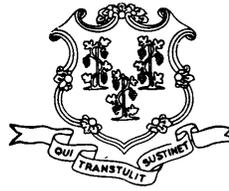


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Phone: (860) 713-6200  
 Email: [dep.liquorcontrol@ct.gov](mailto:dep.liquorcontrol@ct.gov)  
 Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>



**APPLICATION FOR MANUFACTURER OF SPIRITS OR  
 MANUFACTURER OF BEER OR MANUFACTURER FARM WINERY OR  
 MANUFACTURER OF WINE, CIDER & MEAD LIQUOR PERMIT**

<input type="checkbox"/> <b>Manufacturer of Spirits (LMS)</b> <b>\$1950.00</b>	<input type="checkbox"/> <b>Manufacturer of Beer (LMB)</b> <b>\$1500.00</b>	<input type="checkbox"/> <b>Manufacturer Farm Winery (LFW)</b> <b>\$400.00</b>	<input type="checkbox"/> <b>Manufacturer of Cider, Wine &amp; Mead (LMW)</b> <b>\$300.00</b>
---	--	---	---

Checks and/or money orders should be made to “**Treasurer, State of Connecticut**” and must accompany this application. The application fee is included in the above fees and is non-refundable. Return your completed application, documentation and appropriate fee to: **Department of Consumer Protection, 450 Columbus Blvd, Suite 801, Hartford, CT 06103**

**Section A: BUSINESS INFORMATION**

**ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED**

1. Trade Name (DBA Name)		2. Are you requesting a Provisional Permit? <b>Fill out PROVISIONAL PERMIT AGREEMENT FORM and submit</b>	
3. Business Address		City	State
		Zip Code	
4. Business Telephone Number	5. Business Fax Number	6. Business Email Address	
7. Is there currently a liquor permit at the proposed premises? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If yes, current permit number</i>	8. Patio? (If yes, complete attached patio request form) <input type="checkbox"/> YES <input type="checkbox"/> NO
9. Type of Live Entertainment: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<input type="checkbox"/> Acoustics - (Not Amplified)	<input type="checkbox"/> Disc Jockeys	<input type="checkbox"/> Live Bands	<input type="checkbox"/> Comedians
<input type="checkbox"/> Concerts	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows	<input type="checkbox"/> Exotic Dancers
		<input type="checkbox"/> Sporting Event(s)	<input type="checkbox"/> Magicians

**Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS**

**10. Zoning Authority Approval:** 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 identified in this application and/or entertainment listed in #9.

Signature of Zoning Official X \_\_\_\_\_ Print Name \_\_\_\_\_

Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**11. Fire Marshal’s Approval:** I certify that the premises identified in items #3 of this application is physically constructed in a manner that is safe for the type of business that will be operated there.

Signature of Fire Marshal X \_\_\_\_\_ Print Name \_\_\_\_\_

Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**12. Certification of Town Clerk:** The town in which the business identified in item # 3 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:

Signature of Town Clerk X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section C: PERMITTEE APPLICANT INFORMATION**

13. Permittee Name (First, Middle, Last)				
14. Permittee Residence Street Address		City	State	Zip Code
15. Permittee Telephone Number	16. Permittee Fax Number	17. Permittee Email Address		

**Section D: PREFERRED MAILING ADDRESS**

Check (✓) one box below and enter address if different than Business or Permittee Address

- BUSINESS ADDRESS**
                 
  **PERMITTEE ADDRESS**
                 
  **ADDRESS BELOW**

18. Name				
19. Address		City	State	Zip Code

**Section E: BACKER INFORMATION**

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

20. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one					
<input type="checkbox"/> <b>Sole Proprietorship/ Owner</b>	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Limited Liability Company</b>	<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Limited Liability Partnership</b>	<input type="checkbox"/> <b>Unincorporated Association</b>
21. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.					
22. Street Address		City	State	Zip Code	
23. Backer Telephone Number	24. Backer Fax Number	25. Backer Email Address			
26. 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	

**Section F: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE OR BACKER**

This section applies to the permittee applicant, and to each backer who is a sole proprietor, partner or a member of a partnership organization, corporation, and members of a limited liability organization or unincorporated associations. \*Attach a separate sheet if needed.

