



FARM WINERY CROP LOSS FORM

Please print clearly or type the information entered on this form. A farm winery permittee should use this form to report a significant loss of fruit crop planted on Connecticut land owned by the farm winery backer. This form must be filed by December 31 in the year in which the farm winery sustains the significant loss. Take a scan or photograph of your completed form and email, along with required statement and any other pertinent documentation you wish to submit in support of your fruit crop loss, to: DCP.LiquorControl@ct.gov.

FARM WINERY BUSINESS INFORMATION

1. Farm Winery 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:	

LOST CROP

8. Type of Crop Lost (include grape varietal, if applicable):	9. Location of Lost Crop:
10. Total Tons per Acre for Entire Farm:	11. Lost Tons per Acre for Entire Farm:
12. Please attach a letter explaining in greater detail: (1) the type and amount of crop lost; (2) how the crop was lost; (3) how the loss of that crop impacts the permittee's ability to manufacture under the farm winery permit; and (4) any steps taken to remediate the impact of the lost crop on manufacturing alcoholic beverages.	

ATTESTATIONS

Please initial each statement and sign below.

_____ I attest that the fruit crop was not lost through any fault of the farm winery but was instead lost due to measures beyond the farm winery permittee's control (including, but not limited to weather, invasive insects or other pests, fire, civil unrest, pandemics, etc.).

_____ I attest that the lost fruit crop constitutes a significant loss that renders the farm winery unable to satisfy the average crop percentage requirement established in Connecticut General Statutes § 30-16(c)(5)(A).

_____ I attest that the lost fruit crop was planted on land owned or controlled by the farm winery permit backer and the land is located in Connecticut.

_____ I attest that the information provided in this form is true and accurate to the best of my knowledge and ability.

Signature _____ Title _____

Print Name _____ Date ____/____/____