## **AGE STATEMENT FORM**

Permittee / Agent:		
Date: 20		
Ι	hereby represent to	, a
(Please Print Name)		(Permittee / Agent Name)
Permittee of the Connecticut Depa	rtment of Consumer Pro	otection that I am over the age
of 21 years, having been born on	19	at
	(Month / Day)	(Town / State)

This statement is made to induce said permittee to sell or otherwise furnish alcoholic beverages to the undersigned. I understand that Title 30 of the Connecticut General Statutes prohibits the sale of alcoholic liquor to any person who is not twenty-one years of age.

I understand that I am subject to a fine of one hundred dollars for the first offense and not more than two hundred fifty dollars for each subsequent offense for willfully misrepresenting my age for the purposes set forth in this statement. C.G.S. 30-89

(Signature)

TO BE COMPLETED BY PERMITEE OR AGENT:

NAME:	
ADDRESS:	
ID TYPE:	
ID NUMBER:	
Photo ID YES NO	
2ND Form of ID Optional	
ID TYPE:	
ID NUMBER:	
Photo ID YES NO	