

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**LIQUOR CONTROL DIVISION**  
 Telephone: (860) 713-6200  
 Email: [dcp.brands@ct.gov](mailto:dcp.brands@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Application for Transporter's Liquor Permit

### INSTRUCTIONS:

All spaces must be completed - please print in ink or type. A check or money order in the amount of \$1350.00 must accompany this application and should be made payable to "Treasurer, State of Connecticut."

### **Applicant**

<b>Name of Shipper Permittee</b> (First Name, Middle Initial, Last Name)				
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number (w/ area code)</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Email Address</b>	
<b>Have you, or any member of your family, either as permittee or backer ever been refused a permit or had a permit revoked by the Liquor Control Division?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please attach name(s) and date(s) on a separate sheet of paper.</b>				

### Jurat for Applicant

<i>I affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.</i>	
_____ Signature of Applicant (Permittee)	_____ Date
Subscribed and sworn to before me, this _____ day of _____ 20____	
_____ Notary Seal	
Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace)	
_____ My Commission Expires	

### **Backer**

<b>Name of Backer</b> (The owner or proprietor of the business)				
<b>Business Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number (w/ area code)</b>	<b>FEIN or Social Security Number</b>	<b>Email Address</b>		
<b>Indicate Organizational Structure:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Partnership				
<b>If a corporation, please indicate date of incorporation and state where incorporated. If not a Connecticut corporation, please indicate the date of authorization to conduct business in the State of Connecticut.</b>				
<b>Have you or any of your employees or agents loaned any money or extended any credit in any form for a period in excess of thirty (30) days, directly or indirectly, to any person, firm or organization holding a permit for the sale of alcoholic liquor in the State of Connecticut?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please attach on a separate sheet of paper, the names of permittees and the amounts of credit given.</b>				
<b>Have you, or any member of your family, either as permittee or backer ever been refused a permit or had a permit revoked by the Liquor Control Division?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please attach name(s) and date(s) on a separate sheet of paper.</b>				

