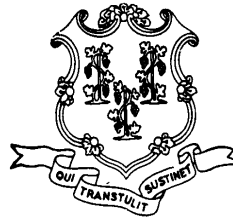


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
 Telephone: (860) 713-6210
 Email: dep.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dep/liquorcontrol



APPLICATION FOR TEMPORARY NONCOMMERCIAL PERMIT

Apply Online: Register your Organization at <https://elicense.ct.gov/>. Once registered, click “Online Services” menu at top right of screen and then select “Initial Application.” Scroll to Liquor Control and click “Temporary Noncommercial Permit.” **Do not mail a paper copy of your application.**

Fee: An application fee of \$10 and applicable permit fee is required. The application fee is non-refundable. The permit fee is \$50 per day for your event, and your event cannot be longer than twenty days.

Town Signatures: Write clearly or type the information in Sections A – C. Print pages 1 and 2 of this application and bring to the local officials for the town where your event is being held. Upload a complete scanned copy or photo of each page of this application with the town signatures as part of your online application. *This requirement is waived if your event is held at a venue that already holds a liquor permit; you do not need to upload a copy of this application as part of your online submission. Instead, enter the liquor permit number held by the venue in question 6. If your event is solely an online auction, you may also skip this.*

Auctions: If any part of your event includes an auction, please fill out Section E below. If your auction is online only, do not fill out Section A below.

Section A: LOCATION OF EVENT

(Skip if event is an online auction only)

1. Name of Event:		2. Date(s) of Event:		3. Rain Date(s):	
4. Street Address of Event:			City	State	Zip Code
5. Where will your Event be held? <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/> BOTH **Submit a narrative describing the details of the event and alcohol service plan. If outdoors, submit an 8 1/2” x 11” sketch showing the exact locations within the event area where alcoholic beverages will be dispensed and explain how service to minors will be controlled**					
6. Does this venue have a Liquor Permit: <input type="checkbox"/> YES <input type="checkbox"/> NO			7. If yes, what is the Liquor Permit number:		

Section B: BACKER NONCOMMERCIAL ORGANIZATION SPONSORING THE EVENT *(all events)*

6. Name of Qualifying Noncommercial Organization:			7. Contact Email Address:		
8. Business Address:		City	State	Zip Code:	
9. If applicable, Conn. State Tax ID Number:			If applicable, Federal Tax ID Number (FEIN):		
10. I understand that all the profits derived from the sale of alcoholic beverages will be retained by the organization? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Section C: PERMITTEE INFORMATION *(all events)*

11. Permittee Name (First, Middle, Last)				12. Date of Birth:	
13. Permittee Residence Street Address			City	State	Zip Code

Section D: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

(Only necessary if event venue does not already have a liquor permit)

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

Signature of Zoning Official **X** _____ Print Name _____

Title of Official _____ Date ____/____/____

15. Fire Marshal's Approval: I certify that the premises identified in items #4 of this application is physically constructed in a manner that is safe for the type of business that will be operated there and complies with the fire code.

Signature of Fire Marshal **X** _____ Print Name _____

Title of Official _____ Date ____/____/____

16. 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 Official _____ Date ____/____/____

Section E: AUCTION INFORMATION

(Only necessary if an auction is being conducted)

17. Please check (✓) the type of auction you are conducting:

<input type="checkbox"/> Online Auction (solely conducted via internet)	<input type="checkbox"/> In-Person Auction (solely conducted at event identified in Section A above)	<input type="checkbox"/> Blended Auction (online <u>and</u> in-person components)
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18. Online format (for online and blended auctions only):

a. Name of Event:	b. Date(s) of Event:
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c. Web Address for Online Auction:

d. Where alcohol will be securely stored until given to the winner:

****Submit a letter explaining: (1) how the auction will be conducted to ensure minors do not bid or purchase alcohol; (2) whether alcohol will be delivered to the winners and how, or whether winners will pick-up the alcohol; and (3) how age and identity of winner will be verified upon delivery or pick-up.****

Section F: ATTESTATIONS *(all events)*

_____ I certify that the noncommercial entity identified as backer in Section B of this application does not hold any commercial or for-profit liquor permits in Connecticut or any other state, including (but not limited to) restaurant permits, café permits, grocery store permits, package store permits, manufacturer permits, or wholesaler permits.

_____ I certify that the person identified as permittee in Section C of this application does not own or serve as permittee for any commercial or for-profit liquor permits in Connecticut or any other state, including (but not limited to) restaurant permits, café permits, grocery store permits, package store permits, manufacturer permits, or wholesaler permits.

_____ I certify that the person identified as permittee in Section C of this application is suitable to be a permittee and does not have a felony criminal history that would disqualify said individual from competently serving as permittee.

Signature _____ Title _____

Print Name _____ Date ____/____/____

