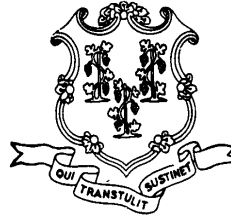


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Liquor Control Division
 Telephone: (860) 713-6200
 Email: dcp.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



APPLICATION FOR GROCERY BEER LIQUOR PERMIT

| | |
|---|--|
| <input type="checkbox"/> Annual Sales of Food and Grocery Items Totaling <u>Less Than</u> \$2 Million \$270.00 | <input type="checkbox"/> Annual Sales of Food and Grocery Items Totaling <u>More Than</u> \$2 Million \$1600.00 |
|---|--|

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please submit the required fee of \$270.00 if your annual sales of food and grocery items total less than \$2 Million or \$1600.00 if your annual sales of food and grocery items total more than \$2 Million.** 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

| | | | |
|--|--------------------------------------|--|----------|
| 1. Trade Name (DBA Name) | | | |
| 2. Business Address | City | State | Zip Code |
| 3. Is there currently a liquor permit at the proposed premises? <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>If yes, current permit number</i> | 4. Are you requesting a Provisional Permit? Fill out PROVISIONAL PERMIT AGREEMENT FORM and submit with application | |
| 5. Business Telephone Number | 6. Business Fax Number | 7. Business Email Address | |

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

8. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #2 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application and/or entertainment listed in #10.

Signature of Zoning Official **X** _____ Print Name _____
 Title of Official _____ Date ____ / ____ / ____

9. Certification of Town Clerk: The town in which the business identified in item # 4 of this application is to be operated, has no ordinance restricting the hours of sale of alcoholic liquors beyond those set forth in State law except as indicated in the box below. (If none, please enter “NONE”)

Additional Restrictions:

Signature of Town Clerk **X** _____ Date ____ / ____ / ____

Section C: PERMITTEE APPLICANT INFORMATION

| | | | | |
|--|--------------------------|-----------------------------|-------|----------|
| 10. Permittee Name (First, Middle, Last) | | | | |
| 11. Permittee Residence Street Address | | City | State | Zip Code |
| 12. Permittee Telephone Number | 13. Permittee Fax Number | 14. Permittee Email Address | | |

Section D: PREFERRED MAILING ADDRESS

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

BUSINESS ADDRESS

 PERMITTEE ADDRESS

 ADDRESS BELOW

| | | | | |
|-------------|--|------|-------|----------|
| 15. Name | | | | |
| 16. Address | | City | State | Zip Code |

Section E: BACKER INFORMATION

*** Each backer must also complete the “Authorization for Release of Financial Information & Statement of Personal History” form that accompanies this application**

| | | | | | |
|---|---|---|---|---|--|
| 17. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one | | | | | |
| <input type="checkbox"/> Sole Proprietorship/ Owner | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Unincorporated Association |
| 18. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc. | | | | | |
| 19. Street Address | | City | State | Zip Code | |
| 20. Backer Telephone Number | 21. Backer Fax Number | 22. Backer Email Address | | | |
| 23. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed. | | | | | |
| a. Name (First, Middle, Last) | | Title | % of ownership or # of shares | | |
| b. Name (First, Middle, Last) | | Title | % of ownership or # of shares | | |
| c. Name (First, Middle, Last) | | Title | % of ownership or # of shares | | |
| d. Name (First, Middle, Last) | | Title | % of ownership or # of shares | | |

Section F: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE OR BACKER

This section applies to the permittee applicant, and to each backer who is a sole proprietor, partner or a member of a partnership organization, corporation, and members of a limited liability organization or unincorporated associations. Attach a separate sheet if needed.

| | | | |
|---|-----------------|---|------------------|
| 24a. Does any Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 24b. Has any Permittee or Backer 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> | | | |
| 25a. 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 |
| 25b. 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 |
| 25c. 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 |
| 26. 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 G: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

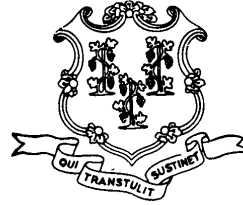
| | | |
|--|---|--|
| <p>27. Permittee Certification (To be signed by permittee applicant, identified in “Section C” of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p> | <p>Signed by Permittee Applicant</p> <p>X _____</p> | <p>Date</p> |
| <p>28. Backer Certification (To be signed by backer or the authorized representative of the backer)</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 C” of this application is designated as my principal representative on the premises for which this application is being submitted.</p> | <p>Signed by Backer or Authorized Representative of Backer</p> <p>X _____</p> | <p>Date</p> |
| <p>Print name of Backer or Representative</p> | | <p>Title of Backer or Representative</p> |

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



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")

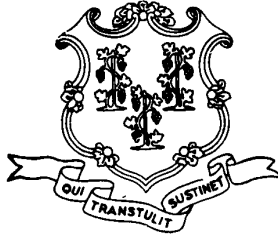
D. AUTHORIZATION:

- 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

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

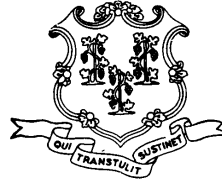
B. AUTHORIZATION:

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 |

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
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BACKER'S FINANCIAL STATEMENT

| | | | |
|--|-------|--------|-----------|
| Name of Backer or Authorized Representative of the Backer: | | | |
| Street Address: | City: | State: | Zip Code: |

*****Please Note: The following sections should document the expenses involved in establishing 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/SALE PRICE OF YOUR BUSINESS: | \$ | |
| 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, ETC: | \$ | |
| 7. OTHER EXPENSES: (Please Specify) | \$ | |
| TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above) | \$ | |

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 Source Types) | \$ | |
| TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above) | \$ | |

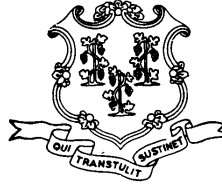
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

| | |
|--|--------|
| Printed Name of Backer or Authorized Representative: | Title: |
|--|--------|

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:

Pursuant to Section 46a-80(b) of the Connecticut General Statutes, if your application indicates that you have had a prior felony conviction, the specifics of your felony background must be documented for review in order to determine your eligibility for a license. **IF APPLICABLE:**

- 1. Complete the Criminal Conviction Application Worksheet below.
- 2. Attach copies of your conviction, sentencing, parole and probation documents.
- 3. Attach a letter from your Probation Officer attesting to compliance with your Probation Order or details regarding non-compliance with your Probation Order.
- 4. If Probation has been satisfied, attach a letter from your Probation Officer stating when you completed your probationary period.
- 5. Attach a letter from your Parole Officer attesting to compliance with your Parole 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 you completed your parole. If Parole has not been completed, provide the date on which it will be completed.

CRIMINAL CONVICTION APPLICATION WORKSHEET
Pursuant to CHRO Criteria --SECTION 46a-80

Please Print Clearly
APPLICANT: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

CHECK ONE: NEW APPLICANT RENEWAL REINSTATEMENT **DATE OF APPLICATION** _____

LICENSE TYPE: _____ **LICENSE #:** _____

DATE OF CRIME _____ **DATE OF CONVICTION** _____

SIGNATURE OF APPLICANT: _____ **DATE** _____

Official Use Only

Nature of Crime: _____

What is relationship of crime to the license for which the person has applied? _____

What is the degree of rehabilitation? _____

What is the time lapsed since conviction or release? _____

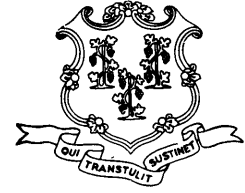
DIVISION DIRECTOR: Approval Denial Refer to Legal Division Refer to Board or Commission

Signature _____ Date _____

Instructions for Processing _____

Additional Information Required _____

THIS FORM IS TO REMAIN WITH LICENSEE'S FILE AS PART OF THE RECORD



**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

**Grocery Store Beer Permit
Breakdown of Sales**

➔ **This form must be completed if applying for a grocery beer permit in accordance with CGS Section 30-20(c)**

| | | | |
|---|------|-------|-----|
| Name of Permittee (First Name, Middle Initial, Last Name) | | | |
| Name of Business | | | |
| Business Street Address | City | State | Zip |

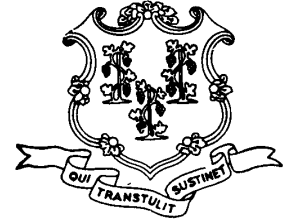
In order to determine your eligibility to obtain a grocery beer permit you must provide the following sales data for the most recent month of business operation. This information should reflect monetary sales for that month in each of the categories noted below. Please use whole dollar values. (Estimate Figures are NOT Acceptable)

| | | | |
|--|---------------------------|-------------------------------|--|
| Date of Sales - Beginning Date: _____ | | Ending Date: _____ | |
| 1. Dairy products: (i.e. butter, cheese, milk, cream, ice cream and other milk products) | Month's sales in dollars: | For Liquor Control Use | |
| 2. Eggs & Poultry: | Month's sales in dollars: | | |
| 3. Fruits & Vegetables: | Month's sales in dollars: | | |
| 4. Seafood: | Month's sales in dollars: | | |
| 5. Bakery products: | Month's sales in dollars: | | |
| 6. Grocery items: (all edible items other than those noted above including, but not limited to, canned goods, dry goods, meats, tea, coffee, spices, sugar, flour, cereal, juices & drinks, frozen food) | Month's sales in dollars: | | |
| 7. Candies, Nuts and Confectioneries (Sweets): | Month's sales in dollars: | | |
| 8. Food items consumed on premises: | Month's sales in dollars: | | |
| 9. Take-out foods: (i.e. sandwiches, salads, coffee & rolls) | Month's sales in dollars: | | |
| 10. Non-edible items: (i.e. tobacco, health/beauty aids, paper products, magazines, newspapers) | Month's sales in dollars: | | |
| 11. Gasoline: | Month's sales in dollars: | | |
| 12. Beer: (If grocery beer permit is active on premises) | Month's sales in dollars: | | |

| | |
|--------------|--|
| TOTAL | |
|--------------|--|

| | |
|---|-------------|
| I certify under penalty of law that the information provided in this statement is true to the best of my knowledge: | |
| Signature of Permittee, Backer or Authorized Representative of the Backer: | |
| X _____ | Date: _____ |

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
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Email: dcp.liquorcontrol@ct.gov
Web Site: www.ct.gov/dcp/liquorcontrol



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) | | |
| Address: (Street Address & Number) | State: | Zip code: |

| |
|----------------------------------|
| Representing: Name of Backer: |
|----------------------------------|

BEING DULY SWORN DEPOSES AND SAYS:

I AM OVER EIGHTEEN YEARS OF AGE AND BELIEVE IN THE OBLIGATION OF AN OATH.

