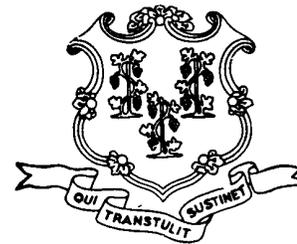


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Web Site: www.ct.gov/dcp/liquorcontrol



INSTRUCTIONS AND INFORMATION: **Off-Premises Caterer Liquor Permit Application**

PLEASE READ ALL INSTRUCTIONS AND INFORMATION BEFORE COMPLETING APPLICATION. APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE OR IF ANY REQUIRED DOCUMENT IS MISSING.

Do I Qualify as an Off Premises Liquor Caterer under state statute definition (Section 30-37j)?

A caterer liquor permit shall allow a person regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired.

Fees and Form of Payment:

The total filing fee of \$540.00 is required for successful submission of this application. Checks and/or money orders should be made payable to “*Treasurer, State of Connecticut*” and must accompany this application. **The application filing fee of \$100.00 is included in the total fees and is not refundable.**

The Application Process

Once we are in receipt of your complete and correctly executed application and filing fee, a Liquor Control Agent will be assigned to your file and will contact you to begin the remainder of the new application process. If for any reason a Final Liquor Permit is not issued within a period of one year, you will be required to file another application.

Definitions

Permittee – The permittee is the applicant for the liquor permit. The permittee is a person designated as the representative of the backer for the permit premises. The permittee must be able to read and understand English. The permittee can be the owner/backer of the business that holds the permit.

Backer – An individual or legal business entity that owns the business to which the liquor permit is issued.

Authorized Backer Representative – An individual who is legally authorized by the nature of the position held (i.e. corporate officer) in the business, or through a power of attorney to sign documents and make decisions related to the liquor permit.

****Section 30-45** of the Connecticut General Statutes prohibits the following individuals and officer holders from obtaining a liquor permit. Section 30-45 appears below and the prohibited individuals are noted. If you are a prohibited individual, you may not apply for a liquor permit.

CT General Statutes, Section 30-45: The department of consumer protection shall refuse permits for the sale of alcoholic liquor to the following persons (1) Any sheriff, deputy sheriff, judge of any court, prosecuting officer or member of any police force, (2) a minor, and (3) any constable who performs criminal law enforcement duties and is considered a peace officer by town ordinance pursuant to the provisions of subsection (a) of section 54-1f, any constable who is certified under the provisions of sections 7-294a to 7-294e, inclusive, who performs criminal law enforcement duties pursuant to the provisions of subsection (c) of section 54-1f, or any special constable appointed pursuant to section 7-92. This section shall not apply to out-of-state shippers', boat and airline permits. As used in this section, "minor" means a minor as defined in section 1-1d or as defined in section 30-1, whichever age is older.

APPLICATION INSTRUCTIONS AND DOCUMENTS REQUIRED FOR AN OFF-PREMISES CATERER LIQUOR PERMIT APPLICATION TO BE ACCEPTED

1. APPLICATION FOR OFF-PREMISES CATERER LIQUOR PERMIT

Complete all three pages of application. Every question must be answered. If left blank, the application will not be accepted. If the question does not apply, enter the word “none”.

Completing the Application

Section A: Business Information

Item #1 through #7 – Complete this section with trade name and business information. Also, in #7, please answer whether or not you will be regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired. If yes, further proof and documentation will be required (i.e.- food/drink menu and/or food service contract). If you answer no, you may not qualify for this permit type.

Section B: Permittee Applicant Information

Item #8 through #12 Please enter name, address and contact information for permittee.

Section C: Preferred Mailing Address

Items #13 and #14 - Indicate mailing address for all correspondence. If you would like correspondence mailed to an address other than the business or permittee home address, specify in this section.

Section D: Backer Information

Item #15 through #21 – Provide correct backer name in #16. Backer name is the **name** of the Limited Liability Company or Corporation that is registered with the Secretary of the State or the individual name of the Sole Owner that has not formed a LLC or Corporation or the individual names of a Partnership that has not formed a LLC or Corporation, etc.

