

# FORM BT-101

## APPLICATION FOR PERMISSION TO IMPORT ALCOHOLIC BEVERAGES FROM OUTSIDE THE UNITED STATES FOR PERSONAL CONSUMPTION

Rev. 07/00

You must complete and file this application, together with **Form S & BT**, *Payment of Taxes Due on the Importation of Alcoholic Beverages*, with the Department of Revenue Services at the above address. Only upon your receipt from the Department of the approved application are you permitted to import the below referenced alcoholic beverages.

### This section to be completed by the Applicant

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Address (number and street, city, state, and ZIP Code): \_\_\_\_\_

### Check the applicable box

This application pertains to the importation, from outside the territorial limits of the United States, for my own personal consumption, of \_\_\_\_\_ (not to exceed 5) gallons of alcoholic beverages, whether or not purchased by me, during the 365 day period beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_.

Date of last application (if none, so indicate): \_\_\_\_\_

This application pertains to the importation, from outside the territorial limits of the United States, for my own personal consumption, of;

\_\_\_\_\_ (not to exceed 100, of which no more than 20 gallons are of the same brand) gallons of wine; and

\_\_\_\_\_ (not to exceed 20, of which no more than 2 gallons are of the same brand) gallons of spirits;

and coincides with the termination of my foreign residency of at least 6 months, and is in connection with the return of my personal and household goods.

Former Foreign Residence Address: \_\_\_\_\_

Date of Termination of Foreign Residency: \_\_\_\_\_

Duration of Foreign Residency: \_\_\_\_\_ years \_\_\_\_\_ months

### DECLARATION

I declare under the penalty of false statement that I have examined this application, **FORM BT-101**, and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you need information or assistance, please call the Excise/Public Services Taxes Subdivision at 860-541-3225, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

### This section to be completed by the Department of Revenue Services

**VALIDATED ENDORSEMENT ON THIS SECTION, TOGETHER WITH AN ENDORSED FORM S&BT, IS YOUR PERMIT TO IMPORT THE ABOVE-REFERENCED ALCOHOLIC BEVERAGES.**

Date of Receipt \_\_\_\_\_

Date Action Taken \_\_\_\_\_

Action taken: \_\_\_\_\_ Application approved

By: \_\_\_\_\_  
Signature

\_\_\_\_\_ Application disapproved

\_\_\_\_\_  
Title