27a. Does any Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
27b. Has any Permittee or Backer held a liquor permit in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please complete the permit information for each past or present permit below</i>			
28a. 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
28b. 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
28c. 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
29. 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 G: CERTIFICATIONS REQUIRED FROM FEDERAL AND STATE AGENCIES**

<b>Provide a copy of approval as a Manufacturer by the Alcohol and Tobacco Tax and Trade Bureau (TTB).</b>
<b>Provide a copy of your Alcoholic Beverages Distributor License from the CT Department of Revenue Services.</b>

**Section H: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER**

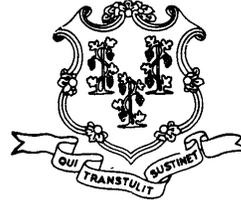
<b>30. Permittee Certification</b> (To be signed by permittee applicant, identified in “Section C” of this application) I certify that the information provided in this application is true to the best of my knowledge.	Signed by Permittee Applicant  X _____	Date
<b>31. Backer Certification</b> (To be signed by backer or the authorized representative of the backer) 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.	Signed by Backer or Authorized Representative of Backer  X _____  _____ Print Name and Title	Date

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210

Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)

Website: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION & STATEMENT OF PERSONAL HISTORY**

All spaces must be completed – **please print or type**. This statement must be completed by the permittee and each person who is a backer member or partner for this liquor permit. Please attach a separate sheet if necessary.

**A. PERSONAL/BUSINESS INFORMATION:**

Last Name		First Name		Middle Name
Business Title	Relationship to Liquor Permit <input type="checkbox"/> Permittee <input type="checkbox"/> Backer	% Interest / # of Shares	Aliases, Other names known by, Maiden name	
Residence Street Address (no P.O. Boxes):		City or Town:		State: Zip Code:
Telephone Number (Home):	Telephone Number (Cell):	Fax Number:	E-mail Address:	
Motor Vehicle Driver's License Number		State of Issue:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Place of Birth	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Alien Reg Number:	Date & Place of Naturalization

**B. EMPLOYMENT OF PUBLIC OFFICES:** Please indicate below any public offices held by the applicant, individual backers, shareholders, corporate officers, LLC members, etc. *\*Please attach a separate sheet if necessary*

Name	Title	Place	Town, City, State or Federal Agency

If NONE, check here  **NONE**

**C. CRIMINAL HISTORY:** Have you had any prior felony convictions?  YES  NO  
*(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet")*

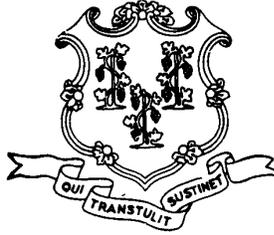
**D. AUTHORIZATION:**

- I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments or individuals. This information may include, but is not limited to, my residential, personal, and criminal history records and financial and credit information.
- I authorize criminal justice agencies to release records concerning my criminal history to the Department of Consumer Protection for the purpose of determining my suitability, as a permittee or backer; or
  - I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability as a permittee or backer

I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Applicant, Permittee, Backer, Backer Member or Partner completing this statement      Print Name      Date

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



**Authorization of the Proposed Backer Legal Entity for Release of Financial Information**

This form must be completed by a duly authorized representative of the backer identified in Section D of the new application:

**A. BUSINESS INFORMATION**

1. Name of Backer Business Entity:			
2. Address of Backer Business Entity: (street & number)	City:	State:	Zip code:
3. Name of Authorized Representative: (last, first, middle)		4. Business Title of Representative:	
5. Address of Authorized Representative: (street & number)	City:	State:	Zip code:
6. Telephone Number of Authorized Representative:	7. Fax Number:	8. Email Address	

**B. AUTHORIZATION:**

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to the business entity identified in item #1 above from financial or lending institutions, credit bureaus, consumer reporting agencies, licensing agencies and retail business establishments or individuals.
2. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability for a liquor permit.