Section E: Current or Previous Liquor Permits Held By Permittee or Backer

Item #22 through #24 – List current or previously held liquor permits. Include any permits held by permittee, backer; sole proprietor, partner or a member of a partnership organization, corporation, limited liability company etc. If there are none, check “NO” in #22a and #22b.

Section F: Certification of Permittee Applicant and Backer or Authorized Representative of Backer

Items #25 and #26 - The permittee listed in Section B #8 of the application must sign #25. The backer/owner listed in Section D or authorized backer representative must sign #26.

2. FEE AND FORM OF PAYMENT:

The total filing fee of \$540.00 is required for successful submission of this application. Checks and/or money orders should be made payable to “*Treasurer, State of Connecticut*” and must accompany this application.

The application filing fee of \$100.00 is included in the total fees and is not refundable.

3. **PROOF OF FOOD AND BEVERAGE SERVICE**

Please provide proof that you will be regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired. (i.e.- food/beverage menu and/or food service contract).

4. **SALES TAX NUMBER**

Submit copy of Connecticut Sales and Use Tax Permit, or copy of receipt as proof of filing from the Connecticut Department of Revenue Services.

5. **AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION AND STATEMENT OF PERSONAL HISTORY**

The applicant/permittee and backers (individuals, partners, general partner and limited partners in a limited partnership, officers, directors and limited liability company (LLC) manager/members in a LLC, corporate officers and stockholders) must complete an authorization for release of financial information and statement of personal history.

6. **AUTHORIZATION OF THE BACKER LEGAL ENTITY FOR RELEASE OF FINANCIAL INFORMATION**

Only authorized individuals of the backer may sign on behalf of the entity.

7. **BACKER'S FINANCIAL STATEMENT**

Complete this form which is attached to the application.

8. **CORPORATIONS & L.L.C.**

Provide proof of filing of organization papers with the Connecticut Secretary of State.

9. **PARTNERSHIP**

Provide partnership agreement if backer/owner is a formal partnership or limited partnership. If no agreement exists, provide a letter to that effect that there is no such agreement.

10. **FRANCHISE OR MANAGEMENT AGREEMENT**

Provide any franchise or management agreement if applicable.

11. **CRIMINAL CONVICTION WORKSHEET**

If the permittee or any member of the backer has a felony conviction, complete the Criminal Conviction Worksheet, pursuant to Section 46a-80(b) of Connecticut General Statutes. (DCPLC-CHRO)

ONCE THE APPLICATION IS RECEIVED AND ACCEPTED BY THE DEPARTMENT OF CONSUMER PROTECTION, ADDITIONAL DOCUMENTS AND/OR INFORMATION MAY BE REQUIRED OF YOU BY A LIQUOR CONTROL AGENT AS PART OF THE REVIEW AND INVESTIGATION PROCESS.

14. **AFFIDAVIT OF SELLER'S UNPAID OBLIGATIONS**

If a business or equipment was purchased from the previous permit holder, this form must be signed at the closing. This form can be found on our website <http://www.ct.gov/dcp/liquorcontrol>

15. **ABANDONMENT AFFIDAVIT**

If the premises were abandoned by the previous permit holder/backer and did not receive any consideration from you, whether direct or indirect, this form will need to be completed. This form can be found on our website <http://www.ct.gov/dcp/liquorcontrol>

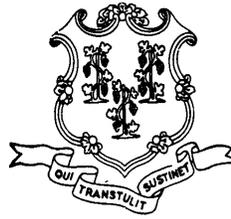
PLEASE NOTE:

Once your application has been approved and permit has been issued, you will be required to complete and submit the form below for every event you cater. (*see attached form*)

OFF PREMISES CATERER NOTIFICATION FORM

The holder of a caterer liquor permit shall, on a form prescribed by the Department of Consumer Protection or electronically, notify the department, in writing, of the date, location and hours of each event at which alcohol is served under such permit at least one business day in advance of such event. If the holder of a caterer liquor permit is unable to provide the written notice required under this section due to exigent circumstances, such holder may provide notice to the department by telephone of the date, location and hours of each event at which alcohol is served under such permit.

