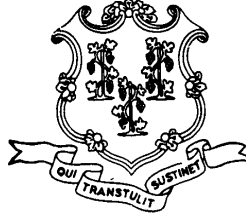


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Liquor Control Division
 Telephone: (860) 713-6210
 Email: dcp.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



FARMERS' MARKET LOCATION REQUEST FORM

Please print clearly or type the information entered on this form. Upload the completed form as part of your online Farmers' Market Sales Permit application. If you already have that approved permit and wish to add additional farmers' market locations, email the completed form to DCP.LiquorControl@ct.gov.

LOCATION OF FARMERS' MARKET

1. Permit Number for Manufacturer:		2. Trade Name of Manufacturer being Invited:	
3. Name of Farmers' Market:			
4. Address of Farmers' Market (Street Address):			
5. City:		State:	Zip Code:
6. Telephone Number:	7. Fax Number:	8. Email Address:	
9. Days and Hours of Operation:			
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____			

APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

10. Farmers' Market Invitation: I certify that as a representative of the Farmers' Market identified above, the above named Manufacturer has been invited to sell their products at the Farmers' Market identified in #3 and during dates and times allowed by law.	
Signature of Farmers' Market Representative X _____ <div style="text-align: center; margin-top: 10px;">Print Name _____</div> Title of Official _____ Date ____/____/____	
11. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #5 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit identified in this application.	
Signature of Zoning Official X _____ Print Name _____ Title of Official _____ Date ____/____/____	
9. Certification of Town Clerk: The town in which the business identified in item # 4 of 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: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
Signature of Town Clerk X _____ Date ____/____/____	