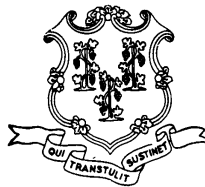


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
 Telephone: (860) 713-6210
 Email: dep.liquorcontrol@ct.gov
 Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>



APPLICATION FOR IN STATE TRANSPORTER & BOAT & LIVERY VEHICLE LIQUOR PERMIT

<input type="checkbox"/> In-State Commercial Transporter (LTR)	<input type="checkbox"/> Boat Vessel (LTR)	<input type="checkbox"/> Livery Vehicle (LTR)
---	---	--

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please submit the required fee of \$1350.00.** 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: BUSINESS INFORMATION

ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED

1. Trade Name (DBA Name)			
3. Business Address	City	State	Zip Code
4. Business Telephone Number	5. Business Fax Number	6. Business Email Address	
7. How Many Additional Boats or Livery Vehicles will there be under same ownership? (<i>*additional \$200 for each additional boat or livery vehicle</i>)			
# of Additional Boats: _____		# of Additional Livery Vehicles: _____	
8. Type of Live Entertainment: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<input type="checkbox"/> Acoustics - (Not Amplified)	<input type="checkbox"/> Disc Jockeys	<input type="checkbox"/> Live Bands	<input type="checkbox"/> Comedians
<input type="checkbox"/> Concerts	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows	<input type="checkbox"/> Sporting Event(s)
<input type="checkbox"/> Exotic Dancers			
<input type="checkbox"/> Magicians			

Section B: PERMITTEE APPLICANT INFORMATION

9. Permittee Name (First, Middle, Last)			
10. Permittee Residence Street Address	City	State	Zip Code
11. Permittee Telephone Number	Permittee Fax Number	Permittee Email Address	

Section C: BACKER INFORMATION

*** Each backer individual must also complete the “Authorization for Release of Financial Information & Statement of Personal History” form that accompanies this application.**

12. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one					
<input type="checkbox"/> Sole Proprietorship/ Owner	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association
13. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.					
14. Street Address			City	State	Zip Code
15. Backer Telephone Number	Backer Fax Number	Backer Email Address			
16. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed.					
a. Name (First, Middle, Last)			Title	% of ownership or # of shares	
b. Name (First, Middle, Last)			Title	% of ownership or # of shares	
c. Name (First, Middle, Last)			Title	% of ownership or # of shares	
d. Name (First, Middle, Last)			Title	% of ownership or # of shares	

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

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

17a. Does any 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>			
18a. 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
18b. 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

18c. 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
19. 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		If yes, 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

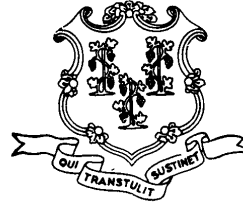
<p>20. Permittee Certification (To be signed by permittee applicant, identified in “Section A” of this application)</p> <p align="center"><i>Under penalty of false statement, a class A misdemeanor, I attest that the information provided in this application is the truth to the best of my knowledge.</i></p> <p>Signed by Permittee Applicant</p> <p>X _____ Date: _____</p>
<p>21. Backer Certification (To be signed by the backer or its authorized representative, identified in “Section E” of this application)</p> <p align="center"><i>Under penalty of false statement, a class A misdemeanor, I attest that the information provided in this application is the truth to the best of my knowledge.</i></p> <p>Signed by Backer or Authorized Representative</p> <p>X _____ Date: _____</p>

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210

Email: dcp.liquorcontrol@ct.gov

Website: www.ct.gov/dcp/liquorcontrol



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:	
Motor Vehicle Driver's License Number		State of Issue:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Place of Birth	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Alien Reg Number:	Date & Place of Naturalization

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")

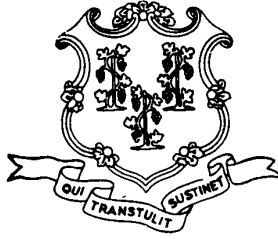
D. AUTHORIZATION:

- 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.
- 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; or
 - 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

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Authorization of the Proposed Backer Legal Entity for Release of Financial Information

This form must be completed by a duly authorized representative of the backer identified in Section D of the new application:

A. BUSINESS INFORMATION

1. Name of Backer Business Entity:			
2. Address of Backer Business Entity: (street & number)	City:	State:	Zip code:
3. Name of Authorized Representative: (last, first, middle)		4. Business Title of Representative:	
5. Address of Authorized Representative: (street & number)	City:	State:	Zip code:
6. Telephone Number of Authorized Representative:	7. Fax Number:	8. Email Address	

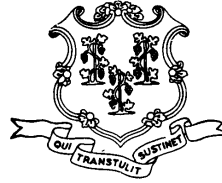
B. AUTHORIZATION:

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to the business entity identified in item #1 above from financial or lending institutions, credit bureaus, consumer reporting agencies, licensing agencies and retail business establishments or individuals.
2. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability for a liquor permit.

