

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 Liquor Control Division  
 Telephone: (860) 713-6210  
 Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
 Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>



## APPLICATION FOR FARMERS' MARKET SALES PERMIT

Please print clearly or type the information entered on this application. **An application filing fee of \$100.00 and permit fee of \$250.00 is required. Please submit the required fee of \$350.00.** Check and/or money order should be made payable to "**Treasurer, State of Connecticut**" and must accompany this application. The application filing fee of \$100 is non-refundable. Return your completed application, documentation and appropriate fee to:

**Department of Consumer Protection, 450 Columbus Blvd., Suite 801, Hartford, CT 06103**

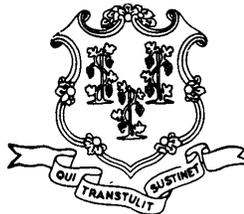
### CURRENT MANUFACTURER BEER, FARM WINERY OR WINE, CIDER & MEAD BUSINESS INFORMATION

1. Permit Number for Manufacturer:	2. Permittee Name		
3. Trade Name (DBA Name)			
4. Business Address		City	State
			Zip Code
5. Business Telephone Number	6. Business Fax Number	7. Business Email Address	

### AUTHORIZED REPRESENTATIVE OF BACKER

<p><b>8. Permittee Certification</b> (<u>To be signed by permittee applicant</u>)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	<p>Signed by Permittee Applicant</p> <p>X _____</p>	<p>Date</p>
<p><b>9. Backer Certification</b> (<u>To be signed by backer or the authorized representative of the backer</u>)</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 this application is designated as my principal representative on the premises for which this application is being submitted.</p>	<p>Signed by Backer or Authorized Representative of Backer</p> <p>X _____</p>	<p>Date</p>
	<p>Print name of Backer or Representative</p>	<p>Title of Backer or Representative</p>

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For Official Use Only

## FARMERS' MARKET LOCATION REQUEST FORM

### LOCATION OF FARMERS' MARKET

1. Permit Number for Manufacturer:		2. Trade Name of Manufacturer being Invited:	
3. Name of Farmers' Market			
4. Address of Farmers' Market (Street Address)			
5. City		State	Zip Code
6. Telephone Number		7. Fax Number	8. Email Address
9. Days and Hours of Operation:			
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____			

### APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

<b>10. Farmers' Market Invitation:</b> I certify that as a representative of the Farmers' Market identified above, the above named Manufacturer has been invited to sell wine at the Farmers' Market identified in #3 and during the dates and times allowed by law.	
Signature of Farmers' Market Representative X _____ <div style="text-align: center; margin-left: 150px;">Print Name _____</div>	
Title of Official _____ Date ____/____/____	
<b>11. Zoning Authority Approval:</b> I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #5 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.	
Signature of Zoning Official X _____ Print Name _____	
Title of Official _____ Date ____/____/____	
<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")	
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;">Additional Restrictions:</div>	
Signature of Town Clerk X _____ Date ____/____/____	