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



APPLICATION FOR OFF-PREMISES CATERER LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee of \$540.00 is required.** 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) | | | | |
| 2. Business Address | | City | State | Zip Code |
| 3. Business Telephone Number | 4. Business Fax Number | 5. Business Email Address | | |
| 6. Is there currently a liquor permit at the proposed premises? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If yes, current permit number | | |
| 7. Will you be regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

Section B: PERMITTEE APPLICANT INFORMATION

| | | | | |
|---|--------------------------|-----------------------------|-------|----------|
| 8. Permittee Name (First, Middle, Last) | | | | |
| 9. Permittee Residence Street Address | | City | State | Zip Code |
| 10. Permittee Telephone Number | 11. Permittee Fax Number | 12. Permittee Email Address | | |

Section C: PREFERRED MAILING ADDRESS

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

BUSINESS ADDRESS
 PERMITTEE ADDRESS
 ADDRESS BELOW

| | | | | |
|-------------|--|------|-------|----------|
| 13. Name | | | | |
| 14. Address | | City | State | Zip Code |

Section D: BACKER INFORMATION

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

| | | | | | |
|---|---|---|---|---|--|
| 15. 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 |
| 16. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc. | | | | | |
| 17. Street Address | | | City | State | Zip Code |
| 18. Backer Telephone Number | 19. Backer Fax Number | 20. Backer Email Address | | | |
| 21. 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 E: 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.

| | | | |
|---|-----------------|---|------------------|
| 22a. Does any Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 22b. 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> | | | |
| 23a. 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 |
| 23b. 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 |

| | | | |
|---|-----------------|---|------------------|
| 23c. 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 |
| 24. 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 F: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

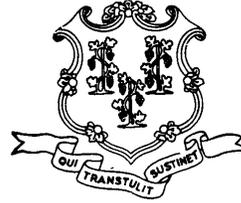
| | | | |
|--|---|--|-----------------------------------|
| <p>25. Permittee Certification (To be signed by permittee applicant, identified in “Section A” of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p> | Signed by Permittee Applicant | | Date |
| | <p>X _____</p> | | |
| <p>26. Backer Certification (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 |

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: | |
| 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")

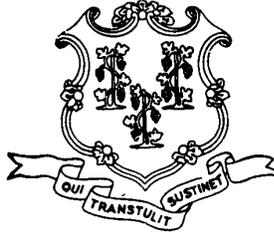
D. AUTHORIZATION:

- 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.
- 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
 - 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

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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. | |
| _____ | _____ |
| Signature of duly authorized representative of the backer | 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: <small>(If real estate is being transferred)</small> | \$ | |
| 3. LEASEHOLD/SECURITY DEPOSIT: | \$ | |
| 4. RENOVATIONS/ALTERATIONS: | \$ | |
| 5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY: | \$ | |
| 6. FURNITURE, FIXTURES, EQUIPMENT, ETC: | \$ | |
| 7. OTHER EXPENSES: <small>(Please Specify)</small> | \$ | |
| TOTAL FUNDS FOR ALL COSTS/EXPENSES: <small>(add 1-7 above)</small> | \$ | |

Section B - Sources of Funds:

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

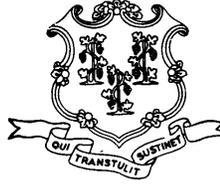
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

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

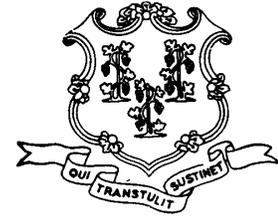
Signature _____ Date _____

Instructions for Processing _____

Additional Information Required _____

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

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
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OFF PREMISES CATERER LIQUOR PERMIT NOTIFICATION FORM

Pursuant to Section 30-37j(b), permit holders must notify the Department of Consumer Protection at least one business day before the event of its date, time, hours, and location.

PERMITTEE: _____

PERMIT #: _____

**DATE of
EVENT:** _____

TIME: _____

**LOCATION
ADDRESS:** _____

For questions regarding this matter, please contact Liquor Control Division at (860) 713-6200 or via email at dcp.liquorcontrol@ct.gov.

If you are faxing us your notification, please send this completed form to Liquor Control (860) 706-1208.

[Note: This form can be reproduced as needed]