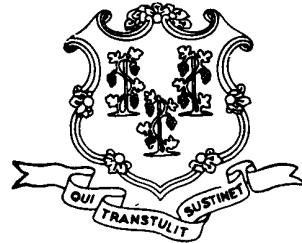


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Web Site: www.ct.gov/dcp/liquorcontrol



INSTRUCTIONS AND INFORMATION: **Substitute Permittee Application**

PLEASE READ ALL INSTRUCTIONS AND INFORMATION BEFORE COMPLETING APPLICATION. APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE OR IF ANY REQUIRED DOCUMENT IS MISSING.

Fees and Form of Payment:

An application and filing fee is required. Please submit the required fee of \$30.00. Checks and/or money orders should be made payable to “*Treasurer, State of Connecticut*” and must accompany this application. **The application filing fee is not refundable.**

The Application Process

Once the Department is in receipt of your completed and correctly executed application and filing fee, it will be processed and submitted for review and approval before the Liquor Control Commission. Once your application is approved, an updated permit reflecting the new permittee’s name will be printed and mailed to your business address.

Definitions

Permittee – The permittee is the applicant for the liquor permit. The permittee is a person designated as the representative of the backer for the permit premises. The permittee must be able to read and understand English. The permittee can be the owner/backer of the business that holds the permit.

Backer – An individual or legal business entity that owns the business to which the liquor permit is issued.

Authorized Backer Representative – An individual who is legally authorized by the nature of the position held (i.e. corporate officer) in the business, or through a power of attorney to sign documents and make decisions related to the liquor permit.

****Section 30-45** of the Connecticut General Statutes prohibits the following individuals and officer holders from obtaining a liquor permit. Section 30-45 appears below and the prohibited individuals are noted. If you are a prohibited individual, you may not apply for a liquor permit.

CT General Statutes, Section 30-45: The Department of Consumer Protection shall refuse permits for the sale of alcoholic liquor to the following persons: (1) Any state marshal, judicial marshal, judge of any court, prosecuting officer or member of any police force, (2) a minor, and (3) any constable who performs criminal law enforcement duties and is considered a peace officer by town ordinance pursuant to the provisions of subsection (a) of section 54-1f, any constable who is certified under the provisions of sections 7-294a to 7-294e, inclusive, who performs criminal law enforcement duties pursuant to the provisions of subsection (c) of section 54-1f, or any special constable appointed pursuant to section 7-92. This section shall not apply to out-of-state shippers' permits, cafe permits issued pursuant to subsection (j) of section 30-22a and airline permits. As used in this section, "minor" means a minor, as defined in section 1-1d or as defined in section 30-1, whichever age is older.

APPLICATION INSTRUCTIONS AND DOCUMENTS REQUIRED FOR A SUBSTITUTE PERMITTEE APPLICATION TO BE ACCEPTED

1. APPLICATION FOR SUBSTITUTE PERMITTEE

Complete both pages of the application. Every question must be answered. If left blank, the application will not be accepted. If the question does not apply, enter the word “**none**”.

Completing the Application

Section A: New Permittee Information

Item #1 through #6 – The incoming new permittee must complete this section and include their current residence address, along with phone number, fax number and email address. The new permittee must also be able to answer Yes to item #6 in order to qualify as a permittee.

Section B: Current Business Location/Permitted Premises

Items #7 through #10 Enter current permit number and business address and contact information.

Section C: Backer-Owner Information

Items #11 and #12 Enter the backer name as it is listed under the current liquor permit. Also, list an authorized representative for the backer (person’s name) in item #12.

Section D: Current or Previous Liquor Permits Held By Permittee

Item #13 through #17 – List current or previously held liquor permits. Include any permits held by permittee as either a sole proprietor, partner or a member of a partnership organization, corporation, or limited liability company etc. If there are none, check “**NO**” in #13a and #13b.

Section E: Certification of Permittee Applicant and Backer or Authorized Representative of Backer

Items #18 and #19 - The new permittee listed in Section A #1 of the application must sign #18. The backer/owner listed in Section C or authorized backer representative must sign #19.

2. FEE AND FORM OF PAYMENT:

An application and filing fee is required. Please submit the required fee of \$30.00. Checks and/or money orders should be made payable to “*Treasurer, State of Connecticut*” and must accompany this application. **The application filing fee is not refundable.**

3. AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION AND STATEMENT OF PERSONAL HISTORY

The applicant/permittee must complete an authorization for release of financial information and statement of personal history.

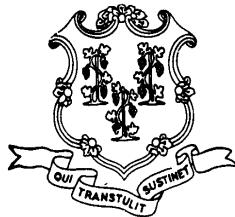
4. CRIMINAL CONVICTION WORKSHEET

If the permittee or any member of the backer has a felony conviction, complete the Criminal Conviction Worksheet, pursuant to Section 46a-80(b) of Connecticut General Statutes. (*DCPLC-CHRO*)

ONCE THE APPLICATION IS RECEIVED AND ACCEPTED BY THE DEPARTMENT OF CONSUMER PROTECTION, ADDITIONAL DOCUMENTS AND/OR

**INFORMATION MAY BE REQUIRED OF YOU BY A LIQUOR CONTROL AGENT AS
PART OF THE REVIEW AND INVESTIGATION PROCESS.**

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SUBSTITUTE PERMITTEE APPLICATION

(FOR ON-PREMISES AND OFF-PREMISES LIQUOR PERMITS)

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please submit the required fee of \$30.00.** 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: NEW PERMITTEE INFORMATION

1. New Permittee Name (First, Middle, Last)			
2. Permittee Residence Street Address		City	State Zip Code
3a. Phone Number:	3b. Fax Number:	3c. E-mail Address	
4. Is this a Permanent Substitution? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. Beginning Date of Substitution	6. Are you able to read and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Section B: CURRENT BUSINESS LOCATION/PERMITTED PREMISES

7. Permit Number	8. Trade Name		
9. Business Street Address		City	State Zip Code
10a. Phone Number:	10b. Fax Number:	10c. E-mail Address	

Section C: BACKER-OWNER INFORMATION

11. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)			
12. Name of Authorized Representative of the Backer (Person's Name)			

Section D: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE

This section applies to the NEW permittee applicant who is currently listed or was previously listed as a permittee, is or was a sole proprietor, partner or a member of a partnership organization, corporation, and or members of a limited liability organization or unincorporated associations. Attach a separate sheet if needed.

13a. Does the new permittee currently hold a liquor permit? YES NO
 13b. Has the new permittee or Backer held a liquor permit in the past? YES NO

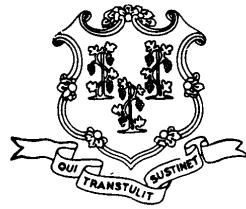
If yes, please complete the permit information for each past or present permit below

14a. 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?	Dates held
<input type="checkbox"/> Backer <input type="checkbox"/> Permittee			
15b. 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?	Dates held
<input type="checkbox"/> Backer <input type="checkbox"/> Permittee			
17. 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		<u>If yes</u> , attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.	

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

18. New Permittee Certification (To be signed by new permittee applicant identified in “Section A” of this application) I certify that the information provided in this application is true to the best of my knowledge.	Signed by New Permittee Applicant X	Date
19. 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 C” 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	Date
	Print name of Backer or Representative	Title of Backer or Representative

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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:
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Motor Vehicle Driver's License Number State of Issue:

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:

1. 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.
2. 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;
 1. 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