## STATE OF CONNECTICUT

# DEPARTMENT OF CONSUMER PROTECTION Liquor Control Division

Telephone: (860) 713-6210 Email: dep.liquorcontrol@ct.gov

Web Site: <a href="https://www.ct.gov/dcp/liquorcontrol">www.ct.gov/dcp/liquorcontrol</a>



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### **LIQUOR PERMIT APPLICATION: LOCAL OFFICIAL APPROVAL**

Department of Consumer Protection, 450 Columbus Blvd., Suite 801, Hartford, CT 06103

Instructions: This paper form may be completed, scanned and uploaded as part of an online application for a farm winery retail location. Complete parts A and B and then bring the application to the town offices for the Zoning Official and Town Clerk signatures. Then scan the completed and signed document and have that image available on the device you are using to complete the online application.

#### **Section A: PERMIT SELECTION**

1. Select one:

X Farm Winery Retail Location

#### **Section B: BUSINESS INFORMATION**

2.Farm Winery Name:						
3. Farm Winery Permit Number						
4. Proposed Retail Address		City	State	Zip Code		
5. Business Telephone Number	7. Business Email Address					

#### Section C: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

9. <b>Zoning Authority Approval:</b> I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #4 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment.						
Signature of Zoning Official X	Print Name					
Title of Official	Date / /					
10. <b>Certification of Town Clerk:</b> The town in which the business identified in this application is to be operated, has no ordinance restricting the hours of sale of alcoholic liquors beyond those set forth in State law except as indicated in the box below. (If none, please enter "NONE")						
Additional Restrictions:						
Signature of Town Clerk <b>X</b>	Date/					