit (e.g., eate)		State in which issued		Traine of business		
Name of health and a market of facility and	:4	W/sus/Au	1 1		<u></u>	
Name of backer or permittee for the perm	iiit	Were/Are you a backer or permittee of the permit? Dates held Backer Permittee				
25b. Type of liquor permit (e.g., cafe)	Liquor permit #	State in v	which issued	Name of business		
Name of backer or permittee for the perm	nit	Were/Ar	e you a backer	or permittee of the perm	it? D	ates held
			Back	cer Permittee		
25c. Type of liquor permit (e.g., cafe)	Liquor permit #	State in v	which issued	Name of business	L	
Name of backer or permittee for the perm	nit	Were/Ar	e you a backer	or permittee of the perm	it? D	ates held
1			Back			
26 H	1 1 1	1 1	<u> </u>			
26. Have any of the permits listed above denied in CT or any other state?	YES NO			a statement detailing the		
defined in C1 of any other state:			including vio	plation(s), date(s), and the	e circumstan	ce(s) involved.
Section G: CERTIFICA	ATIONS REQU	J IRED I	FROM FED	ERAL AND STAT	E AGENO	<u>CIES</u>
Provide a copy of the federal b	asic permit issi	ued by th	ne Alcohol a	nd Tobacco Tax and	Trade Bu	ureau (TTB).
Don't la company of the Albert	L.P. D.	D' 4 'I	4 T .	6	D	4 4 . 6
Provide a copy of your Alco	_		utor Licens Services.	e from the Connect	icut Depa	rtment of
	N	evenue i	sei vices.			
Section H: CERTII					CKER OF	<u>R</u>
<u>AU'</u>	<u> THORIZED RI</u>	EPRESE	ENTATIVE	OF BACKER		
29. Permittee Certification (T	~					
signed by permittee applicant, iden	tified Signed by	y Permitte	e Applicant			Date
in "Section C" of this application)						
I certify that the information provid						
this application is true to the best of knowledge.	of my X					
30. Backer Certification (<u>To be s</u> by backer or the authorized represen		v Backer o	or Authorized	Representative of Bac	cker	
of the backer)	lative Signed by	y Bucker (or riumonizee	representative of Buc	ACI	Date
	. 1					
I certify that the information provide this application is true to the best of						
knowledge and that the perr		ne of Back	er or Represe	entative	Title of B	l acker or
applicant identified in "Section A" of	of this		r		Represent	
application is designated as my printerpresentative on the premises for v						
this application is being submitted.	VIIICII					

PROVISIONAL PERMIT

If you are applying for a liquor permit, please realize that the Department needs to investigate the submitted application and documents to ensure that the location and the applicant are suitable. In most instances, a final liquor permit may be issued by the Department between 60 to 90 days from the time it is filed with the Department.

If you are applying for a liquor permit, and you anticipate opening your business in less than the projected timeframe for review, you may wish to consider requesting a provisional liquor permit at the time that you file your application with the Department. You may file for a provisional permit at any point during the application investigation/review process by notifying your assigned agent, in writing, of the request for a provisional permit.

A provisional permit may be requested during the investigation and public notification of your application for liquor permit. The Liquor Commission has the discretion to grant or deny your provisional permit request. The fee shall be five hundred dollars (\$500.00) after granting approval and upon issuance of this permit.

If approved, you will be required to make cash payment for alcoholic liquor on any delivery from a wholesaler or manufacturer. However, the Department has the discretion to waive this requirement and allow wholesalers to extend credit to you while operating under a provisional permit. If you decide to request a provisional permit and wish to request a C.O.D. payment, please attach a letter of such request when you submit your application for your liquor permit.

Your provisional permit is effective for 90 days, but may be extended by the Liquor Control Commission, as long as you did not cause the delay. As your expiration date of the provisional permit approaches, fax us a written request to extend the provisional permit, along with providing a copy of the provisional permit. Faxes may be sent to the Department at (860) 713-7235.

Below is the relevant statute and regulation.

Sec. 30-35b. Ninety-day provisional permit. A ninety-day provisional permit shall allow the retail sale of alcoholic liquor by any applicant and his backer, if any, who has made application for a liquor permit pursuant to section 30-39 and may be issued at the discretion of the Liquor Control Commission. If said applicant or his backer, if any, causes any delay in the investigation conducted by the Department of Consumer Protection pursuant to said section, the ninety-day provisional permit shall cease immediately. Only one such permit shall be issued to any applicant and his backer, if any, for each location of the club or place of business which is to be operated under such permit and such permit shall be nonrenewable but may be extended due to delays not caused by the applicant. The fee for such ninety-day permit shall be five hundred dollars.

