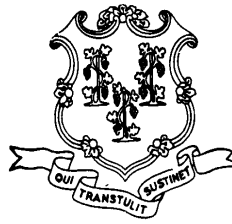


STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division** Telephone: (860)  
713-6210  
Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**Instructions:** Complete, scan, and upload this form 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.

## **OFF-PREMISE LIQUOR PERMIT APPLICATION: LOCAL OFFICIAL APPROVAL FORM**

### **Section A: PERMIT SELECTION**

1. Select one:

- |                                                     |                                                             |
|-----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Druggist Liquor (LID)      | <input type="checkbox"/> Religious Wine Retailer (LRE) Gift |
| <input type="checkbox"/> Grocery Beer (LGB)         | <input type="checkbox"/> 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	
8. Requesting THC Infused Beverage Endorsement: (Package Stores <i>only</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. <b>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 identified above or the sale of THC infused beverages (if such endorsement is requested in #8).	
Signature of Zoning Official X _____ Print Name _____	
Title of Official _____ Date _____/_____/_____	
10. <b>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 or THC infused beverages (if such endorsement is requested in #8) beyond those set forth in State law except as indicated in the box below. (If none, please enter "NONE".)	
Additional Restrictions: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Signature of Town Clerk X _____ Date _____/_____/_____	