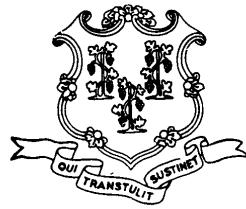


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Website: www.ct.gov/dcp/liquorcontrol



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:
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Motor Vehicle Driver's License Number State of Issue:

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? **YES** **NO**
(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet")

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;
 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