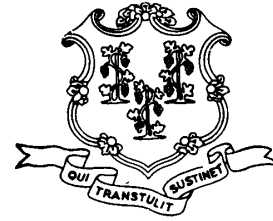


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**Liquor Control Division**  
Telephone: (860) 713-6210  
Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**STIPULATED AGREEMENT FOR REMOVAL**

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

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

**Town:** \_\_\_\_\_

I, THE UNDERSIGNED, \_\_\_\_\_, in recognition of the fact the Department of Consumer Protection has granted permission for the removal of my permit from: \_\_\_\_\_ to

\_\_\_\_\_ hereby agree and stipulate as follows:

- 1) Complete proper publication notice, and
- 2) Meet the satisfactory inspection and investigation by the investigating agent.

IN THE EVENT I fail to comply with above stipulated, and it becomes necessary for the Department of Consumer Protection to revoke my permit, then I hereby willingly and knowingly surrender my statutory right to appeal from the decision of the Liquor Control Commission revoking my permit, and I further agree that any such appeal shall under no circumstances act as a stay of execution of the order of revocation.

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)