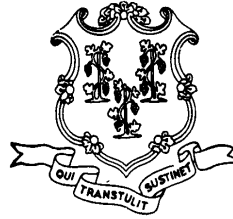


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [dep.liquorcontrol@ct.gov](mailto:dep.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



For Official Use Only

## TEMPORARY AUCTION LIQUOR PERMIT APPLICATION: LOCAL OFFICIAL APPROVAL

**Department of Consumer Protection, 450 Columbus Blvd., Suite 901, Hartford, CT 06103**

Instructions: This paper form may be completed, scanned and uploaded as part of an online application for temporary auction permit. Complete parts A and B and then bring the application to the town offices for the Zoning Official and Town Clerk signatures in part C. Scan the completely signed document and have that image available on the device you are using to complete the online application.

### Section A: PERMIT SELECTION

1. Select one:

Temporary Auction (LAU)

### Section B: BUSINESS INFORMATION

2. Auctioneer/Backer Name:			
3. Trade Name (DBA/Auction Name):			
4. Auction Address:		City:	State:      Zip Code:
5. Business Telephone Number:	6. Business Email Address:		
7. Samples Offered? YES <input type="checkbox"/> NO <input type="checkbox"/>	8. Auction Dates    From:		To:

### Section C: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

9. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #4 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment.

Signature of Zoning Official X \_\_\_\_\_ Print Name \_\_\_\_\_

Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

10. **Certification of Town Clerk:** The town in which the business identified in 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 \_\_\_\_/\_\_\_\_/\_\_\_\_