**C. PERSONAL CERTIFICATION:**

I certify, under penalty of law that the information provided in this authorization is true to the best of my knowledge.	
_____	_____
Signature of duly authorized representative of the backer	Date

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



## BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Backer:			
Street Address:	City:	State:	Zip Code:

***\*\*Please Note: The following sections should document the expenses involved in establishing your business and the sources of the funds to pay for these expenses. The total dollar amount in Section A should equal the total dollar amount in Section B. Additional documents may be required by the Department.\*\****

**Section A – Cost/Expenses:**

1. PURCHASE/SALE PRICE OF YOUR BUSINESS:	\$	
2. COST OF BUILDING: (If real estate is being transferred)	\$	
3. LEASEHOLD/SECURITY DEPOSIT:	\$	
4. RENOVATIONS/ALTERATIONS:	\$	
5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:	\$	
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$	
7. OTHER EXPENSES: (Please Specify)	\$	
<b>TOTAL FUNDS FOR ALL COSTS/EXPENSES:</b> (add 1-7 above)	<b>\$</b>	

**Section B - Sources of Funds:**

8. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$	
9. CASH ON HAND:	\$	
10. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$	
<b>TOTAL FUNDS FOR ALL SOURCES:</b> (add 8-10 above)	<b>\$</b>	

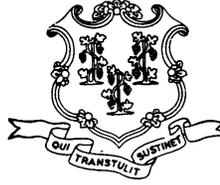
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

**X** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Backer or Authorized Representative:	Title:
--	--------

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



**REVIEW OF CRIMINAL CONVICTION**

DEAR APPLICANT:

Pursuant to Section 46a-80(b) of the Connecticut General Statutes, if your application indicates that you have had a prior felony conviction, the specifics of your felony background must be documented for review in order to determine your eligibility for a license. **IF APPLICABLE:**

- 1. Complete the Criminal Conviction Application Worksheet below.
- 2. Attach copies of your conviction, sentencing, parole and probation documents.
- 3. Attach a letter from your Probation Officer attesting to compliance with your Probation Order or details regarding non-compliance with your Probation Order.
- 4. If Probation has been satisfied, attach a letter from your Probation Officer stating when you completed your probationary period.
- 5. Attach a letter from your Parole Officer attesting to compliance with your Parole Order or details regarding non-compliance with your Parole Order.
- 6. If Parole has been satisfied, attach a letter from your Parole Officer stating when you completed your parole. If Parole has not been completed, provide the date on which it will be completed.

**CRIMINAL CONVICTION APPLICATION WORKSHEET**  
Pursuant to CHRO Criteria --SECTION 46a-80

*Please Print Clearly*  
**APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**CHECK ONE:**  NEW APPLICANT  RENEWAL  REINSTATEMENT **DATE OF APPLICATION** \_\_\_\_\_

**LICENSE TYPE:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_

**DATE OF CRIME** \_\_\_\_\_ **DATE OF CONVICTION** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Official Use Only*

Nature of Crime: \_\_\_\_\_

What is relationship of crime to the license for which the person has applied? \_\_\_\_\_

What is the degree of rehabilitation? \_\_\_\_\_

What is the time lapsed since conviction or release? \_\_\_\_\_

**DIVISION DIRECTOR:**  Approval  Denial  Refer to Legal Division  Refer to Board or Commission

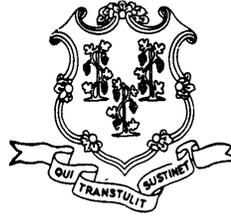
Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructions for Processing \_\_\_\_\_

