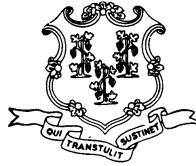


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**

Liquor Control Division  
 Telephone: (860) 713-6200  
 Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



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

Enclosed is an application for an Out-of-State Shipper's Permit allowing the sale of alcoholic liquor, beer or wine. Please note the following when filing the application:

- **Applicant** – The name of the **permittee** is the applicant for the liquor permit. 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 and the city in which the business will operate.

**As an Out-of-State Shipper, you are required to:**

- **Register Brand Labels** – A brand label registration application must be completed with brand name(s). All applications except for an Out-of-State Winery permit, which will be used for direct consumer sales only, must appoint wholesaler(s) with geographical territories of distribution. If franchise agreements or contracts are executed between an Out-of-State Shipper and Wholesaler, a copy must be filed with the Department of Consumer Protection. If the registrant is not the manufacturer of the product, authorization from the manufacturer must be submitted with the application.
- **Home State Permit** -- Every application for an out-of-state shipper's permit shall be accompanied by a photostatic copy or by other documentary evidence of a permit or license issued by the state in which the applicant derives authority to manufacture, sell or distribute alcoholic liquors.
- **Federal Basic Permit** -- Every application for an out-of-state shipper's permit shall be accompanied by a photostatic copy of the federal basic permit.
- **Winery** – Out-of-State winery applicants shall furnish an affidavit affirming that the out-of-state winery did not produce more than one hundred thousand gallons of wine during the most recent calendar year, in order to be eligible to ship directly to retailers.
- **F.O.B. Prices** – Every out-of-state shipper shall, annually on or before the 6<sup>th</sup> day of January, file a complete schedule of all alcoholic liquors offered for sale in Connecticut. New items and changes in prices must be submitted by the 6<sup>th</sup> of the month to become effective on the 1<sup>st</sup> of the following month. When your registered brands have been approved and you receive your out of state shipper permit, you will be required to post your prices on a monthly basis per Section 30-63(c) of Connecticut General Statutes. You will need to post your prices electronically through the state of Connecticut Liquor Price Posting Web site at [www.biznet.ct.gov/dcp](http://www.biznet.ct.gov/dcp).
- **Fees & Form of Payment** – The application must be accompanied by the application filing fee and the appropriate 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 is not refundable.

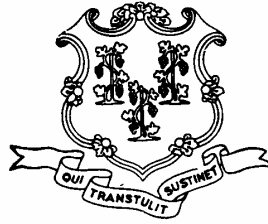
Type of Permit	Application Filing Fee	Initial Permit Fee	Total Fee Due
Out-of-State Shipper's Permit for Alcoholic Liquor	\$100.00 +	\$1250.00 =	<b>\$1350.00</b>
*Connecticut Out-of-State Shipper's Permit for Alcoholic Liquor	\$100.00 +	\$ 90.00 =	<b>\$ 190.00</b>
Out-of-State Shipper's Permit for Beer	\$100.00 +	\$1250.00 =	<b>\$1350.00</b>
*Connecticut Out-of-State Shipper's Permit for Beer	\$100.00 +	\$ 90.00 =	<b>\$ 190.00</b>
Out-of-State Winery Shipper's Permit for Wine	\$100.00 +	\$ 315.00 =	<b>\$ 415.00</b>

\*Only Connecticut Wholesalers or an applicant for a Connecticut Wholesaler permit may apply for a Connecticut Out-of-State Shipper permit

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

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

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



For Official Use Only

## Application for Out-of-State Shipper's Permit

### 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."

Please check (✓) the permit type you are applying for: ☐ Alcoholic Liquor ☐ Beer Only ☐ Wine Only  
 (Only Wineries May Apply)

### 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 affirm, under penalty of false statement, that my statements and answers to all questions in this application are true and complete.	
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 legal entity that owns 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>			

For Corporation, LLC, LLP or Partnership (Attach additional sheet if necessary)

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

Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature

Jurat for Backer (Individual)

<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 Backer (Individual)	_____ Date
<i>Subscribed and sworn to before me, this _____ day of _____ 20_____</i>	
<i>Notary Seal</i>	
_____ Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace	_____ My Commission Expires

Jurat for Backer (For a Corporation, LLC, LLP and Partnership)


FOR CORPORATION, LLC OR LLP Signature of duly authorized officer with title; For PARTNERSHIP, signature of partners

<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 Backer & Title	_____ Date	_____ Signature of Backer & Title	_____ Date
<i>Subscribed and sworn to before me, this _____ day of _____ 20_____</i>			
<i>Notary Seal</i>			
_____ Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace		_____ My Commission Expires	

. . . . .

Please refer to the “Instructions for Completing the Application for Out-of-State Shipper’s Permit”

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

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