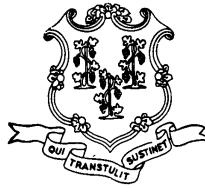


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Liquor Control Division
 Telephone: (860) 713-6210
 Email: dcp.liquorcontrol@ct.gov
 Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>



APPLICATION FOR SEASONAL OPEN AIR LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please submit the required fee of \$2100.00.** Checks and/or money orders should be made to **“Treasurer, State of Connecticut”** and must accompany this application. The application fee is non-refundable. Return your completed application, documentation, and appropriate fee to:

Department of Consumer Protection, 450 Columbus Blvd., Suite 801, Hartford, CT 06103

Section A: BUSINESS INFORMATION

ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED

1. Trade Name (DBA Name)			
3. Business Address		City	State
4. Business Telephone Number	5. Business Fax Number	6. Business Email Address	
7. Is the proposed premises One (1) square acre or less? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. Will there be a tent(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Will there be Live Entertainment? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<input type="checkbox"/> Acoustics - (Not Amplified)		<input type="checkbox"/> Disc Jockeys	<input type="checkbox"/> Live Bands
<input type="checkbox"/> Concerts		<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows
10. Seasonal Permit Dates (please check only one):			
<input type="checkbox"/> April 1 – September 30 <input type="checkbox"/> May 1 – October 31			

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

11. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #3 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/area identified in this application and/or entertainment listed in #9.

Signature of Zoning Official X _____ Print Name _____

Title of Official _____ Date _____ / _____ / _____

12. **Fire Marshal's Approval:** I certify that the premises and tents identified in item #3 and #8 of this application is physically constructed in a manner that is safe for the type of business that will be operated there.

Signature of Fire Marshal X _____ Print Name _____

Title of Official _____ Date _____ / _____ / _____

Section C: PERMITTEE APPLICANT INFORMATION

13. Permittee Name (First, Middle, Last)			
14. Permittee Residence Street Address		City	State
15. Permittee Telephone Number	16. Permittee Fax Number	17. Permittee Email Address	

Section D: PREFERRED MAILING ADDRESS

Check (✓) one box below and enter address if different than Business or Permittee Address

BUSINESS ADDRESS

PERMITTEE ADDRESS

ADDRESS BELOW

18. Name			
19. Address		City	State
		Zip Code	

Section E: BACKER INFORMATION

* Each backer individual must also complete the “Authorization for Release of Financial Information & Statement of Personal History” form that accompanies this application

20. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one					
<input type="checkbox"/> Sole Proprietorship/ Owner	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association
21. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.					
22. Street Address			City	State	Zip Code
23. Backer Telephone Number	24. Backer Fax Number	25. Backer Email Address			
26. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed.					
a. Name (First, Middle, Last)			Title	% of ownership or # of shares	
b. Name (First, Middle, Last)			Title	% of ownership or # of shares	
c. Name (First, Middle, Last)			Title	% of ownership or # of shares	
d. Name (First, Middle, Last)			Title	% of ownership or # of shares	

Section F: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE OR BACKER

This section applies to the permittee applicant, and to each backer who is a sole proprietor, partner or a member of a partnership organization, corporation, and members of a limited liability organization or unincorporated associations. Attach a separate sheet if needed.

27a. Does any Permittee or Backer currently hold a liquor permit? YES NO

28b. Has any Permittee or Backer held a liquor permit in the past? YES NO

If yes, please complete the permit information for each past or present permit below

28a. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business	
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee		Dates held
28b. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business	
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee		Dates held
28c. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business	
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee		Dates held
29. Have any of the permits listed above been revoked, suspended or denied in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.</i>		

Section G: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

30. Permittee Certification (To be signed by permittee applicant, identified in “Section A” of this application)	Signed by Permittee Applicant X _____	Date
I certify that the information provided in this application is true to the best of my knowledge.		
31. Backer Certification (To be signed by backer or the authorized representative of the backer)	Signed by Backer or Authorized Representative of Backer X _____	Date
I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in “Section A” of this application is designated as my principal representative on the premises for which this application is being submitted.	Print name of Backer or Representative	Title of Backer or Representative

NOTICE

A Message from John Suchy
Division Director of Liquor Control

**ATTENTION: ALL APPLICANTS APPLYING FOR AN ON-PREMISES LIQUOR PERMIT IN
THE CITY OF NEW HAVEN**

Connecticut law requires anyone applying for a liquor permit application for an on-premises liquor permit in the City of New Haven in New Haven to notify the New Haven police chief, in writing, of their intention to file for such on-premises liquor permit. The law requires that this notification be simultaneous with the filing of a liquor permit and/or the renewal of an existing on-premises liquor permit.

