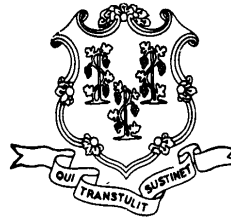


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
 Telephone: (860) 713-6210
 Email: dep.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



Instructions: If a Liquor Control Agent instructed you to name a new permittee as part of your liquor permit application, please fill out this form.

Please print clearly or type the information entered on this application. Email to your assigned Liquor Control Agent or DCP.LiquorControl@ct.gov.

PERMITTEE AMENDMENT FOR NEW APPLICATION

*(This form is for new applications only and should only be used when instructed by a Liquor Control Agent. **Do not use this form** to update a permittee on an existing permit. File a [substitute permittee request](#) instead.)*

Section A: BUSINESS LOCATION/PERMITTED PREMISES

1. Permit Number	2. Trade Name
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Section B: NEW PERMITTEE INFORMATION

3. New Permittee Name (First, Middle, Last)			
4. Permittee Residence Street Address	City	State	Zip Code
5a. Phone Number:	5b. Fax Number:	5c. E-mail Address	
6. Is the permittee a director, employee, member, officer, partner or shareholder of the backer? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. Are you able to read and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Section C: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY NEW PERMITTEE

8a. Does the new permittee currently hold a liquor permit as a backer or permittee in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO			
78. Has the new permittee held a liquor permit in the past as a backer or permittee in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please complete the permit information for each past or present permit below. Attach a separate sheet if needed.</i>			
9a. 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
9b. 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
10. 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		<u>If yes</u> , attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.	

**Section E: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR
AUTHORIZED REPRESENTATIVE OF BACKER**

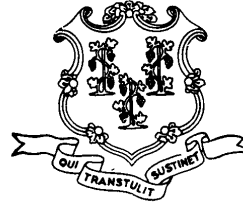
<p>11. New Permittee Certification (<u>To be signed by new permittee applicant, identified in “Section A” of this application</u>)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	<p>Signed by New Permittee Applicant</p> <p>X _____</p>	<p>Date</p>
<p>12. Backer Certification (<u>To be signed by backer or the authorized representative of the backer</u>)</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

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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