Sec. 30-6-A36 (b). Period of credit No wholesaler shall provide credit to a permittee while under a provisional permit, unless otherwise approved by the department.

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



PROVISIONAL PERMIT AGREEMENT FORM

Member or Partner completing this statement

Permittee/Authorized Representative of the Backer	Trade Name of Pro	pposed Premises	
Proposed Premises Street Address	City	State	Zip Code
Backer Legal Entity Name:			
B. REQUEST AND STIPULATED AGREEMEN	NT FOR PROVISIONAL	ı:	
I have submitted an application for a liquor permit the Provisional Permit pursuant to Sec. 30-35b, Connect understand there will be an additional fee of \$500 assortant also agree with the Department of Consumer Protect within 90 days of this date, that my provisional permit and the Liquor Control Commission, grants an extensmust be investigated and that I must provide the department of	cticut General Statutes. cociated with the issuance of ction that if for any reason it will give no right or autision of my provisional perpartment all documentation the time prescribed by statute.	In the event my required for such provisional per I am not approved for hority to sell alcohol, rmit. I understand that required to process	uest is granted, mit. or a liquor perm, unless I request the my application my application.
Sec. 30-35b. Ninety-day provisional permit. A ninety-day provisional permit shall allow the retail sale of application for a liquor permit pursuant to section 30-39 and said applicant or his backer, if any, causes any delay in the inpursuant to said section, the ninety-day provisional permit sapplicant and his backer, if any, for each location of the clul permit shall be nonrenewable but may be extended due to dishall be five hundred dollars.	I may be issued at the discretion investigation conducted by the Dohall cease immediately. Only one b or place of business which is to	of the Liquor Control Con epartment of Consumer Pressuch permit shall be issuent be operated under such pressuch pressuc	nmission. If rotection ed to any ermit and such
C. <u>CREDIT WAIVER REQUEST</u> : I do hereby allow wholesalers to extend credit while I am ope 6-A36(b) of the Regulations of Connecticut State (If YES, please provide proof that the backer is submitting a complete financial statement and	erating under a provisional Agencies. YE fiscally responsible. This	liquor permit, pursua S NO NO can be demonstrated	ant to Section 3
Sec. 30-6-A36(b). Period of credit. No wholesaler shall provide credit to a permittee while under	er a provisional permit, unless otl	herwise approved by the d	epartment.
I certify, under penalty of law that the information pro	ovided in this statement is	the truth to the best o	of my knowledge
gnature of Applicant, Permittee, Backer, Backer	Print Name		Date

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

Member or Partner completing this statement

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

Website: www.ct.gov/dcp/liquorcontrol



<u>AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION &</u> STATEMENT OF PERSONAL HISTORY

All spaces must be completed – **please print or type**. This statement must be completed by the permittee and each person who is a backer member or partner for this liquor permit. Please attach a separate sheet if necessary.

A. PERSONAL/BUSI	NESS	S INFOR	MATIO	<u>N:</u>							
Last Name			First Na	ame					Middle Name		
Business Title		Relation	ship to Lie	quor Permi	it	% Intere	est / # of Share			ther names know	wn by, Maiden
		Per	mittee [Backer				1	name		
Residence Street Address (no P.C			City or	Tow	n:		<u> </u>		State:	Zip Code:
Telephone Number (Home	:):	Telephone	e Number	(Cell):	Fa	x Number	:		E-mail	Address:	
Motor Vehicle Driver's Lie	cense N	Number					State of Issue	e:	Sex:		
										Male	male
Date of Birth	Place	e of Birth		Are you	a US	Citizen?	If No, Alien	Reg	Number:	Date & Place	of Naturalization
				☐ Yes	2 Г	No					
				<u> </u>					1. 00:	1 11 1 .1	11
B. <u>EMPLOYMENT</u> individual backers, sha											
Name			Tit			Pla				, State or Fed	
If NON	E, che	eck here		ONE							
C. CRIMINAL HISTO	ARV.	Номо мог	ı had anı	u prior fo	lons	conviction	ona?		Г	□ YES □	NO
(If YES, please								kshee	et")		NO
	NT.										
D. <u>AUTHORIZATIO</u> 1. I authorize any		t from the	State of	Connect	icut.	Departn	nent of Cons	ume	r Protecti	ion to obtain a	any
information rel	ated to	o me fron	n crimina	l justice	ager	icies, pas	t or present	emp	loyers, fir	nancial or len	ding
institutions, cre This informatio					_						
financial and cr	-			n mmreu	1 10,	illy restu	entiai, persoi	ııaı,	anu criini	mai mstory re	corus anu
2. I authorize crin	ninal j	justice ag	encies to								tment of
Consumer Prot											
		no individ a permit			1 be	held liab	le for use of	this	authoriza	ation to detern	nine my
		и регине									
I certify, under penal	lty of l	aw that th	ne inform	ation pro	video	d in this s	tatement is t	he tr	ruth to the	e best of my kr	nowledge.
Signature of Applicant,	Power	nittoe Re-	ekor Ro	/			Print Name			_ /	Date
bignature of Applicant,	, rerm	muee, Da	cker, Dao	VGL			r min name			L	aie

