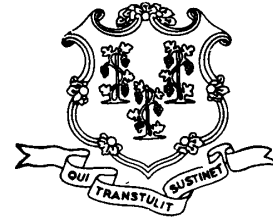


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division**

Telephone: (860) 713-6210

Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)

Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**ABANDONMENT AFFIDAVIT**

**Date:** \_\_\_\_\_

**Permittee:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neither I, \_\_\_\_\_, nor the backer  
\_\_\_\_\_, purchased anything from the previous  
permit holder/backer.

Neither I, \_\_\_\_\_, nor the backer  
\_\_\_\_\_, received any benefit from the predecessor  
for the abandonment of permittee/backer.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

*Signature of permittee, backer or authorized representative of the backer:*

**X** \_\_\_\_\_ Date: \_\_\_\_\_

*Subscribed and affirmed before me:*

Signed **X** \_\_\_\_\_ Date \_\_\_\_\_  
(Commissioner of Superior Court, Notary Public, Justice of Peace)