I AM THE BACKER, OR DULY AUTHORIZED REPRESENTATIVE OF THE BACKER, FOR THE PERMITTED LIQUOR PREMISES OPERATING UNDER THE BUSINESS NAME:

| | | |
|------------------------------------|--------|-----------|
| Name of Permitted Liquor Business: | | |
| Address: (Street Address & 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:

ALL OBLIGATIONS OF THE PREDECESSOR PERMITTEE FOR THE PURCHASE OF ALCOHOLIC LIQUOR AT SUCH PERMIT PREMISES HAVE BEEN PAID OR THAT SUCH APPLICANT DID NOT RECEIVE DIRECT OR INDIRECT CONSIDERATION FROM THE PREDECESSOR PERMITTEE.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature of permittee, backer or authorized representative of the backer:

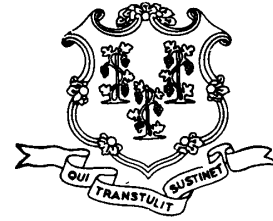
X _____ Date: _____

Subscribed and affirmed before me:

Signed X _____ Date _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division**

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



ABANDONMENT AFFIDAVIT

Date: _____

Permittee: _____

Trade Name: _____

Address: _____

Neither I, _____, nor the backer
_____, purchased anything from the previous
permit holder/backer.

Neither I, _____, nor the backer
_____, received any benefit from the predecessor
for the abandonment of permittee/backer.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

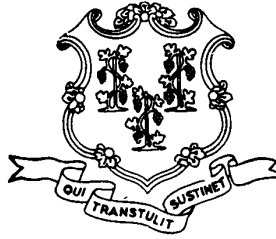
Signature of permittee, backer or authorized representative of the backer:

X _____ Date: _____

Subscribed and affirmed before me:

Signed **X** _____ Date _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
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PROVISIONAL PERMIT AGREEMENT FORM

*Instructions: Read and fill out this form in its entirety. This form may be submitted with your liquor permit application. Please include a separate check for \$500 made payable to "Treasurer, State of Connecticut." Your request for a provisional permit will not be reviewed without payment of the **nonrefundable** \$500 fee.*

| | | | |
|---|---------------------------------|-------|----------|
| Permittee/Authorized Representative of the Backer | Trade Name of Proposed Premises | | |
| Proposed Premises Street Address | City | State | Zip Code |
| Backer Legal Entity Name: | | | |

A. REQUEST AND STIPULATED AGREEMENT FOR PROVISIONAL:

I submitted an application for a liquor permit to the Department of Consumer Protection and hereby request a Provisional Permit pursuant to Sec. 30-35b, Connecticut General Statutes. **I understand there is an additional \$500 fee to apply for a provisional permit. I understand that this fee must be paid before the Department will review my provisional permit request. I understand that the \$500 fee is nonrefundable, even if the Department does not issue my provisional permit or I choose not to use my provisional permit.**

I also understand that my provisional permit will expire 90 days after it is issued. I agree that if I am not approved for a final liquor permit for any reason before my provisional permit expires, I will have no right or authority to sell alcohol. I may ask the Department for an extension of my provisional permit if I want to continue selling alcohol. The Department will not extend a provisional permit beyond the one-year anniversary of the filing of my application.

I understand that, even if I receive a provisional permit, my application must be investigated and I must provide the Department all documentation required to process my application. If I do not cooperate with the Department during its investigation, I understand my provisional permit may not be renewed. (See Connecticut General Statutes § 30-35b.)

B. CREDIT WAIVER REQUEST:

I request approval by the Department to allow wholesalers to extend credit while I am operating under a provisional liquor permit, pursuant to Section 30-6-A36(b) of the Regulations of Connecticut State Agencies. YES NO (If YES, please provide proof that the backer is fiscally responsible. This can be demonstrated by submitting a complete financial statement and any supporting documentation.)

I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge. I additionally acknowledge (please initial each statement):

_____ A **nonrefundable** \$500 fee is due before the Department will review my provisional permit request.

_____ My provisional permit is only valid for 90 days. If it expires before my final permit issues, I must ask for an extension or otherwise stop selling alcohol. The Department cannot extend my provisional permit beyond one year from my application. If I receive a provisional permit, it is not a promise or guarantee that I will receive my final permit.

_____/_____/_____ / _____ / _____

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