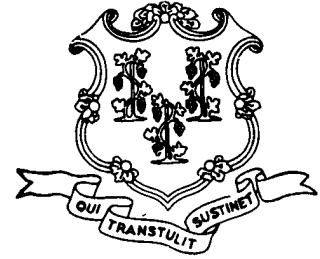


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Website: <http://www.ct.gov/dcp/liquorcontrol>



INSTRUCTIONS AND INFORMATION: **Transfer of Interest/Stock 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:

There is no filing fee for this application.

The Application Process

Once we are in receipt of your complete and correctly executed application, a Liquor Control Agent will then be assigned to your file and will contact you to begin the remainder of the transfer application process.

NO TRANSFER OF OWNERSHIP MAY BE MADE BY A LIMITED LIABILITY COMPANY OR CORPORATION WITHOUT NOTICE TO AND APPROVAL BY THE DEPARTMENT

1. APPLICATION

Complete Sections A, B, and C of the Application.

Section D – This section must be completed by the Proposed and Present backers. If there is more than one interest member or stock holder, at least one of the proposed or present individual backers will need to sign this section.

2. BACKER'S FINANCIAL STATEMENT

To be completed by each transferee (the person who is purchasing interest or stock)

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

This form needs to be completed for all new individual proposed interest members or stock holders.

4. AUTHORIZATION OF THE BACKER LEGAL ENTITY FOR RELEASE OF FINANCIAL INFORMATION

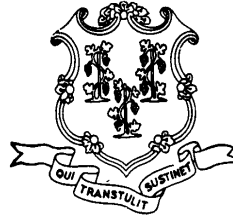
5. EXECUTED COPY OF THE BUY/SELL AGREEMENT

If there is no formal agreement, you must submit a sworn affidavit (notarized) signed by all parties involved, stating:

- Name of buyer
- Name of seller
- Terms of sale and purchase price

NOTE: If the interest or stock transfer is for no consideration, please state so in the affidavit.

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TRANSFER OF INTEREST/STOCK APPLICATION

Please print clearly or type the information entered on this application. **There is no application fee.** Return your completed application and required documentation to:

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

Section A: CURRENT BUSINESS INFORMATION

1. Permit Number	2. Trade Name		
3. Current Permittee Name (First, Middle, Last)			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)			
5. Business Street Address	City	State	Zip Code
6a. Phone Number:	6b. Fax Number:	6c. E-mail Address	
7. Will the Permittee be changing due to this transaction? <input type="checkbox"/> YES (Please complete and submit a <i>Substitute Permittee Application</i>) <input type="checkbox"/> NO			

Section B: PRESENT/PROPOSED MEMBERS/STOCKHOLDERS & TOTAL INTEREST/STOCK HELD:

PRESENT MEMBERS/STOCKHOLDERS	TOTAL OF PRESENT INTEREST/STOCK HELD

PROPOSED MEMBERS/STOCKHOLDERS	TOTAL OF PROPOSED INTEREST/STOCK HELD

Section C: PRESENT and/or PREVIOUS LIQUOR PERMITS WITH WHICH BACKER, OR IMMEDIATE FAMILY ARE ASSOCIATED

This section applies to all PROPOSED backers who are a sole proprietor, partner or a member of a partnership organization, corporations, and members of a limited liability organization or unincorporated associations. This section also applies to ownership by members of the proposed/present backer’s immediate family. Immediate family includes parents, children and spouse – **Attach a separate sheet if needed.**

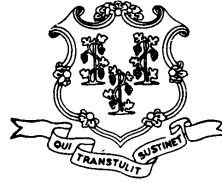
8a. Does any Proposed Backer or Immediate Family Member currently hold a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
9b. Has any Proposed Backer or Immediate Family Member held a liquor permit in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please complete the permit information for each past or present permit below</i>			
10a. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held
10b. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held
10c. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held
11. Have any of the permits listed above been revoked, suspended or denied in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.	

Section D: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

<p>12. <u>Proposed</u> Backer Certification</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 “Section A” of this application is designated as my principal representative on the premises for which this application is being submitted.</p>	<p>Signed by Proposed Backer or Authorized Representative :</p> <p>X _____</p>	<p>Date</p>
	<p>Print name of Backer or Representative</p>	<p>Title:</p>

<p>13. <u>Present</u> Backer Certification</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 “Section A” of this application is designated as my principal representative on the premises for which this application is being submitted.</p>	<p>Signed by Present Backer or Authorized Representative :</p> <p>X _____</p>	<p>Date</p>
	<p>Print name of Backer or Representative</p>	<p>Title:</p>

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BACKER'S FINANCIAL STATEMENT
 (FOR TRANSFEREE)

Name of Transferee:

*****Please Note:*** The following sections should document the expenses involved with the transfer of your business and the sources of the funds to pay for these expenses. The total dollar amount in Section A should equal the total dollar amount in Section B. Additional documents may be required by the Department. ******

Section A – Cost/Expenses:

1. PURCHASE PRICE FOR INTEREST MEMBERSHIP/STOCK SHARES:	\$
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Section B - Sources of Funds:

2. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$
3. CASH ON HAND:	\$
4. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	\$

I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

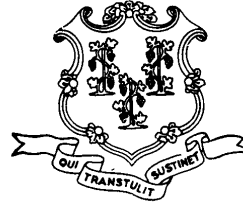
Printed Name of Backer or Authorized Representative:	Title:
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STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION

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AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION & 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/BUSINESS INFORMATION:

Last Name		First Name		Middle Name
Business Title	Relationship to Liquor Permit <input type="checkbox"/> Permittee <input type="checkbox"/> Backer	% Interest / # of Shares	Aliases, Other names known by, Maiden name	
Residence Street Address (no P.O. Boxes):		City or Town:	State:	Zip Code:
Telephone Number (Home):	Telephone Number (Cell):	Fax Number:	E-mail Address:	
Motor Vehicle Driver's License Number		State of Issue:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Place of Birth	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Alien Reg Number:	Date & Place of Naturalization

B. EMPLOYMENT OF PUBLIC OFFICES: Please indicate below any public offices held by the applicant, individual backers, shareholders, corporate officers, LLC members, etc. **Please attach a separate sheet if necessary*

Name	Title	Place	Town, City, State or Federal Agency

If NONE, check here **NONE**

C. CRIMINAL HISTORY: Have you had any prior felony convictions? YES NO
(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet")

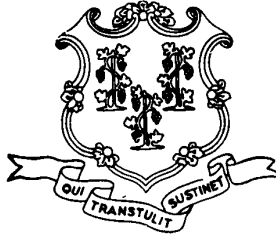
D. AUTHORIZATION:

- I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments or individuals. This information may include, but is not limited to, my residential, personal, and criminal history records and financial and credit information.
- I authorize criminal justice agencies to release records concerning my criminal history to the Department of Consumer Protection for the purpose of determining my suitability, as a permittee or backer; or
 - I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability as a permittee or backer

I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge.

_____/_____/_____
 Signature of Applicant, Permittee, Backer, Backer Print Name Date
 Member or Partner completing this statement

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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. Business Title of Representative:	
5. Address of Authorized Representative: (street & number)	City:	State:	Zip code:
6. Telephone Number of Authorized Representative:	7. Fax Number:	8. Email 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 is true to the best of my knowledge.	
_____	_____
Signature of duly authorized representative of the backer	Date