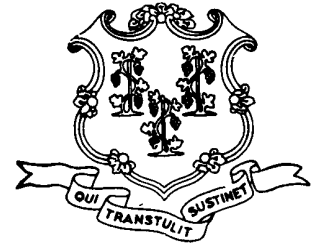


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**Liquor Control Division**  
Telephone: (860) 713-6210  
Web Site: <http://www.ct.gov/dcp>



**INSTRUCTIONS:**  
**MANUFACTURER LIQUOR, BEER, CIDER and APPLE BRANDY**  
**PERMIT APPLICATION**

**Required Application Documents:** The Manufacturer Liquor, Beer, Cider, and Apple Brandy Application is comprised of 4 separate required documents. You will be required to fill out and complete the following forms:

1. Manufacturer Liquor, Beer, Cider, and Apple Brandy Permit Application (DCPLC-LMLApp)
2. Backer's Financial Affidavit (DCPLC-Financial)
3. Release Authorization of Financial Information & Statement of Personal History (DCPLC-PersHist & IndAuth)
4. Authorization of the Backer Legal Entity for Release of Financial Information (DCPLC-authbus)

**Other Application Document:** The Manufacturer Liquor, Beer, Cider, and Apple Brandy Application is comprised of 1 other document. You may be required to fill out and complete the following form if you are a convicted felon:

1. CHRO-Review of Criminal Conviction Form (DCPLC-CHRO) – Pursuant to Section 46a-80(b) of CGS

**Fees and Form of Payment:** A **\$100.00** application fee is required in addition to the initial permit fee of **\$1,850.00** for Manufacturer Liquor, **\$1,000.00** for Manufacturer Beer, **\$200.00** for Manufacturer Cider, and **\$400.00** for Manufacturer Apple Brandy. Checks and/or money orders should be made to: ***“Treasurer, State of Connecticut”*** and must accompany this application. The application filing fee is not refundable.

**The Application Process**

**\*\*Once we are in receipt of your application and filing fee, a Liquor Placard will be mailed to you with additional instructions for public notification. A Liquor Control Agent will then be assigned to your file and will contact you to begin the remainder of the new application process. Any application will expire after a period of one year. If for any reason a Liquor Permit is not issued with-in a period of one year, you will be required to re-file another application.\*\***

**Definitions**

1. **Permittee** – The permittee is the applicant for the liquor permit. This is the individual who operates/manages an establishment holding a liquor permit. The permittee may, in some cases, also be the owner/backer of the business that holds the permit.
2. **Backer** – An individual or legal business entity that owns the business to which the liquor permit is issued.
3. **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.

## **Completing the Application**

1. In completing the application, you will find that most items are self-explanatory. The information noted below provides additional guidance on some items, that may be of assistance to you.
2. In the event that you must attach additional sheets of explanation for certain items on the application, additional sheets should be identified with the following information that is printed or typed at the top of each attached sheet: (a) The printed first and last name of the permittee (b) The name of the business and (c) The city in which the business will operate.

## **Section A: Business Information**

**Item #1 through #8** – Please fill out this section with business and trade name information.

## **Section B: Approval of Local Officials**

**Items #9 through #10** need to be signed and completed by your local public officials.

## **Section C: Permittee Applicant Information**

**Item #11 through Item #20** – Please fill out this section with all correct permittee applicant application.

**\*\*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 sheriff, deputy sheriff, judge of any court, prosecuting officer or member of any police force, (2) any first selectman holding office and acting as a chief of police in the town within which the permit premises are to be located, (3) a minor, and (4) 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', boat 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.

## **Section D: Backer Information**

**Item #21 through #27** – This section needs to be completed by the backer/owner. Please use the accurate legal name of the backer.

## **Section E: Current Liquor Permits with which Permittee and/or Backer are Associated.**

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

## **Section F: Previous Liquor Permits with which Permittee and/or Backer were Associated**

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

## **Section G: Certifications Required by Federal and State Agencies**

Please provide a copy of your federal basic permit from the Bureau of Alcohol, Tobacco, and Firearms and amount of tax bond posted with the Connecticut Department of Revenue Services.

## **Section H: Certification of Permittee Applicant and Backer or Authorized Representative of Backer**

This section needs to be signed by the permittee listed in Section C of the application. This section also needs to be signed by the backer/owner or authorized representative for the premises of which this application is being submitted for in Section D.

# DOCUMENTS NEEDED FOR ALL MANUFACTURER LIQUOR PERMITS

1. **SKETCH**

A diagram, sketch, plan or blueprint of the layout of the premises, including patios, minimum 8<sup>1/2</sup>"x 11" in size showing dimensions of the manufacturing room and any other areas considered to part of your permit premises.