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



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 I	Representative:
5. Address of Authorized Representative: (street & number)	City:		State:	Zip code:
6. Telephone Number of Authorized Representative:	7. Fax Number:	8. Email A	Address	

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	n is true to the best of my knowledge.
Signature of duly authorized representative of the backer	Date

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



BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Bac	ker:				
Street Address:	City:		State:	Zip Code:	
**Please Note: The following sections should document sources of the funds to pay for these exp total dollar amount in Section B. Additional Section A. Cost/Europasse.	penses. The total do	llar amount in S	Section A s	should equal the	
Section A – Cost/Expenses: 1. PURCHASE/SALE PRICE OF YOUR BUSINE	ESS:	\$			
2. COST OF BUILDING: (If real estate is being transferred)		\$			
3. LEASEHOLD/SECURITY DEPOSIT:		\$			
4. RENOVATIONS/ALTERATIONS:		\$			
5. EXISTING BEER, WINE, AND/OR LIQUOR	INVENTORY:	\$			
6. FURNITURE. FIXTURES, EQUIPMENT, ET	\$				
7. OTHER EXPENSES: (Please Specify)	\$				
TOTAL FUNDS FOR ALL CO	\$				
Section B - Sources of Funds:					
8. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)		\$			
9. CASH ON HAND:		\$			
10. PROMISSORY NOTES & LOANS: (Specify Other	er Source Types)	\$			
TOTAL FUNDS FO	R ALL SOURCES: (add 8-10 above)	\$			
I certify under penalty of law that the information provid knowledge:	ed in this financial s	statement is tru	e to the be	est of my	
Signature of Backer or Authorized Representative o	f Backer:				
X		Date:			
Printed Name of Backer or Authorized Representative:		Title:			

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



REVIEW OF CRIMINAL CONVICTION

DEAR APPLICANT:

	nt to Section 46a-80(b) of the Connecticut General Statutes, if your application indicate	
	tion, the specifics of your felony background must be documented for review in order to	o determine your eligibility for a license.
\square	PLICABLE: 1. Complete the Criminal Conviction Application Worksheet below.	
H	2. Attach copies of your conviction, sentencing, parole and probation documents.	
	3. Attach a letter from your Probation Officer attesting to compliance with your Prob	ation Order or details regarding non-
Ш	compliance with your Probation Order.	ation order of details regarding non
	4. If Probation has been satisfied, attach a letter from your Probation Officer stating v	when you completed your probationary
_	period.	, non-you completed your productionary
	5. Attach a letter from your Parole Officer attesting to compliance with your Parole Officer attention of the Offi	Order or details regarding non-
	compliance with your Parole Order.	
	6. If Parole has been satisfied, attach a letter from your Parole Officer stating when y	ou completed your parole. If Parole has
	not been completed, provide the date on which it will be completed.	
	CRIMINAL CONVICTION APPLICATION WORKSI	
	Pursuant to CHRO CriteriaSECTION 46a-80	1EE I
Please	Print Clearly	
	ICANT:	
DATE	OF BIRTH:SOCIALSECURITY#	
CHEC	K ONE: NEW APPLICANT RENEWAL REINSTATEMENT DATE OF	ADDI ICATION
CHEC	K ONE: NEW APPLICANT RENEWAL REINSTATEMENT DATE OF	APPLICATION
LICEN	NSE TYPE: LICENSE#_	
DATE	OF CRIMEDATE OF CONVICTION	
SICNA	ATURE OF APPLICANT:	DATE
SIGNA	ATURE OF ATTLICANT.	DATE
	Official Use Only	
Nature	of Crime:	
What is	s relationship of crime to the license for which the person has applied?	
W Hat 18	s relationship of errine to the needse for which the person has applied:	
What is	s the degree of rehabilitation?	
What is	s the time lapsed since conviction or release?	
What is	s the time lapsed since conviction or release?	
	•	
	•	
	ION DIRECTOR: ☐ Approval ☐ Denial ☐ Refer to Legal Division	
<u>DIVISI</u> Signatu	ION DIRECTOR: ☐ Approval ☐ Denial ☐ Refer to Legal Division	☐ Refer to Board or Commission
<u>DIVISI</u> Signatu Instruc	ION DIRECTOR: Approval Denial Refer to Legal Division ure	☐ Refer to Board or Commission