Additional Information Required \_\_\_\_\_

**THIS FORM IS TO REMAIN WITH LICENSEE'S FILE AS PART OF THE RECORD**

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



For Official Use Only

**APPLICATION FOR PATIO, EXTENSION OF USE and/or ADDITIONAL CONSUMER BAR**

<input type="checkbox"/> <b>PATIO</b> <i>(Restaurants &amp; Cafes ONLY)</i>	<input type="checkbox"/> <b>EXTENSION OF USE</b> <i>(All other permit types)</i>	<input type="checkbox"/> <b>ACB (Additional Consumer Bar)</b> # of ACB's: _____ (FEE: \$190.00 each)
--	---	--

**Section A: BUSINESS INFORMATION**

1. Trade Name (DBA Name)		2. Permit Number	
3. Permittee Name (First, Middle, Last)			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)			
5. Business Address		City	State
6. Business Telephone Number		7. Business Fax Number	8. Business Email Address
9. Type of Request? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		<i>If <b>TEMPORARY</b> is checked, List Specific Dates Below:</i>	

**Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS**

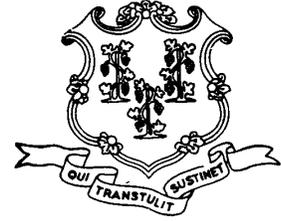
10. <b>Zoning Authority Approval:</b> I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.
Signature of Zoning Official X _____ Print Name _____
Title of Official _____ Date ____/____/____
11. <b>Fire Marshal's Approval:</b> I certify that the premises identified in Section A and on the sketch of this application is safe for this type of request.
Signature of Fire Marshal X _____ Print Name _____
Title of Official _____ Date ____/____/____
12. <b>Local Health Approval: (Patio Requests ONLY)</b> I certify that the Patio at the premises identified in Section A and on the sketch of this application meets local health approval.
Signature of Health Official X _____ Print Name _____
Title of Official _____ Date ____/____/____

**Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER**

13. <b>Backer Certification</b> (To be signed by backer or the authorized representative of the backer)  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 A" of this application is designated as my principal representative on the premises for which this application is being submitted.	Signed by Backer or Authorized Representative of Backer  X _____  Print name of Backer or Representative	Date: _____  Title of Backer or Representative
---	--	--

**\*Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB\***

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**LIQUOR CONTROL DIVISION**  
Telephone: (860) 713-6210  
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Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**AFFIDAVIT OF SELLER UNPAID OBLIGATIONS**  
**THIS FORM IS TO BE EXECUTED BY THE SELLER**

The undersigned permittee, backer or authorized representative of the backer:

Name: (Last, First, Middle)		
Address: (Street Address & Number)	State:	Zip code:

Representing: Name of Backer:
----------------------------------

BEING DULY SWORN DEPOSES AND SAYS:

I AM OVER EIGHTEEN YEARS OF AGE AND BELIEVE IN THE OBLIGATION OF AN OATH.

I AM THE BACKER, OR DULY AUTHORIZED REPRESENTATIVE OF THE BACKER, FOR THE PERMITTED LIQUOR PREMISES OPERATING UNDER THE BUSINESS NAME:

Name of Permitted Liquor Business:		
Address: (Street Address & Number)	State:	Zip code:

Operating with CT liquor permit number:

Liquor Permit Number:
-----------------------

*Pursuant to 30-48(c) of the Connecticut General Statutes, I attest that:*

**ALL OBLIGATIONS OF THE PREDECESSOR PERMITTEE FOR THE PURCHASE OF ALCOHOLIC LIQUOR AT SUCH PERMIT PREMISES HAVE BEEN PAID OR THAT SUCH APPLICANT DID NOT RECEIVE DIRECT OR INDIRECT CONSIDERATION FROM THE PREDECESSOR PERMITTEE.**

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature of permittee, backer or authorized representative of the backer:

X \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and affirmed before me:

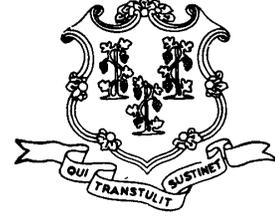
Signed X \_\_\_\_\_ Date \_\_\_\_\_  
(Commissioner of Superior Court, Notary Public, Justice of Peace)

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division**

Telephone: (860) 713-6210

Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)

Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**ABANDONMENT AFFIDAVIT**

**Date:** \_\_\_\_\_

**Permittee:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neither I, \_\_\_\_\_, nor the backer  
\_\_\_\_\_, purchased anything from the previous  
permit holder/backer.

