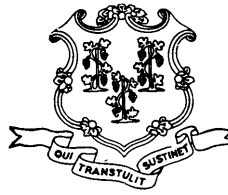


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6210
 Email: dcp.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



For Official Use Only

WINE FESTIVAL LIQUOR PERMIT APPLICATION

INSTRUCTIONS:

Your application must be completed, signed and **accompanied by a check or money order made payable to "Treasurer, State of Connecticut."** An application for a wine festival liquor permit must be filed with the Department of Consumer Protection at least ten (10) days prior to the date of the event and returned to:

- ➔ **Department of Consumer Protection, 450 Columbus Blvd., Suite 801, Hartford, CT 06103**
- ➔ **FEES: A \$10.00 non-refundable filing fee, in addition to the permit fee noted below, must accompany this application**

Please check (✓) the permit type for which you are applying (check only one box)

<input type="checkbox"/> CT Farm Winery Wine Festival Available to farm winery liquor permit holders for wine festival \$75.00 per event	<input type="checkbox"/> Out of State Farm Winery Wine Festival Available to out of state farm winery liquor permit holders for wine festival \$75.00 per event
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TIME & PLACE of EVENT	1. Name of Event	2. Date of Event	3. Rain Date	4. Proposed Time
	5. Street Address of Event	City/Town	State	Zip Code
	6. Will event be held indoors or outdoors? (If indoors, complete item 27). <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/> BOTH			

BACKER ORGANIZATION SPONSORING EVENT	7. Name of Organization (acting as Backer)				
	8. Business Street Address		City/Town	State	Zip Code
	9. Enter CT State Sales Tax #		10. Attach an 8 1/2" x 11" sketch showing the exact locations within the event area where alcoholic beverages will be dispensed and specify the manner by which service of such beverages to minors will be controlled.		
	11. Principal Authorized Backer Representative Name (Last, First, MI)				
	12. Residence Street Address		City/Town	State	Zip Code
	13. Has the organization/officer previously been a backer or owner of an entity with a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please specify permit type(s) and number:		
	14. Has the organization appeared as backer on other temporary permit(s) in this calendar year? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please specify permit type(s) and number:		
	15. I appoint the applicant named in item #11 above, as my principal representative to be in charge of the premises and the event described in this application. Signature of authorized backer's representative or officer of organization. x _____ Date _____				

CONNECTICUT FARM WINERY PARTICIPANTS (To be completed by Farm Wineries already licensed by the State of Connecticut)	PERMIT NUMBER	PERMITTEE NAME	TRADE NAME
	1.		
	2.		
	3.		

**CONNECTICUT
FARM WINERY
PARTICIPANTS**

(To be completed by
Farm Wineries
already licensed by
the State of
Connecticut)

(continued)

PERMIT NUMBER	PERMITTEE NAME	TRADE NAME
4.		
5.		
6.		
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OUT OF STATE FARM WINERY PARTICIPANTS (To be completed by Farm Wineries already licensed by the State of Connecticut)	PERMIT NUMBER	PERMITTEE NAME	TRADE NAME
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		

CITY/TOWN CERTIFICATION (To be completed by the city/town clerk where event is to be held)	16. Name of City/Town:		
	17. I certify that I am aware of the city ordinances and there is no ordinance prohibiting the dates and times of <u>sale of alcoholic liquor</u> as requested in this application.		
	Signature of City/Town Clerk x _____	Date signed	

LOCAL FIRE MARSHAL'S CERTIFICATION (If event is held indoors or in a tent)	18. This certifies that the premises described in this application complies with the required fire code. Signature of local Fire Marshal (or attach a signed certification to this application) x _____		Date signed
			Rank/Title of Fire Control Official

CITY/TOWN ZONING (To be completed by the zoning official where event is to be held)	19. Name of City/Town:		
	20. I certify that the location in Item #5 of this application is located in the town or city where stated; that I am acquainted with the zoning ordinances and bylaws of said town or city; and that, at this location said town or city does not prohibit the sale of alcoholic liquor under the type of permit here applied for.		
	Signature of Zoning Official x _____	Date signed	

PRINCIPAL POLICE AUTHORITY APPROVAL (Town in which event is to be held)	Where there is no local police department, this section must be signed by State Police.		
	21. Do you approve of the issuance of this permit? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)		
	Signature of Police Authority x _____	Rank/Title of Police Authority	Date signed

PERMITTEE APPLICANT'S SUITABILITY (To be completed by police authority in city/town where applicant resides)	22. Has the applicant whose name appears in item #11 of this application <u>been convicted of a felony crime?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances involved)		
	23. Do you believe the applicant named in item #11 of this application is suitable to be a liquor permittee? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please attach a statement supporting your reasons for this decision)		
	Signature of Police Authority x _____	Rank/Title of Police Authority	Date signed