Department of Revenue Services State of Connecticut Excise Taxes Unit 25 Sigourney Street Hartford CT 06102-5031

(Rev. 02/05)

Form BT-100

Alcoholic Beverage Tax

Application for Permission to Import Into Connecticut Alcoholic Beverages From Within the United States for Personal Consumption

You must complete and file this application, together with **Form S&BT**, *Payment of Taxes Due on the Importation of Alcoholic Beverages into Connecticut*, with the Department of Revenue Services (DRS) at the above address. Only upon your receipt of the approved application from the DRS are you permitted to import into Connecticut the alcoholic beverages referenced below. For more information on the importation of alcoholic beverages into Connecticut, see **Informational Publication 2000(15)**, *Bringing or Importing Alcoholic Beverages into Connecticut*.

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Part 1: This section	on to be completed by the appl	icant. You must be 21 years of age	e or older to file this application.
Name of Applicant:			Security Number:
Date of Birth:			
Address (number	and street, city, state, and ZIP C	Code):	
Telephone Numb	er: ()		
Name and addres	ss of person from whom alcoho	lic beverages were or will be purch	hased:
United States. I a	m reportingave not made any application to	gallons (not to excee	Connecticut, but within the territorial limits of the ed 5) of alcoholic beverages for my personal onnecticut during the sixty-day period preceding
Date of last applic	cation (If none, so indicate):		_
Declaration: I declary knowledge and I \$5,000, or imprison the preparer has an Taxpayer Signature	nent for not more than five years, or bo	camined this return (including any accommend. I understand the penalty for willfully delith. The declaration of a paid preparer other.	panying schedules and statements) and, to the best of ivering a false return to DRS is a fine of not more than er than the taxpayer is based on all information of which
Print Taxpayer Name		Telephone Number	Taxpayer SSN
Paid Preparer Signature		Preparer's Address	Preparer's SSN or PTIN
	This section to be	completed by the Department of I	Revenue Services
·	Application granted	Date Action Taken:	
		Signature	
	Application denied		

Title