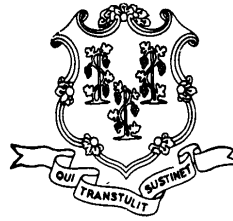


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
 Telephone: (860) 713-6210
 Email: dep.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



APPLICATION FOR FESTIVAL LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application fee of \$10 and a festival permit fee of \$75 is required.** The application fee is non-refundable.

APPLY ONLINE ONLY: Register your Organization <https://elicense.ct.gov/>, apply for the applicable permit type, submit payment by credit card, and upload a copy of this completed application.

Please check (✓) the type of organization for which you are applying (check only one box)

<input type="checkbox"/> Non-Profit Association Eligible Festival Sponsor	<input type="checkbox"/> Civic Organization Eligible Festival Sponsor	<input type="checkbox"/> Municipality/Town/City Eligible Festival Sponsor
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Section A: LOCATION AND DETAILS OF FESTIVAL EVENT

1. Name of Event:	2. Date(s) of Event:	3. Rain Date(s):	
4. Street Address of Event:	City	State	Zip Code
5. Where will your Event be held? <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/> BOTH			
6. Will there be food available to patrons at this festival event? <input type="checkbox"/> YES <input type="checkbox"/> NO *If No, provide a statement from the town that food is not required			
7. Attach a detailed Sketch of the Proposed Festival Premises, showing: (1) Location of Restrooms, or enclosed portable toilets available on or near Festival Premises (2) Location of where you plan to sell at retail alcoholic liquor by the glass or receptacle for consumption on the Festival Premises (3) Location of where you plan to offer to festival visitors free or paid samples or tastings of alcoholic liquor for consumption on the festival premises.			
8. Attach a separate narrative/letter explaining: (1) how the Festival will be conducted to ensure minors do not purchase alcohol; (2) how the Festival staff will ensure that any intoxicated patrons will be identified and do not get served; and (3) any other controls planned to ensure the safe sale and service of alcohol to patrons.			

Section C: BACKER ORGANIZATION SPONSORING THE FESTIVALEVENT (The Qualifying Organization checked above)

9. Name of Qualifying Organization:	10. Contact Email Address:		
11. Business Address:	City	State	Zip Code:
13. I understand that all participating manufacturers may only give, offer, or sell products that the manufacturer produced themselves. <input type="checkbox"/> YES <input type="checkbox"/> NO			

Section D: PERMITTEE APPLICANT INFORMATION (Individual/Person In Charge)

14. Permittee Name (First, Middle, Last)	15. Date of Birth:		
16. Permittee Residence Street Address	City	State	Zip Code

Section E: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE OR BACKER

This section applies to the permittee applicant and to the backer entity who is applying for the Festival Permit (*Attach a separate sheet if needed.)

17a. Does the Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
17b. 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>			
18. 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

Section F: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS (IN-PERSON AND BLENDED AUCTIONS ONLY)

<p>19. 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 and during the dates identified in this application.</p> <p>Signature of Zoning Official X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>
<p>20. Fire Marshal’s Approval: I certify that the premises and any indoor areas, including tents, identified in item #4 of this application is physically constructed in a manner that is safe for the type of business that will be operated there and complies with the fire code.</p> <p>Signature of Fire Marshal X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>
<p>21. 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;"> <p>Additional Restrictions:</p> </div> <p>Signature of Town Clerk X _____ Date ____/____/____</p>
<p>22. Police Authority Approval: I approve the issuance of this festival liquor permit at the address identified in #4 of this application.</p> <p>Signature of Police Authority X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>
<p>23. Applicant Suitability Approval (to be completed by the police authority in the city/town where the applicant resides)</p> <p>Has the applicant whose name appears in item #14 of this application <u>been convicted of a felony crime</u>? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances involved.)</p> <p>Do you believe the applicant named in item #14 of this application is suitable to be a liquor permittee? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please attach a statement supporting your reasons for this decision)</p> <p>Signature of Police Authority X _____ Print Name _____</p> <p>Title of Official _____ City/State _____ Date ____/____/____</p>