Neither I, \_\_\_\_\_, nor the backer  
\_\_\_\_\_, received any benefit from the predecessor  
for the abandonment of permittee/backer.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

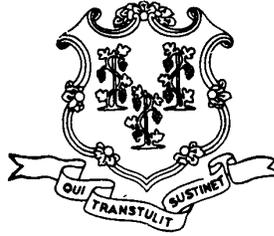
*Signature of permittee, backer or authorized representative of the backer:*

**X** \_\_\_\_\_ Date: \_\_\_\_\_

*Subscribed and affirmed before me:*

Signed **X** \_\_\_\_\_ Date \_\_\_\_\_  
(Commissioner of Superior Court, Notary Public, Justice of Peace)

STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
 LIQUOR CONTROL DIVISION  
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 Website: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**PROVISIONAL PERMIT AGREEMENT FORM**

*Instructions: Read and fill out this form in its entirety. This form may be submitted with your liquor permit application. Please include a separate check for \$500 made payable to "Treasurer, State of Connecticut." Your request for a provisional permit will not be reviewed without payment of the **nonrefundable** \$500 fee.*

Permittee/Authorized Representative of the Backer	Trade Name of Proposed Premises		
Proposed Premises Street Address	City	State	Zip Code
Backer Legal Entity Name:			

**A. REQUEST AND STIPULATED AGREEMENT FOR PROVISIONAL:**

I submitted an application for a liquor permit to the Department of Consumer Protection and hereby request a Provisional Permit pursuant to Sec. 30-35b, Connecticut General Statutes. **I understand there is an additional \$500 fee to apply for a provisional permit. I understand that this fee must be paid before the Department will review my provisional permit request. I understand that the \$500 fee is nonrefundable, even if the Department does not issue my provisional permit or I choose not to use my provisional permit.**

I also understand that my provisional permit will expire 90 days after it is issued. I agree that if I am not approved for a final liquor permit for any reason before my provisional permit expires, I will have no right or authority to sell alcohol. I may ask the Department for an extension of my provisional permit if I want to continue selling alcohol. The Department will not extend a provisional permit beyond the one-year anniversary of the filing of my application.

I understand that, even if I receive a provisional permit, my application must be investigated and I must provide the Department all documentation required to process my application. If I do not cooperate with the Department during its investigation, I understand my provisional permit may not be renewed. (See Connecticut General Statutes § 30-35b.)

**B. CREDIT WAIVER REQUEST:**

I request approval by the Department to allow wholesalers to extend credit while I am operating under a provisional liquor permit, pursuant to Section 30-6-A36(b) of the Regulations of Connecticut State Agencies.  YES  NO (If YES, please provide proof that the backer is fiscally responsible. This can be demonstrated by submitting a complete financial statement and any supporting documentation.)

I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge. I additionally acknowledge (please initial each statement):

\_\_\_\_\_ A **nonrefundable** \$500 fee is due before the Department will review my provisional permit request.

\_\_\_\_\_ My provisional permit is only valid for 90 days. If it expires before my final permit issues, I must ask for an extension or otherwise stop selling alcohol. The Department cannot extend my provisional permit beyond one year from my application. If I receive a provisional permit, it is not a promise or guarantee that I will receive my final permit.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant, Permittee, Backer, Backer / Print Name / Date  
 Member or Partner completing this statement