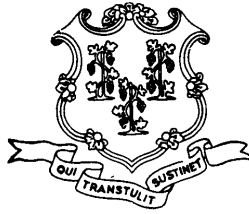


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Email: dcp.licenseservices@ct.gov
Website: www.ct.gov/dcp



Instructions for Completing the Application for Out-of-State Retailer Shipper's Permit for Wine

Enclosed is the application for an Out-of-State Retailer Shipper's Permit for Wine allowing the sale of wine directly to consumers in Connecticut.

Definition of Permit: (covered under Public Act 19-24)

An out of state retailer shipper's permit for wine shall allow the sale and shipment of wine directly to a consumer in this state.

Please note the following when filing the application:

- **Retailer Information** – List the name of the out of state retailer and their corresponding home state permit type and number (if applicable). This is the business that operates/manages an establishment holding a liquor permit.
- **Permittee/Applicant** – This is the individual who operates/manages an establishment holding a liquor permit. The permittee may, in some cases, also 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.

In the event that you must attach additional sheets of explanation for certain items on the application, additional sheets should be identified with the first and last name of the permittee, the name of the business, the city and state in which the business will operate.

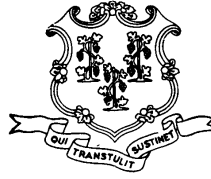
- **Home State Permit** – Every application for an out-of-state shipper's permit shall be accompanied by photostatic or other documentary evidence of a permit or license issued by the state in which the applicant derives authority to sell wine directly to consumers, where the retailer primarily does business and is domiciled.
- **Federal Permit** – Every application shall be accompanied by proof of federal filing and acceptance as a Retail Beverage Alcohol Dealer (TTB 5630.5d-Alcohol Dealer Registration).
- **Connecticut State Permits** - Proof of filing and acceptance as an entity doing business in the State of Connecticut from the Office of the Connecticut Secretary of the State and copy of the Connecticut Sales and Use Tax Permit and the Alcoholic Beverage Tax and Alcoholic Beverage Tax-Addendum D issued by the State of Connecticut Department of Revenue Services (DRS). For questions regarding beverage tax issues, please contact DRS Excise Tax Unit at (860) 541-3224.
- **Fees & Form of Payment** – The application must be accompanied by the application filing fee and the initial permit fee. Please refer to the chart below for the appropriate fee. Checks or money orders should be made payable to *“Treasurer, State of Connecticut.”* The application filing fee of \$100.00 is not refundable.

| Type of Permit | Application Filing Fee | Initial Permit Fee | Total Fee Due |
|--|------------------------|--------------------|-----------------|
| Out-of-State Retailer Shipper's Permit for Wine | \$100.00 + | \$600.00 = | \$700.00 |

⇒ Return the completed application, appropriate documentation and fee to:

Department of Consumer Protection
License Services Division
450 Columbus Blvd, Ste. 801
Hartford, CT 06103

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6200
 WebSite: www.ct.gov/dcp



Application for Out-of-State Shipper's Retailer Permit for Wine

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. A check or money order for the appropriate fee must accompany this application made payable to "Treasurer, State of Connecticut"

Out of State Retailer Information

| | | | | |
|---------------------------------------|------------------------|---|-------|----------|
| Name of Out of State Retailer | | Home State Permit Type and Number (if applicable) | | |
| Business Street Address (No P.O. Box) | | City | State | Zip Code |
| Business Telephone Number | Business Email Address | | | |

Permittee/Applicant Information

| | | | | |
|--------------------------|---------------|-------------------------|-----------|----------|
| First Name | | Middle Initial | Last Name | |
| Residence Street Address | | City | State | Zip Code |
| Telephone Number | Date of Birth | Permittee Email Address | | |

Certification

I affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.

 Signature of Employer (Officer or Authorized Agent)

 Date

Subscribed and sworn to before me, this _____ day of _____ 20 _____

 Signature of Notary Public

 My Commission Expires

Backer Information

Indicate Organizational Structure:

Sole Proprietor Corporation Partnership Limited Partnership Limited Liability Company

Name of Backer (The owner or proprietor of the business)

Street Address

City

State

Zip Code

Telephone Number

Email Address

If a corporation, give date of incorporation and name of state where incorporated

If not a Connecticut corporation, date of authorization to conduct business in the State of Connecticut

Has the permittee, backer and/or any individual member of the backer ever been denied a permit or had a permit suspended or revoked by their home state liquor control authority or any other state or territory of the United States? Yes No If yes, please attach name(s) and date(s) of individuals and entities and permit type/state/ dates on a separate sheet of paper.

Has the permittee, backer and/or any individual member of the backer ever been convicted of violating any of the liquor laws of this or any other state or territory the liquor laws of the United States or has been convicted of a felony as such term is defined in section 53a-25 or has such a criminal record that the department reasonably believes he is not a suitable person to hold a permit, provided no refusal shall be rendered under this subdivision except in accordance with the provisions of sections 46a-80 and 46a-81?

Yes No If yes, please attach name(s) and date(s) on a separate sheet of paper.

Certification

I affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.

Signature of Employer (Officer or Authorized Agent)

Date

Subscribed and sworn to before me, this _____ day of _____ 20 _____

Signature of Notary Public

My Commission Expires

FOR CORPORATION, PARTNERSHIP, LLP OR LLC (Attach additional sheet if necessary)

List the names, titles and signatures of all persons associated in the ownership.

| | | |
|------|-------|------------------------|
| Name | Title | % interest/# of shares |
| Name | Title | % interest/# of shares |
| Name | Title | % interest/# of shares |
| Name | Title | % interest/# of shares |

Preferred Mailing Address (Please check (✓) the appropriate box below)

Permittee/Applicant Address Backer Address Other (as indicated below)


| | | | |
|----------------------------|------|-------|----------|
| Name | | | |
| Street Address | City | State | Zip Code |
| Email Address for Business | | | |

The following **MUST** accompany your license application:

Permit Fee: A check or money order made payable to: **“Treasurer, State of Connecticut”**

| Type of Permit | Application Fee | Initial Permit Fee | Total Fee Due |
|--|-----------------|--------------------|-----------------|
| Out-of-State Retailer Shipper’s Permit for Wine | \$100.00 | \$600.00 | \$700.00 |

→ Return your completed application and fee to:

 **License Services Division**
Department of Consumer Protection
450 Columbus Blvd
Hartford, CT 06103