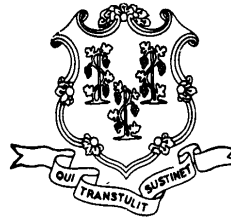


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [dep.liquorcontrol@ct.gov](mailto:dep.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**Instructions:** If a Liquor Control Agent instructed you to provide an updated list of the backer ownership as part of your liquor permit application, please fill out this form.

Please print clearly or type the information entered on this application. Email to your assigned Liquor Control Agent or [DCP.LiquorControl@ct.gov](mailto:DCP.LiquorControl@ct.gov).

## BACKER MEMBER/SHAREHOLDER AMENDMENT FOR NEW APPLICATION

*(This form is for new applications only and should only used when instructed by a Liquor Control Agent. **Do not use this form** to update the backer on an existing permit. File a [Transfer of Interest/Stock application](#) instead.)*

### Section A: BUSINESS LOCATION/PERMITTED PREMISES and BACKER ENTITY NAME

1. Permit Number	2. Trade Name
3. Name of Backer Entity Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.) listed on New Application:	

### Section E: PROPOSED INDIVIDUAL BACKER MEMBER/SHAREHOLDER INFORMATION

**\* Each backer** must also complete the “**Authorization for Release of Financial Information & Statement of Personal History**” form that accompanies this amendment form

4. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed.		
a. Name (First, Middle, Last)	Title	% of ownership or # of shares
b. Name (First, Middle, Last)	Title	% of ownership or # of shares
c. Name (First, Middle, Last)	Title	% of ownership or # of shares
d. Name (First, Middle, Last)	Title	% of ownership or # of shares
e. Name (First, Middle, Last)	Title	% of ownership or # of shares
f. Name (First, Middle, Last)	Title	% of ownership or # of shares
g. Name (First, Middle, Last)	Title	% of ownership or # of shares
h. Name (First, Middle, Last)	Title	% of ownership or # of shares
i. Name (First, Middle, Last)	Title	% of ownership or # of shares

**Section C: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY INDIVIDUAL MEMEBERS/SHAREHOLDERS OF THE BACKER ENTITY**

5a. Does the new permittee currently hold a liquor permit as a backer or permittee in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO			
5b. Has the new permittee held a liquor permit in the past as a backer or permittee in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please complete the permit information for each past or present permit below. Attach a separate sheet if needed.</i>			
6a. 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
6b. 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
7. Have any of the permits listed above been revoked, suspended or denied in CT or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>If yes</u> , attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.	

**Section E: CERTIFICATION OF BACKER or AUTHORIZED REPRESENTATIVE OF BACKER**

<p><b>8. Backer Certification</b> (<u>To be signed by backer or the authorized representative of the backer</u>)</p> <p>I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in “Section C” of this application is designated as my principal representative on the premises for which this application is being submitted.</p>	Signed by Backer or Authorized Representative of Backer  <b>X</b> _____	Date
	Print name of Backer or Representative	Title of Backer or Representative