



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

APPLICATION FOR ON-PREMISES LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please see fee chart for required fee.** Checks and/or money orders should be made to “**Treasurer, State of Connecticut**” and must accompany this application. The application fee 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. Type of Liquor Permit Applying for:		2. Are you requesting a Provisional Permit? Fill out PROVISIONAL PERMIT AGREEMENT FORM & SUBMIT	
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. 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>	9. Patio? (If yes, complete attached patio request form) <input type="checkbox"/> YES <input type="checkbox"/> NO
10. 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"/> Sporting Event(s)
			<input type="checkbox"/> Exotic Dancers
			<input type="checkbox"/> Magicians

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

<p>11. 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 #10.</p> <p>Signature of Zoning Official X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>	
<p>12. Fire Marshal’s Approval: I certify that the premises identified in items #3 & #4 of this application is physically constructed in a manner that is safe for the type of business that will be operated there.</p> <p>Signature of Fire Marshal X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>	
<p>13. 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”)</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Additional Restrictions: </div> <p>Signature of Town Clerk X _____ Date ____/____/____</p>	

Section C: PERMITTEE APPLICANT INFORMATION

14. Permittee Name (First, Middle, Last)				
15. Permittee Residence Street Address		City	State	Zip Code
16. Permittee Telephone Number	17. Permittee Fax Number	18. 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

19. Name				
20. Address		City	State	Zip Code

Section E: BACKER INFORMATION

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

21. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one					
<input type="checkbox"/> Sole Proprietorship/ Owner	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association
22. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.					
23. Street Address		City	State	Zip Code	
24. Backer Telephone Number	25. Backer Fax Number	26. Backer Email Address			
27. 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.

28a. Does any Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
28b. 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>			
29a. 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
29b. 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
29c. 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
30. 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		If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.	

Section G: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

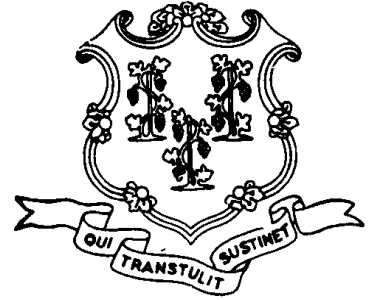
<p>31. Permittee Certification (To be signed by permittee applicant, identified in “Section C” of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	<p>Signed by Permittee Applicant</p> <p>X _____</p>	<p>Date</p>
<p>32. Backer Certification (To be signed by backer or the authorized representative of the backer)</p> <p>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.</p>	<p>Signed by Backer or Authorized Representative of Backer</p> <p>X _____</p>	<p>Date</p>
	<p>Print name of Backer or Representative</p>	<p>Title of Backer or Representative</p>

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INSTRUCTIONS TO APPLICANT: All applicants for an on-premise liquor permit must submit either a copy of their food or beverage service license issued by their local health department **OR** this form. Fill out Section A of this form and have your local health official complete Section B.

PUBLIC HEALTH CERTIFICATE

Section A: To be completed by applicant.

1. Permittee Name:		2. Backer Name:	
3. Trade Name (DBA Name):			
4. Business Address		City	State
			Zip Code
5. Will food be prepared and served on the premise? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. Will only pre-packed food be served on the premise (e.g., chips, nuts, snacks, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. Will take-out food be allowed on the premise? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Section B: To be completed by local health official or designated agent.

Please select one:

_____ The above-noted premise has complied with the requirements of all applicable public health codes and local ordinances for the public dispensing of food and beverages at this time, including obtaining any necessary food service licenses.

_____ The above-noted premise does not require approval from local public health officials in order to operate as described above.

Signature:

I certify that I am familiar with all applicable ordinances or bylaws of the city/town identified above and have made the appropriate selection to the best of my knowledge and ability.

Signature _____ Title _____

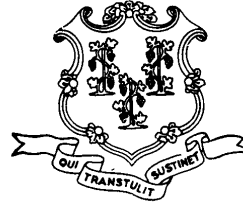
Print Name _____ Date ____/____/____

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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")

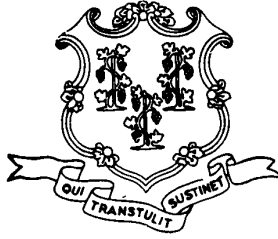
D. AUTHORIZATION:

- 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

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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	

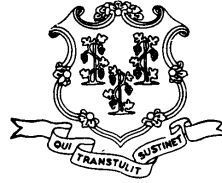
B. AUTHORIZATION:

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.	
<hr/> Signature of duly authorized representative of the backer	<hr/> Date

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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)	\$	
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above)	\$	

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)	\$	
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	\$	

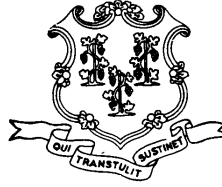
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

Printed Name of Backer or Authorized Representative:	Title:
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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

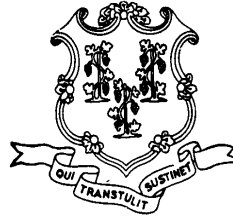
Signature _____ Date _____

Instructions for Processing _____

Additional Information Required _____

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

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For Official Use Only

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

<input type="checkbox"/> PATIO <i>(Restaurants & Cafes ONLY)</i>	<input type="checkbox"/> EXTENSION OF USE <i>(All other permit types)</i>	<input type="checkbox"/> ACB (Additional Consumer Bar) # of ACB's: _____ (FEE: \$190.00 each)
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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 <u>TEMPORARY</u> is checked, List Specific Dates Below:</i>	

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

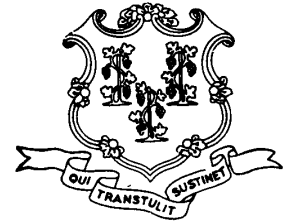
10. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.
Signature of Zoning Official X _____ Print Name _____ Title of Official _____ Date ____/____/____
11. Fire Marshal's Approval: 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. Local Health Approval: (Patio Requests ONLY) 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. Backer Certification (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
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Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB

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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:

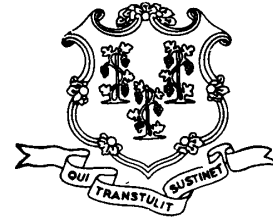
Signed X _____ Date _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)

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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.

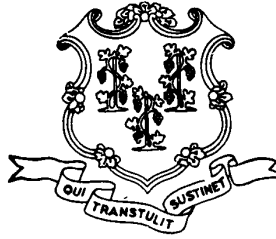
Signature of permittee, backer or authorized representative of the backer:

X _____ Date: _____

Subscribed and affirmed before me:

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

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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