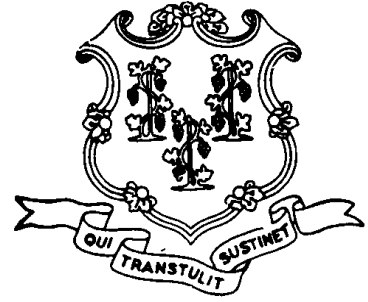


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division**

Telephone: (860) 713-6200

Email: dep.liquorcontrol@ct.gov

Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>



INSTRUCTIONS TO APPLICANT: If you are being assisted in your application by another person and want the Department to communicate with your representative, please fill out and submit this form with your application. Please fill out Sections A, B, and C **only**. (This form should also be used by attorneys appearing in administrative enforcement matters before the Liquor Control Commission; please fill out Section D **only**.)

REPRESENTATION AUTHORIZATION

Section A: Information about the applicant.

1. Permittee Name:		2. Backer Name:	
3. Trade Name (DBA Name):			
4. Business Address:	City:	State:	Zip Code:
5. Permittee Email:		6. Permittee Telephone Number:	
7. Backer Email (if different from above):		8. Backer Telephone Number (if different from above):	

Section B: Information about representative.

1. Representative Name:		2. Is Representative an Attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Business Address:	City:	State:	Zip Code:
4. Representative Email:		5. Representative Telephone Number:	

Section C: Permittee/Backer attestation.

Please initial each statement and sign below:

_____ Liquor Control is allowed to communicate directly with my representative about the status of my application. I understand that I may not be included on all communications between Liquor Control and my representative.

_____ I understand that I am responsible for any statements made by my representative to Liquor Control and for any documents submitted by my representative to Liquor Control. I understand that the penalty for any false statements made by my representative or delay caused by my representative may result in my inability to obtain a liquor permit or delay in the handling of my application.

Signature:

I certify that the information included herein is true and accurate to the best of my knowledge and ability.

Signature _____ Title _____

Print Name _____ Date ____ / ____ / ____

Section D: Attorney information for enforcement cases only.

1. Attorney Name:			
3. Business Address:	City:	State:	Zip Code:
4. Attorney Email:		5. Attorney Telephone Number:	
6. Case Number:		7. Permit Number:	
<p>I certify that I have been retained to represent the permittee or backer in the above-noted enforcement case, and I am authorized to discuss the case with the Department of Consumer Protection.</p> <p>Signature _____</p> <p>Print Name _____ Date ____ / ____ / ____</p>			