# STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Liquor Control Division

Email: <u>dcp.licenseservices@ct.gov</u>
Website: www.ct.gov/dcp



# <u>Instructions for Completing the</u> Application for Out-of-State Shipper's Permit

Enclosed is the application for an Out-of-State Shipper's Permit allowing the sale of alcoholic liquor, beer or wine. Please note the following when filing the application:

- <u>Applicant</u> The name of the **permittee** is the applicant for the liquor permit. This is the individual who operates/manages an establishment holding a liquor permit. The permittee may, in some cases, also be the owner/backer of the business that holds the permit.
- Backer An individual or legal business entity that owns the business to which the liquor permit is issued.

In the event that you must attach additional sheets of explanation for certain items on the application, additional sheets should be identified with the first and last name of the permittee, the name of the business and the city in which the business will operate.

- <u>Home State Permit</u> Every application for an out-of-state shipper's permit shall be accompanied by a photostatic copy or by other documentary evidence of a permit or license issued by the state in which the applicant derives authority to manufacture, sell or distribute alcoholic liquors.
- <u>Federal Basic Permit</u> Every application for an out-of-state shipper's permit shall be accompanied by a photostatic copy of the federal basic permit.
- Out of State Winery Shipper's Permit To apply for an out-of-state winery shipper's permit, you must be the manufacturer of the product. If you import product, you must apply for an out-of-state shipper permit for alcoholic liquor/wine. Out-of-state winery applicants shall furnish an affidavit affirming that the out-of-state winery did not produce more than one hundred thousand gallons of wine during the most recent calendar year, in order to be eligible to ship directly to retailers.
- <u>Fees & Form of Payment</u> The application must be accompanied by the application filing fee and the appropriate initial permit fee. Please refer to the chart below for the appropriate fee. Checks or money orders should be made payable to "*Treasurer*, *State of Connecticut*." The application filing fee is not refundable.

Type of Permit	Application Filing Fee	Initial Permit Fee	Total Fee Due
Out-of-State Shipper's Permit for Alcoholic Liquor/Wine	\$100.00 +	\$1250.00 =	\$1350.00
*Connecticut Out-of-State Shipper's Permit for Alcoholic Liquor/Wine	\$100.00 +	\$ 90.00 =	\$ 190.00
Out-of-State Shipper's Permit for Beer	\$100.00 +	\$1250.00 =	\$1350.00
*Connecticut Out-of-State Shipper's Permit for Beer	\$100.00 +	\$ 90.00 =	\$ 190.00
Out-of-State Winery Shipper's Permit for Wine only	\$100.00 +	\$ 315.00 =	\$ 415.00

<sup>\*</sup>Only Connecticut Wholesalers or an applicant for a Connecticut Wholesaler permit may apply for a Connecticut Out-of-State Shipper permit

Return the completed application, appropriate documentation and fee to:

Department of Consumer Protection
License Services Division
450 Columbus Blvd, Ste. 801
Hartford, CT 06103

