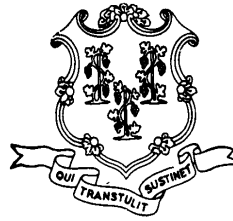


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Email: dep/liquorcontrol@ct.gov
Web Site: www.ct.gov/dep/liquorcontrol



APPLICATION FOR CORPORATE STRUCTURE CHANGE

(This form will need to be completed for situations where the corporate structure changes but the individuals who comprise the current ownership remain the same.)

Permit Number	Trade Name			
Business Street Address		City	State	Zip Code
Daytime Phone Number:		Email Address:		

CURRENT Backer Structure and Name (Corporation, LLC, Partnership, Sole Proprietorship)

NEW Backer Structure and Name (Corporation, LLC, Partnership, Sole Proprietorship)

I hereby attest that:

- Pursuant to 30-6-a1(f) of the Regulations of Connecticut State Agencies, there has been a corporate structure change but the individuals who comprise the current ownership remain the same;
- No members or stockholders have been added or removed;
- The new backer entity has the right to occupy the permit premises; and
- The new backer entity has updated its Connecticut Sales and Use Tax Permit with the Department of Revenue Services.

I do hereby affirm that the information contained in this application is true and accurate to the best of my knowledge.

Signature of Authorized Representative of the New Backer:

X _____ Date: _____

Print Name:

X _____