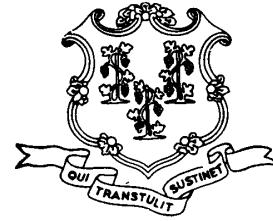


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Web Site: www.ct.gov/dcp



STIPULATED AGREEMENT FOR REMOVAL

Date: _____

Trade Name: _____

Town: _____

I, THE UNDERSIGNED, _____, in recognition of the fact the Department of Consumer Protection has granted permission for the removal of my permit from: _____ to

_____ hereby agree and stipulate as follows:

- 1) Complete proper publication notice, and
- 2) Meet the satisfactory inspection and investigation by the investigating agent.

IN THE EVENT I fail to comply with above stipulated, and it becomes necessary for the Department of Consumer Protection to revoke my permit, then I hereby willingly and knowingly surrender my statutory right to appeal from the decision of the Liquor Control Commission revoking my permit, and I further agree that any such appeal shall under no circumstances act as a stay of execution of the order of revocation.

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)