C. PERSONAL CERTIFICATION:

I certify, under penalty of law that the information provided in this authorization is true to the best of my knowledge.	
_____ Signature of duly authorized representative of the backer	_____ Date

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BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Backer:			
Street Address:	City:	State:	Zip Code:

*****Please Note: The following sections should document the expenses involved in establishing your business and the sources of the funds to pay for these expenses. The total dollar amount in Section A should equal the total dollar amount in Section B. Additional documents may be required by the Department.*****

Section A – Cost/Expenses:

1. PURCHASE/SALE PRICE OF YOUR BUSINESS:	\$	
2. COST OF BUILDING: (If real estate is being transferred)	\$	
3. LEASEHOLD/SECURITY DEPOSIT:	\$	
4. RENOVATIONS/ALTERATIONS:	\$	
5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:	\$	
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$	
7. OTHER EXPENSES: (Please Specify)	\$	
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above)	\$	

Section B - Sources of Funds:

8. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$	
9. CASH ON HAND:	\$	
10. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$	
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	\$	

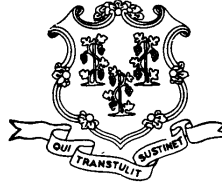
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

Printed Name of Backer or Authorized Representative:	Title:
--	--------

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REVIEW OF CRIMINAL CONVICTION

DEAR APPLICANT:

Pursuant to Section 46a-80(b) of the Connecticut General Statutes, if your application indicates that you have had a prior felony conviction, the specifics of your felony background must be documented for review in order to determine your eligibility for a license. **IF APPLICABLE:**

- 1. Complete the Criminal Conviction Application Worksheet below.
- 2. Attach copies of your conviction, sentencing, parole and probation documents.
- 3. Attach a letter from your Probation Officer attesting to compliance with your Probation Order or details regarding non-compliance with your Probation Order.
- 4. If Probation has been satisfied, attach a letter from your Probation Officer stating when you completed your probationary period.
- 5. Attach a letter from your Parole Officer attesting to compliance with your Parole Order or details regarding non-compliance with your Parole Order.
- 6. If Parole has been satisfied, attach a letter from your Parole Officer stating when you completed your parole. If Parole has not been completed, provide the date on which it will be completed.

CRIMINAL CONVICTION APPLICATION WORKSHEET
Pursuant to CHRO Criteria --SECTION 46a-80

Please Print Clearly
APPLICANT: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

CHECK ONE: NEW APPLICANT RENEWAL REINSTATEMENT **DATE OF APPLICATION** _____

LICENSE TYPE: _____ **LICENSE #:** _____

DATE OF CRIME _____ **DATE OF CONVICTION** _____

SIGNATURE OF APPLICANT: _____ **DATE** _____

Official Use Only

Nature of Crime: _____

What is relationship of crime to the license for which the person has applied? _____

What is the degree of rehabilitation? _____

What is the time lapsed since conviction or release? _____

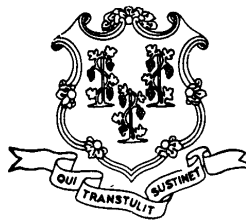
DIVISION DIRECTOR: Approval Denial Refer to Legal Division Refer to Board or Commission

Signature _____ Date _____

Instructions for Processing _____

Additional Information Required _____

THIS FORM IS TO REMAIN WITH LICENSEE'S FILE AS PART OF THE RECORD



For Official Use Only

APPLICATION FOR ADDITIONAL BOATS AND LIVERY VEHICLES

<input type="checkbox"/> # OF ADDITIONAL BOATS: _____ (FEE: \$200.00 each)	<input type="checkbox"/> # OF ADDITIONAL LIVERY VEHICLES: _____ (FEE: \$200.00 each)
--	--

Section A: BUSINESS INFORMATION

1. Trade Name (DBA Name)	2. Permit Number (if applicable):
3. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)	

Section B: BOAT & LIVERY VEHICLE INFORMATION

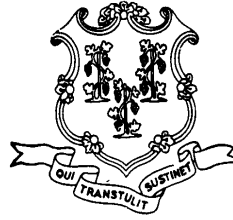
*(*submit more pages as needed)*

BOAT/VEHICLE REGISTRATION NUMBER	BOAT/VEHICLE MAKE & MODEL	BOAT NAME or VEHICLE INFORMATION NUMBER (VIN) – (Last 6 digits)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

13. 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 A" 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 _____ Print name of Backer or Representative	Date: _____
	Title of Backer or Representative	

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For Official Use Only

APPLICATION FOR PATIO, EXTENSION OF USE and/or ADDITIONAL CONSUMER BAR

<input type="checkbox"/> PATIO <i>(Restaurants & Cafes ONLY)</i>	<input type="checkbox"/> EXTENSION OF USE <i>(All other permit types)</i>	<input type="checkbox"/> ACB (Additional Consumer Bar) # of ACB's: _____ (FEE: \$190.00 each)
--	---	--

Section A: BUSINESS INFORMATION

1. Trade Name (DBA Name)		2. Permit Number	
3. Permittee Name (First, Middle, Last)			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)			
5. Business Address		City	State
6. Business Telephone Number		7. Business Fax Number	8. Business Email Address
9. Type of Request? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		<i>If <u>TEMPORARY</u> is checked, List Specific Dates Below:</i>	

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

10. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.
Signature of Zoning Official X _____ Print Name _____
Title of Official _____ Date ____/____/____
11. Fire Marshal's Approval: I certify that the premises identified in Section A and on the sketch of this application is safe for this type of request.
Signature of Fire Marshal X _____ Print Name _____
Title of Official _____ Date ____/____/____
12. Local Health Approval: (Patio Requests ONLY) I certify that the Patio at the premises identified in Section A and on the sketch of this application meets local health approval.
Signature of Health Official X _____ Print Name _____
Title of Official _____ Date ____/____/____

Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

13. 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 A" 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 _____ Print name of Backer or Representative	Date: _____ Title of Backer or Representative
---	--	--

Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB