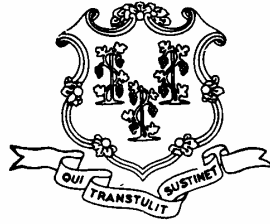


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6200
 Email: liquor.control@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

Application for Transporter's Liquor Permit

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. A check or money order in the amount of \$1350.00 must accompany this application and should be made payable to "Treasurer, State of Connecticut."

Applicant

Name of Shipper Permittee (First Name, Middle Initial, Last Name)				
Street Address		City	State	Zip Code
Telephone Number (w/ area code)	Date of Birth / /	Social Security Number	Email Address	
Have you, or any member of your family, either as permittee or backer ever been refused a permit or had a permit revoked by the Liquor Control Division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach name(s) and date(s) on a separate sheet of paper.				

Jurat for Applicant

<i>I affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.</i>	
_____ Signature of Applicant (Permittee)	_____ Date
<i>Subscribed and sworn to before me, this _____ day of _____ 20_____</i>	
<i>Notary Seal</i>	
_____ Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace	_____ My Commission Expires

Backer

Name of Backer (The owner or proprietor of the business)				
Business Street Address		City	State	Zip Code
Telephone Number (w/ area code)	FEIN or Social Security Number	Email Address		
Indicate Organizational Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Partnership				
If a corporation, please indicate date of incorporation and state where incorporated. If not a Connecticut corporation, please indicate the date of authorization to conduct business in the State of Connecticut.				
Have you or any of your employees or agents loaned any money or extended any credit in any form for a period in excess of thirty (30) days, directly or indirectly, to any person, firm or organization holding a permit for the sale of alcoholic liquor in the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach on a separate sheet of paper, the names of permittees and the amounts of credit given.				
Have you, or any member of your family, either as permittee or backer ever been refused a permit or had a permit revoked by the Liquor Control Division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach name(s) and date(s) on a separate sheet of paper.				