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For Official Use Only

Application for Out-o	<u> 1-State</u>	Snipper	s Pe	<u>rmit</u>	<b>L</b>			
INSTRUCTIONS:								
All spaces must be completed -	please pri	nt in ink or t	vne.	A check or mon	ev order for the an	propriate f	ee must accomr	anv
this application made payable t					ey order for the up	proprietor	ce mase accomp	raily
T. J. S.		, , , , , , , , , , , , , , , , , , , ,						
Please check (✓) the permit ty	pe you ar	e applying fo		Alcoholic Liqu	or/Wine Beer ( ut-of-State Shippe		ine Only (wine -of-State Shipp	
Applicant				Connecticut	ut-or-state shipp	ou out	-or-state snipp	er
Name of Shipper Permittee (Fir	at Nama N	Tiddle Initial I	oot No	mal				
Name of Shipper 1 ermittee (Fil	st Name, iv.	ndule mitial, L	iasi Na	me)				
Street Address				City		State	Zip Code	
							_	
Telephone Number (w/ area code)	Date of Bi	inth (	Social 9	Security Number	Email Address			
retephone (w/ area code)	Date of bi		Social C	security rumber	Linaii Address			
Have you, or any member of your fa	amily, eithe	er as permittee	or back	er ever been refus	sed a permit or had a	permit revo	ked by the Liquo	r
Control Division?	If yes, p	lease attach na	me(s) a	and date(s) on a se	eparate sheet of pape	er.		
Jurat for Applicant								
								٦_
I affirm under nenalt	ty of false sta	toment that my s	statomon	its and answers to all	questions in this application	ation are true :	and complete	
Tannin, under penare	y or raise stat	tement, that my s	natumen	is and answers to an	questions in this applied	ation are true a	ши сотрисс.	
						_		
Signature of Applicant (Per	mittee)			Dat	e			
Subscribed and sworn to before	e me, this	day of			20	Notai	ry Seal	
Signed: (Commissioner of S	Superior Cor	urt/Notary Publ	ic/Iust	ice of the Peace	My Commission	Expires		
Digited (Commissioner or s	aperior co.	are, restary rad.	1107 0 4150		iiij cominiosio.	. zarpires		<b>₹</b> Ξ
Backer								
Name of Backer (The legal entity that	t owns the b	usiness)						
<b>Business Street Address</b>				City		State	Zip Code	
Dusiness Street Address				City		State	Zip Code	
					•			
Telephone Number (w/ area code)		FEIN or Social	l Secur	ity Number	Email Address to	be used for	all correspondence	:e
<b>Indicate Organizational Structure:</b>								
Sole Proprietor Corporat	ion 🔲 I	imited Liabilit	y Com	pany (LLC)	Limited Liability Par	rtnership (L	LP) Partners	hip
If a corporation, please indicate dat	e of incorn	oration and sta	te whe		-			ie.
date of authorization to conduct but	-			-	ir not a connecticat t	orporation,	preuse marcute th	
Have you or any of your employees	_		-					ays,
directly or indirectly, to any person				_				
Yes No If yes, please attac	h on a sepa	rate sheet of p	aper, tl	he names of perm	ittees and the amour	its of credit	given.	
Have you, or any member of your fa	amily, eithe	er as permittee	or back	ter ever been refus	sed a permit or had a	permit revo	ked by the Liquo	r
Control Division? Yes No	If yes, p	lease attach na	me(s) a	and date(s) on a se	eparate sheet of pape	er.		

## For Corporation, LLC, LLP or Partnership (Attach additional sheet if necessary) List the names, titles and signatures of all persons associated in the ownership.

ne	Title		Signature	
ne	Title		Signature	
ne	Title		Signature	
ne	Title		Signature	
rat for Backer (Individual/Sole Pr	roprietor)			
F	of false statement, that my stat	tements and answers to all	questions in this applica	tion are true and complete
	or table statement, that my state	enterits and answers to an	questions in this applica	non are a de una complete.
Signature of Backer (Individu	ıal)	Dat	e	
Subscribed and sworn to before	re me, this day of		20	Notary Seal
			 My.Co	mmission Expires
Signed: (Commissioner of Su	perior Court/Notary Public	/Justice of the Peace	Wiy Co	
Signed: (Commissioner of Su	perior Court/Notary Public.	/Justice of the Peace	Wy Co	
	· · · · · ·		My Co	
rat for Backer (For a Corporation	n, LLC, LLP and Partners	ship)		
rat for Backer (For a Corporation CORPORATION, LLC OR LLP Sign	n, LLC, LLP and Partners nature of duly authorized off	ship) ficer with title; for PART	TNERSHIP, signature	of partners
rat for Backer (For a Corporation CORPORATION, LLC OR LLP Sign	n, LLC, LLP and Partners	ship) ficer with title; for PART	TNERSHIP, signature	of partners
rat for Backer (For a Corporation CORPORATION, LLC OR LLP Sign	n, LLC, LLP and Partners nature of duly authorized off	ship) ficer with title; for PART	TNERSHIP, signature questions in this applica	of partners

Please refer to the "Instructions for Completing the Application for Out-of-State Shipper's Permit" before submitting this application.

 $\Rightarrow$  Return the completed application, appropriate documentation and fee to:

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