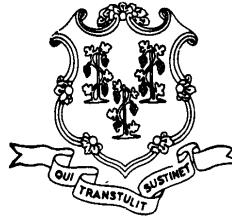


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Liquor Control Division
 Telephone: (860) 713-6210
 Email: dcp.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



APPLICATION FOR NON-PROFIT AUCTIONS – WINE ONLY

Please print clearly or type the information entered on this application. **An application fee of \$10 and \$25 per day of the auction is required.** The application fee is non-refundable.

Apply Online: Register your Organization <https://elicense.ct.gov/>, apply for the applicable permit type, submit payment by credit card, and upload a copy of this completed application.

Please check (✓) the permit type for which you are applying (check only one box)

<input type="checkbox"/> Online Auction Retail sale of wine through an online auction format Complete Sections B, C, D, E, and G below	<input type="checkbox"/> In-Person Auction Retail sale of wine at either a silent or oral live auction Complete Sections A, C, D, E, F, and G below	<input type="checkbox"/> Blended Auction Retail sale of wine at auction with online & live components Complete all Sections below
---	--	--

Section A: LOCATION OF EVENT (IN-PERSON AND BLENDED AUCTIONS ONLY)

1. Name of Event:	2. Date(s) of Event:	3. Rain Date(s):	
4. Street Address of Event:	City	State	Zip Code
5. Where will your Event be held? <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/> BOTH **Attach an 8 1/2" x 11" Sketch showing the exact locations within the event area where alcoholic beverages will be dispensed and specify the manner by which service of such beverages to minors will be controlled**			

Section B: ONLINE FORMAT (ONLINE AND BLENDED AUCTIONS ONLY)

6. Name of Event:	7. Date(s) of Event:
8. Web Address for Online Auction:	
9. Where wine will be securely stored during pendency of auction until given to the winner: **Attach a letter explaining: (1) how the auction will be conducted to ensure minors do not bid or purchase wine; (2) whether wine will be delivered to the winners and how, or whether winners will pick-up the wine; and (3) how age and identity of winner will be verified upon delivery or pick-up.**	

Section C: BACKER ORGANIZATION SPONSORING THE EVENT (ONLINE, IN-PERSON, AND BLENDED AUCTIONS)

10. Name of Qualifying Organization:	11. Contact Email Address:		
12. Business Address:	City	State	Zip Code:
13. CT State Sales Tax ID:	If Charity, Federal Tax ID Number (FEIN):		
14. If you are applying as a Non-Commercial organization, I understand that all of the profits derived from the sale of alcoholic beverages will be retained by the organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Section D: PERMITTEE APPLICANT INFORMATION (ONLINE, IN-PERSON, AND BLENDED AUCTIONS)

15. Permittee Name (First, Middle, Last)	16. Date of Birth:		
17. Permittee Residence Street Address	City	State	Zip Code

Section E: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE OR BACKER (ONLINE, IN-PERSON, AND BLENDED AUCTIONS)

This section applies to the permittee applicant and to the backer entity who is applying for the temporary permit (*Attach a separate sheet if needed.)

18a. Does the Permittee or Backer currently hold a liquor permit? YES NO

18b. Has any Permittee or Backer held a liquor permit in the past? YES NO

(If yes, please complete the permit information for each past or present permit below)

19. 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	

Section F: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS (IN-PERSON AND BLENDED AUCTIONS ONLY)

20. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #4 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment and during the dates identified in this application.

Signature of Zoning Official X _____ Print Name _____

Title of Official _____ Date _____ / _____ / _____

21. **Fire Marshal's Approval:** I certify that the premises identified in items #4 of this application is physically constructed in a manner that is safe for the type of business that will be operated there and complies with the fire code.

Signature of Fire Marshal X _____ Print Name _____

Title of Official _____ Date _____ / _____ / _____

22. **Certification of Town Clerk:** 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")

Additional Restrictions:

Signature of Town Clerk X _____ Date _____ / _____ / _____

23. **Police Authority Approval:** I approve the issuance of this temporary liquor permit at the address identified in #4 of this application.

Signature of Police Authority X _____ Print Name _____

Title of Official _____ Date _____ / _____ / _____

24. **Applicant Suitability Approval** (to be completed by the police authority in the city/town where the applicant resides)

Has the applicant whose name appears in item #11 of this application been convicted of a felony crime? YES NO

(If yes, please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances involved.)

Do you believe the applicant named in item #11 of this application is suitable to be a liquor permittee? YES NO

(If no, please attach a statement supporting your reasons for this decision)

Signature of Police Authority X _____ Print Name _____

Title of Official _____ City/State _____ Date _____ / _____ / _____