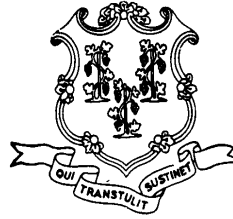


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [liquor.control@ct.gov](mailto:liquor.control@ct.gov)  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## APPLICATION FOR GIFT BASKET RETAILER 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 \$300.00.** 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, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

### Section A: BUSINESS INFORMATION

1. Trade Name (DBA Name)				
2. Business Address		City	State	Zip Code
3. Is there currently a liquor permit at the proposed premises? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If yes, current permit number</i>	4. Are you requesting a Provisional Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Business Telephone Number	6. Business Fax Number	7. Business Email Address		

### Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

<p><b>8. Zoning Authority Approval:</b> I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #2 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application and/or entertainment listed in #10.</p> <p>Signature of Zoning Official <b>X</b> _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>	
<p><b>9. Certification of Town Clerk:</b> The town in which the business identified in item # 4 of this application is to be operated, has no ordinance restricting the hours of sale of alcoholic liquors beyond those set forth in State law except as indicated in the box below. (If none, please enter “NONE”)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Signature of Town Clerk <b>X</b> _____ Date ____/____/____</p>	

### Section C: PERMITTEE APPLICANT INFORMATION

10. Permittee Name (First, Middle, Last)				
11. Permittee Residence Street Address		City	State	Zip Code
12. Permittee Telephone Number	13. Permittee Fax Number	14. 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

15. Name			
16. Address	City	State	Zip Code

**Section E: BACKER INFORMATION**

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

17. 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
18. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.					
19. Street Address		City	State	Zip Code	
20. Backer Telephone Number	21. Backer Fax Number	22. Backer Email Address			
23. 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.

24a. Does any Permittee or Backer currently hold a liquor permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
24b. Has any Permittee or Backer held a liquor permit in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, please complete the permit information for each past or present permit below</i>			

25a. 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	
25b. 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	
25c. 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	
26. 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		If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.	

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

<p><b>27. Permittee Certification</b> (To be signed by permittee applicant, identified in “Section A” of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	Signed by Permittee Applicant		Date
	<p>X _____</p>		
<p><b>28. Backer Certification</b> (To be signed by backer or the authorized representative of the backer)</p> <p>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.</p>	Signed by Backer or Authorized Representative of Backer		Date
	<p>X _____</p>		
	Print name of Backer or Representative		Title of Backer or Representative

## PROVISIONAL PERMIT

If you are applying for a liquor permit, please realize that the Department needs to investigate the submitted application and documents to ensure that the location and the applicant are suitable. In most instances, a final liquor permit may be issued by the Department between 60 to 90 days from the time it is filed with the Department.

If you are applying for a liquor permit, and you anticipate opening your business in less than the projected timeframe for review, you may wish to consider requesting a provisional liquor permit at the time that you file your application with the Department. You may file for a provisional permit at any point during the application investigation/review process by notifying your assigned agent, in writing, of the request for a provisional permit.

A provisional permit may be requested during the investigation and public notification of your application for liquor permit. The Liquor Commission has the discretion to grant or deny your provisional permit request. The fee shall be five hundred dollars (\$500.00) after granting approval and upon issuance of this permit.

If approved, you will be required to make cash payment for alcoholic liquor on any delivery from a wholesaler or manufacturer. However, the Department has the discretion to waive this requirement and allow wholesalers to extend credit to you while operating under a provisional permit. If you decide to request a provisional permit and wish to request a C.O.D. payment, please attach a letter of such request when you submit your application for your liquor permit.

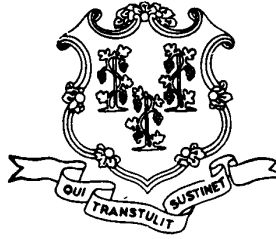
Your provisional permit is effective for 90 days, but may be extended by the Liquor Control Commission, as long as you did not cause the delay. As your expiration date of the provisional permit approaches, fax us a written request to extend the provisional permit, along with providing a copy of the provisional permit. Faxes may be sent to the Department at (860) 713-7235.

Below is the relevant statute and regulation.

