STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION Liquor Control Division

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

Web Site: www.ct.gov/dcp/liquorcontrol



Instructions: Complete parts A and B and then bring the application to the town offices for the signatures. Then scan the completed and signed document and have that image available on the device you are using to complete the online application.

MANUFACTURER LIQUOR PERMIT APPLICATION: LOCAL OFFICIAL APPROVAL ADDENDUM

Department of Consumer Protection, 450 Columbus Blvd., Suite 901, Hartford, CT 06103 Section A: PERMIT SELECTION (Select one):

Manufacturer of Reer (I.MR) Manufacturer of Cider, Wine, & Mead (I.MW) Section B: BUSINESS INFORMATION	Farm Winery (LFW) Manufacturer of Spirits (LMS)			
2. Backer Name: 3. Trade Name (DBA Name): 4. Business Address: City: State: Zip Code: 5. Business Telephone Number 6. Business Fax Number: 7. Business Email Address: 8. Type of Live Entertainment: YES NO (If yes, please cheek (/) all that apply below)	Manufacturer of Beer (LMB) Manufacturer of Cider, Wine, & Mead (LMW)			
3. Trade Name (DBA Name): 4. Business Address: 5. Business Telephone Number 6. Business Fax Number: 7. Business Email Address: 8. Type of Live Entertainment: 9. Concerts 9. Concerts 10. ACB (Additional Consumer Bar) # of ACB's: (FEE: \$190.00 each) Section C: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS 11. Zoning Authority Approval: 1 certify that 1 am familiar with the zoning ordinances and bylaws of the city/town identified in this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application and for the entertainment in # 8. Signature of Zoning Official X Print Name 12. Certification of Town Clerk: 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 X Date 13. Fire Marshal's Approval: I certify that the premises identified in this application and on the sketch 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 Print Name Date	Section B: BUSINESS INFORMATION			
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5. Business Telephone Number 6. Business Fax Number: 7. Business Email Address: 8. Type of Live Entertainment: YES	3. Trade Name (DBA Name):			
8. Type of Live Entertainment: YES NO (If yes, please check () all that apply below) Acoustics - (Not Amplified) Concerts Live Bands Comedians Exotic Dancers Disc Jockeys Sporting Event(s) Karaoke Plays/Shows Magicians Axe Throwing Patto/EXTENSION OF USE (Outdoor Service) 10. ACB (Additional Consumer Bar) # of ACB's: (FEE: \$190.00 each) Section C: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS 11. Zoning Authority Approval: 1 certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in this application and/or the entertainment in # 8. Signature of Zoning Official X Print Name	4. Business Address:	City:	State: Zip Code:	
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Title of OfficialDate/	Signature of Health Official X	Print Name		
	Title of Official	Date	e//	