STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION Liquor Control Division

Telephone: (860) 713-6210 Email: <u>liquor.control@ct.gov</u> Web Site: <u>www.ct.gov/dcp</u>



OFF-SITE WINERY SALES AND TASTING LOCATION REQUEST FORM

Please print clearly or type the information entered on this form. Upload the completed form as part of your Off-Site Winery Sales and Tasting Permit online application. This form may only be used by the holder of a manufacturer permit for farm winery or the holder of a manufacturer permit for wine, cider, and mead.

LOCATION OF TEMPORARY EVENT

1. Permit Number for Winery:	2. Trade Name of Winery:			
3. Event Name:				
4. Event Location (Street Address):				
5. Event City:	6. Date of Event:	7. Hours of Event:		
APPROVAL/CERTIFICATION OF LOCAL OFFICIALS				
8. Event Authorization: I certify that as an authorized representative of the event identified above, the above-named winery has been invited to sell its products at our event identified in #3 and during the dates and times allowed by law.				
Signature of Event Representative X				
Print Name				
Title of Official		Date	/	_/
9. 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/establishment identified in this application.				
	Print Nam			
Title of Official		Date	/	_/
	e town in which the business identified in item # of alcoholic liquors beyond those set forth in Sta			
Additional Restrictions:				
Signature of Town Clerk X		Date	_/	_/