**Sec. 30-35b. Ninety-day provisional permit.** A ninety-day provisional permit shall allow the retail sale of alcoholic liquor by any applicant and his backer, if any, who has made application for a liquor permit pursuant to section 30-39 and may be issued at the discretion of the Liquor Control Commission. If said applicant or his backer, if any, causes any delay in the investigation conducted by the Department of Consumer Protection pursuant to said section, the ninety-day provisional permit shall cease immediately. Only one such permit shall be issued to any applicant and his backer, if any, for each location of the club or place of business which is to be operated under such permit and such permit shall be nonrenewable but may be extended due to delays not caused by the applicant. The fee for such ninety-day permit shall be five hundred dollars.

**Sec. 30-6-A36 (b). Period of credit** No wholesaler shall provide credit to a permittee while under a provisional permit, unless otherwise approved by the department.

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



**PROVISIONAL PERMIT AGREEMENT FORM**

**A. PERSONAL/BUSINESS INFORMATION:**

Permittee/Authorized Representative of the Backer	Trade Name of Proposed Premises		
Proposed Premises Street Address	City	State	Zip Code
Backer Legal Entity Name:			

**B. REQUEST AND STIPULATED AGREEMENT FOR PROVISIONAL:**

I have submitted an application for a liquor permit to the Department of Consumer Protection and hereby request a Provisional Permit pursuant to Sec. 30-35b, Connecticut General Statutes. In the event my request is granted, I understand there will be an additional fee of \$500 associated with the issuance of such provisional permit.

I also agree with the Department of Consumer Protection that if for any reason I am not approved for a liquor permit within 90 days of this date, that my provisional permit will give no right or authority to sell alcohol, unless I request, and the Liquor Control Commission, grants an extension of my provisional permit. I understand that my application must be investigated and that I must provide the department all documentation required to process my application. I also understand that if a remonstrance is filed within the time prescribed by statute, the Liquor Control Commission is required to conduct a hearing regarding the suitability of person or place.

**Sec. 30-35b. Ninety-day provisional permit.**

A ninety-day provisional permit shall allow the retail sale of alcoholic liquor by any applicant and his backer, if any, who has made application for a liquor permit pursuant to section 30-39 and may be issued at the discretion of the Liquor Control Commission. If said applicant or his backer, if any, causes any delay in the investigation conducted by the Department of Consumer Protection pursuant to said section, the ninety-day provisional permit shall cease immediately. Only one such permit shall be issued to any applicant and his backer, if any, for each location of the club or place of business which is to be operated under such permit and such permit shall be nonrenewable but may be extended due to delays not caused by the applicant. The fee for such ninety-day permit shall be five hundred dollars.

**C. CREDIT WAIVER REQUEST:** I do hereby request approval by the Department of Consumer Protection to allow wholesalers to extend credit while I am operating under a provisional liquor permit, pursuant to Section 30-6-A36(b) of the Regulations of Connecticut State Agencies.  YES  NO

*(If YES, please provide proof that the backer is fiscally responsible. This can be demonstrated by submitting a complete financial statement and any supporting documentation.)*

**Sec. 30-6-A36(b). Period of credit.**

No wholesaler shall provide credit to a permittee while under a provisional permit, unless otherwise approved by the department.

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

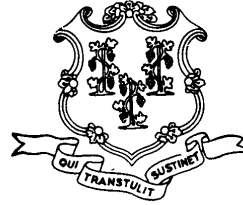
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 Signature of Applicant, Permittee, Backer, Backer / Print Name / Date  
 Member or Partner completing this statement

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 LIQUOR CONTROL DIVISION

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

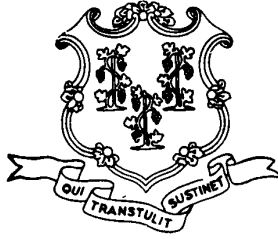
**D. AUTHORIZATION:**

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; 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 / Print Name / Date  
 Member or Partner completing this statement

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
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**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	

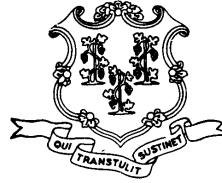
**B. AUTHORIZATION:**

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.	
<hr/> Signature of duly authorized representative of the backer	<hr/> Date

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## BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Backer:			
Street Address:	City:	State:	Zip Code:

***\*\*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)	\$	
<b>TOTAL FUNDS FOR ALL COSTS/EXPENSES:</b> (add 1-7 above)	<b>\$</b>	

**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)	\$	
<b>TOTAL FUNDS FOR ALL SOURCES:</b> (add 8-10 above)	<b>\$</b>	

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

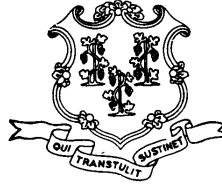
Signature of Backer or Authorized Representative of Backer:

**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**