Signed X_

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION LIQUOR CONTROL DIVISION

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



AFFIDAVIT OF SELLER UNPAID OBLIGATIONS THIS FORM IS TO BE EXECUTED BY THE SELLER

The undersigned permittee, backer or authorized representative of the backer: Name: (Last, First, Middle)		
Name: (Last, First, Middle)		
Address: (Street Address & Number)	State:	Zip code:
Address. (Street Address & Palitiber)	State.	Zip code.
Representing:		
Name of Backer:		
DEDIC DALLY CHAODY DEDOCES AND CAME		
BEING DULY SWORN DEPOSES AND SAYS:		
I AM OVER EIGHTEEN YEARS OF AGE AND BELIEVE IN THE OBL	IGATION OF A	N OATH.
I AM THE BACKER, OR DULY AUTHORIZED REPRESENTATIVE O	F THE BACKER	R, FOR THE
PERMITTED LIQUOR PREMISES OPERATING UNDER THE BUSINE		, -
TERMITTED ENGLOSK TREMISES OF ERRITHVO OF DER THE BOSINE	DD TVIIVIE.	
Name of Permitted Liquor Business:		
- · · · · · · · · · · · · · · · · · · ·		
Address: (Street Address & Number)	State:	Zip code:
Address: (Street Address & Number)	State:	Zip code:
Address: (Street Address & Number)	State:	Zip code:
	State:	Zip code:
Address: (Street Address & Number) Operating with CT liquor permit number: Liquor Permit Number:	State:	Zip code:
Operating with CT liquor permit number:	State:	Zip code:
Operating with CT liquor permit number:	State:	Zip code:
Operating with CT liquor permit number:	State:	Zip code:
Operating with CT liquor permit number: Liquor Permit Number:	State:	Zip code:
Operating with CT liquor permit number: Liquor Permit Number: Pursuant to 30-48(c) of the Connecticut General Statutes, I attest that:		
Operating with CT liquor permit number: Liquor Permit Number: Pursuant to 30-48(c) of the Connecticut General Statutes, I attest that: ALL OBLIGATIONS OF THE PREDECESSOR PERMITTEE FOR THE	PURCHASE OF	ALCOHOLIC
Operating with CT liquor permit number: Liquor Permit Number: Pursuant to 30-48(c) of the Connecticut General Statutes, I attest that: ALL OBLIGATIONS OF THE PREDECESSOR PERMITTEE FOR THE LIQUOR AT SUCH PERMIT PREMISES HAVE BEEN PAID OR THAT	PURCHASE OF SUCH APPLIC	ALCOHOLIC ANT DID NOT
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Operating with CT liquor permit number: Liquor Permit Number: Pursuant to 30-48(c) of the Connecticut General Statutes, I attest that: ALL OBLIGATIONS OF THE PREDECESSOR PERMITTEE FOR THE LIQUOR AT SUCH PERMIT PREMISES HAVE BEEN PAID OR THAT RECEIVE DIRECT OR INDIRECT CONSIDERATION FROM THE PRE I do hereby affirm that the information contained in this affidavit is true of Signature of permittee, backer or authorized representative of the backer:	PURCHASE OF SUCH APPLIC DECESSOR PE	ALCOHOLIC ANT DID NOT RMITTEE.

(Commissioner of Superior Court, Notary Public, Justice of Peace)

Date _

Liquor Control Division
Telephone: (860) 713-6210
Email: dep.liquorcontrol@ct.gov

Web Site: <u>www.ct.gov/dcp/liquorcontrol</u>



ABANDONMENT AFFIDAVIT

		nor	the	backer
, purchased	anything	from	the p	orevious
		_, nor	the	backer
, received an	y benefit f	from th	e pred	decessor
s true to the	pest of my	knowle	edge.	
e backer:				
Date: __				
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	, purchased , received an s true to the lee backer: Date:	, purchased anything , received any benefit for the best of my be backer: Date:		