You are required to comply with this legislative mandate. Your written notification to the police chief should include your trade name, business address, proposed permittee or contact person with telephone number, email address, type of permit being applied for, and type of live entertainment being proposed for the premises.

Your written notification should be directed to:

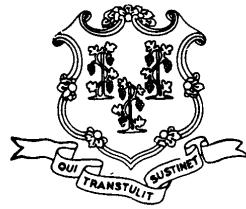
Police Chief Anthony Campbell
New Haven Police Department
1 Union Avenue
New Haven, Connecticut 06519
Attn: Liquor Permit Application Notification

Please make a copy of your written notification to the police chief and include it with any initial filing of a liquor permit application.

The legislation provides that the police chief or his designee may respond, in writing, not later than 15 days after receipt of said notification, to the Commissioner of Consumer Protection, with comments about the application that is the subject of said notice.

If you have any question about this mandate, please contact (860) 713-6210 to speak with a Liquor Control Agent, or send your question to dcp.liquorcontrol@ct.gov .

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
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 Website: www.ct.gov/dcp/liquorcontrol



AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION & STATEMENT OF PERSONAL HISTORY

All spaces must be completed – **please print or type**. This statement must be completed by the permittee and each person who is a backer member or partner for this liquor permit. Please attach a separate sheet if necessary.

A. PERSONAL/BUSINESS INFORMATION:

Last Name	First Name	Middle Name	
Business Title	Relationship to Liquor Permit <input type="checkbox"/> Permittee <input type="checkbox"/> Backer	% Interest / # of Shares	Aliases, Other names known by, Maiden name
Residence Street Address (no P.O. Boxes):	City or Town:		State: Zip Code:
Telephone Number (Home):	Telephone Number (Cell):	Fax Number:	E-mail Address:
Motor Vehicle Driver's License Number		State of Issue:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Place of Birth	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Alien Reg Number: Date & Place of Naturalization

B. EMPLOYMENT OF PUBLIC OFFICES: Please indicate below any public offices held by the applicant, individual backers, shareholders, corporate officers, LLC members, etc. *Please attach a separate sheet if necessary

Name	Title	Place	Town, City, State or Federal Agency

If NONE, check here **NONE**

C. CRIMINAL HISTORY: Have you had any prior felony convictions?

(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet")

YES **NO**

D. AUTHORIZATION:

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments or individuals. This information may include, but is not limited to, my residential, personal, and criminal history records and financial and credit information.
2. I authorize criminal justice agencies to release records concerning my criminal history to the Department of Consumer Protection for the purpose of determining my suitability, as a permittee or backer; or
 1. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability as a permittee or backer

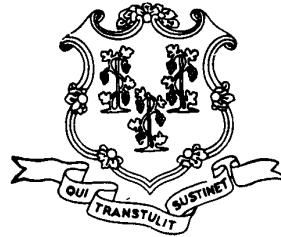
I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge.

 Signature of Applicant, Permittee, Backer, Backer
 Member or Partner completing this statement

 Print Name

 Date

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Web Site: www.ct.gov/dcp/liquorcontrol



Authorization of the Proposed Backer Legal Entity for Release of Financial Information

This form must be completed by a duly authorized representative of the backer identified in Section D of the new application:

A. BUSINESS INFORMATION

1. Name of Backer Business Entity:			
2. Address of Backer Business Entity: (street & number) City: State: Zip code:			
3. Name of Authorized Representative: (last, first, middle)		4. Business Title of Representative:	
5. Address of Authorized Representative: (street & number) City: State: Zip code:			
6. Telephone Number of Authorized Representative:		7. Fax Number:	8. Email Address

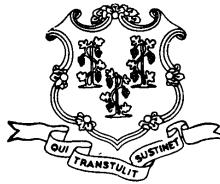
B. AUTHORIZATION:

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to the business entity identified in item #1 above from financial or lending institutions, credit bureaus, consumer reporting agencies, licensing agencies and retail business establishments or individuals.
2. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability for a liquor permit.

