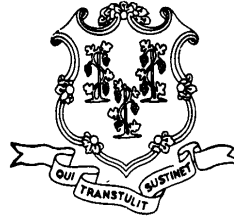


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [dep.liquorcontrol@ct.gov](mailto:dep.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



For Official Use Only

## OFF-PREMISE LIQUOR PERMIT APPLICATION: LOCAL OFFICIAL APPROVAL ADDENDUM

**Department of Consumer Protection, 450 Columbus Blvd., Suite 901, Hartford, CT 06103**

Instructions: This paper form may be completed, scanned and uploaded as part of an online application for an off-premise permit. Complete parts A and B and then bring the application to the town offices for the Zoning Official and Town Clerk signatures in part C. Scan the completely 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Druggist Liquor (LID)      | <input type="checkbox"/> Religious Wine Retailer (LRE) |
| <input type="checkbox"/> Grocery Beer (LGB)         | <input type="checkbox"/> Gift Basket Retailer (LWG)    |
| <input type="checkbox"/> Package Store Liquor (LIP) |  |

### Section B: BUSINESS INFORMATION

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	

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

<p><b>8. 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.</p> <p>Signature of Zoning Official X _____ Print Name _____</p> <p>Title of Official _____ Date _____/_____/_____</p>
<p><b>9. Certification of Town Clerk:</b> The town in which the business identified in item # 2 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")</p> <div style="border: 1px solid black; height: 30px; margin: 5px 0;"></div> <p>Additional Restrictions:</p>
<p>Signature of Town Clerk X _____ Date _____/_____/_____</p>