C. PERSONAL CERTIFICATION:

I certify, under penalty of law that the information provided in this authorization is true to the best of my knowledge.	
Signature of duly authorized representative of the backer	Date

STATE OF CONNECTICUT
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Liquor Control Division
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 Email: dcpl.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcpl/liquorcontrol



BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Backer:			
--	--	--	--

Street Address:	City:	State:	Zip Code:
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*****Please Note: The following sections should document the expenses involved in establishing your business and the sources of the funds to pay for these expenses. The total dollar amount in Section A should equal the total dollar amount in Section B. Additional documents may be required by the Department.*****

Section A – Cost/Expenses:

1. PURCHASE/SALE PRICE OF YOUR BUSINESS:	\$
2. COST OF BUILDING: (If real estate is being transferred)	\$
3. LEASEHOLD/SECURITY DEPOSIT:	\$
4. RENOVATIONS/ALTERATIONS:	\$
5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:	\$
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$
7. OTHER EXPENSES: (Please Specify)	\$
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above)	\$

Section B - Sources of Funds:

8. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$
9. CASH ON HAND:	\$
10. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	\$

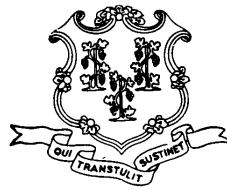
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

Printed Name of Backer or Authorized Representative:	Title:
--	--------

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REVIEW OF CRIMINAL CONVICTION

DEAR APPLICANT:

Pursuant to Section 46a-80(b) of the Connecticut General Statutes, if your application indicates that you have had a prior felony conviction, the specifics of your felony background must be documented for review in order to determine your eligibility for a license.

IF APPLICABLE:

- 1. Complete the Criminal Conviction Application Worksheet below.
- 2. Attach copies of your conviction, sentencing, parole and probation documents.
- 3. Attach a letter from your Probation Officer attesting to compliance with your Probation Order or details regarding non-compliance with your Probation Order.
- 4. If Probation has been satisfied, attach a letter from your Probation Officer stating when you completed your probationary period.
- 5. Attach a letter from your Parole Officer attesting to compliance with your Parole Order or details regarding non-compliance with your Parole Order.
- 6. If Parole has been satisfied, attach a letter from your Parole Officer stating when you completed your parole. If Parole has not been completed, provide the date on which it will be completed.

CRIMINAL CONVICTION APPLICATION WORKSHEET

Pursuant to CHRO Criteria --SECTION 46a-80

Please Print Clearly

APPLICANT: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY#** _____

CHECK ONE: NEW APPLICANT RENEWAL REINSTATEMENT **DATE OF APPLICATION** _____

LICENSE TYPE: _____ **LICENSE#** _____

DATE OF CRIME _____ **DATE OF CONVICTION** _____

SIGNATURE OF APPLICANT: _____ **DATE** _____

Official Use Only

Nature of Crime: _____

What is relationship of crime to the license for which the person has applied? _____

What is the degree of rehabilitation? _____

What is the time lapsed since conviction or release? _____

DIVISION DIRECTOR: Approval Denial Refer to Legal Division Refer to Board or Commission

Signature _____ **Date** _____

Instructions for Processing _____

Additional Information Required _____

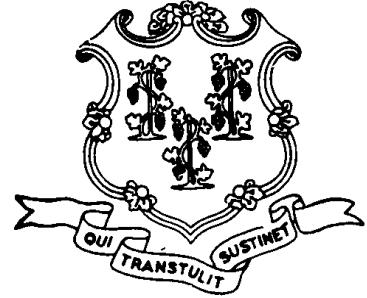
THIS FORM IS TO REMAIN WITH LICENSEE'S FILE AS PART OF THE RECORD

**STATE OF CONNECTICUT
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PUBLIC HEALTH CERTIFICATE

I CERTIFY THAT:

NAME OF PERMITTEE

NAME OF BACKER

TRADE NAME OF ESTABLISHMENT

PREMISES ADDRESS

TOWN or CITY and ZIP CODE

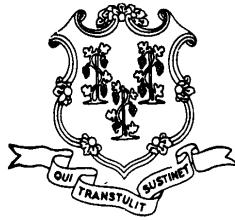
***COMPLIED WITH THE REQUIREMENTS OF THE STATE PUBLIC HEALTH CODE
ON PLACES DISPENSING FOOD AND BEVERAGES AT THE TIME OF INSPECTION.***

X

Signature of Health Director Or His Agent

_____ Date

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APPLICATION FOR PATIO, EXTENSION OF USE and/or ADDITIONAL CONSUMER BAR

<input type="checkbox"/> PATIO (Restaurants & Cafes ONLY)	<input type="checkbox"/> EXTENSION OF USE (All other permit types)	<input type="checkbox"/> ACB (Additional Consumer Bar) # of ACB's: _____ (FEE: \$190.00 each)
---	--	--

Section A: BUSINESS INFORMATION

1. Trade Name (DBA Name)	2. Permit Number		
3. Permittee Name (First, Middle, Last)			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)			
5. Business Address	City	State	Zip Code
6. Business Telephone Number	7. Business Fax Number	8. Business Email Address	
9. Type of Request?	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <i>If TEMPORARY is checked, List Specific Dates Below:</i>		

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

10. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.

Signature of Zoning Official X _____ Print Name _____

Title of Official _____ Date _____ / _____ / _____

11. **Fire Marshal's Approval:** I certify that the premises identified in Section A and on the sketch of this application is safe for this type of request.

Signature of Fire Marshal X _____ Print Name _____

Title of Official _____ Date _____ / _____ / _____

12. **Local Health Approval: (Patio Requests ONLY)** I certify that the Patio at the premises identified in Section A and on the sketch of this application meets local health approval.

Signature of Health Official X _____ Print Name _____

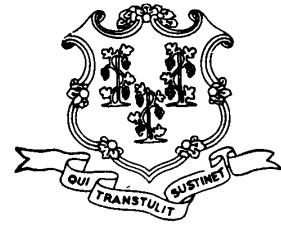
Title of Official _____ Date _____ / _____ / _____

Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

13. Backer Certification (To be signed by backer or the authorized representative of the backer) I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in "Section A" of this application is designated as my principal representative on the premises for which this application is being submitted.	Signed by Backer or Authorized Representative of Backer X _____	Date: _____
	Print name of Backer or Representative	Title of Backer or Representative

Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB

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AFFIDAVIT OF SELLER UNPAID OBLIGATIONS
THIS FORM IS TO BE EXECUTED BY THE SELLER

The undersigned permittee, backer or authorized representative of the backer:

Name: (Last, First, Middle)		
Address: (Street Address & Number)		State:
		Zip code:

Representing:

Name of Backer:		
-----------------	--	--

BEING DULY SWORN DEPOSES AND SAYS:

I AM OVER EIGHTEEN YEARS OF AGE AND BELIEVE IN THE OBLIGATION OF AN OATH.

**I AM THE BACKER, OR DULY AUTHORIZED REPRESENTATIVE OF THE BACKER, FOR THE
 PERMITTED LIQUOR PREMISES OPERATING UNDER THE BUSINESS NAME:**

Name of Permitted Liquor Business:		
Address: (Street Address & Number)		State:
		Zip code:

Operating with CT liquor permit number:

Liquor Permit Number:

Pursuant to 30-48(c) of the Connecticut General Statutes, I attest that:

ALL OBLIGATIONS OF THE PREDECESSOR PERMITTEE FOR THE PURCHASE OF ALCOHOLIC LIQUOR AT SUCH PERMIT PREMISES HAVE BEEN PAID OR THAT SUCH APPLICANT DID NOT RECEIVE DIRECT OR INDIRECT CONSIDERATION FROM THE PREDECESSOR PERMITTEE.

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:

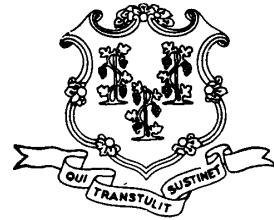
X _____ Date: _____

Subscribed and affirmed before me:

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

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division

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Web Site: 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)