2. **SALES TAX NUMBER and FEDERAL BASIC PERMIT NUMBER**

A copy of CT Sales Tax Permit, or copy of receipt as proof of filing from Connecticut Dept. of Revenue Services and a copy of your federal basic permit from the Bureau of Alcohol, Tobacco, and Firearms.

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

The applicant/permittee and backers (individuals, partners, general partner and limited partners in a LTD partnership, officers, directors and a LLC manager and members in a LLC, corporate officers and stockholders) must complete a personal history affidavit and an information release authorization affidavit.

4. **LEASE**

Please provide an executed copy of the lease. The lessee (tenant) listed on your lease needs to be the backer entity selected on this application. Any assignment needs to be the backer entity you selected on this application with consent by the landlord. If you are the owner of the property, please provide a copy of the deed, OR a town assessor's street card, OR other documentation showing proof of ownership by the backer entity you selected on this application. (sales agreements are not acceptable).

5. **AUTHORIZATION OF THE BACKER LEGAL ENTITY FOR RELEASE OF FINANCIAL INFORMATION**

Only authorized individuals may sign on behalf of the above listed entities.

6. **BACKER'S FINANCIAL STATEMENT**

This form will need to be completed and additional documents may be required.

7. **CORPORATIONS & L.L.C.**

The application will not be approved until the incorporation or organization papers have been filed with the Secretary of the State. This means the following are required:

A. Proof and copy of filing organization papers with the Connecticut Secretary of State

8. **PHOTOGRAPH**

One 8" x 10" photo taken from a position directly across the street or highway (any photo smaller than this required size will not be acceptable).

**\*\*Please Note\*\*** *Photos must be 8"x 10". The applicant's name, business address, and date taken should be on the rear of all photographs.*

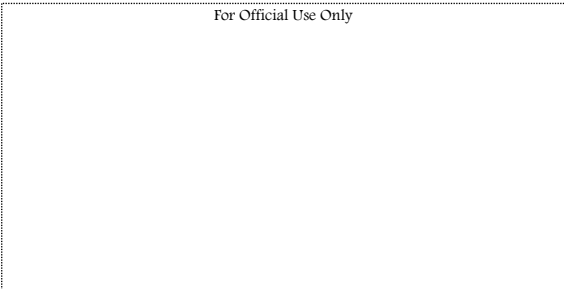
9. **PARTNERSHIP**

Partnership Agreement if Backer/Owner is a formal partnership or limited partnership. If no agreement exists, provide a letter to that effect.

10. **REVIEW OF CRIMINAL CONVICTION FORM**

Pursuant to Section 46a-80(b) of CGS, in the event the investigation of your application reveals a felony conviction, you will be required to complete the Criminal Conviction Worksheet. (DCPLC-CHRO)

**\*\*Please Do Not Complete or Submit this form if you are NOT a convicted felon.**



**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: liquor.control@ct.gov  
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**APPLICATION FOR MANUFACTURER LIQUOR, MANUFACTURER BEER, MANUFACTURER CIDER, and MANUFACTURER APPLE BRANDY PERMIT**

Please print clearly or type the information entered on this application. **A \$100.00 application fee is required in addition to the initial permit fee of \$1,850.00 for Manufacturer Liquor, \$1,000.00 for Manufacturer Beer, \$200.00 for Manufacturer Cider, and \$400.00 for Manufacturer Apple Brandy.** Checks and/or money orders should be made payable to: **“Treasurer, State of Connecticut.”** The application filing fee is non-refundable.

→ Return your completed application, documentation and appropriate fee to:  
**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

**Section A: BUSINESS INFORMATION**  
**ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED**

(for all mailings related to this permit- If left blank, mail will be sent to business address)

1. Trade Name (Business Name):		2. Street Address & Number:	
3. City:	State:	Zip Code:	4. Telephone: (     )     -
5. Fax: (     )     -	6. Is there currently a liquor permit at the proposed premises? YES <input type="checkbox"/> NO <input type="checkbox"/>	7. If yes, current permit number:	8. Present trade name:

**Section B: APPROVAL OF LOCAL OFFICIALS**

**9. Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item # 3 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application, or regarding outside service of alcohol.

Signature of Zoning Official: **X** \_\_\_\_\_

Title of official: \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**10. Certification of Town Clerk:** The city in which the business identified in item # 3 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”)

Additional Restrictions:
--------------------------

Signature of Town Clerk: **X** \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section C: PERMITTEE APPLICANT INFORMATION**

11. Permittee Name (First, Middle, Last)		12. Date of Birth		
13. Residence Street Address (No P.O. Box):		14. City	State	Zip Code
15. Telephone Number (     )	16. Fax Number (     )	17. E-mail:		

**PREFERRED MAILING ADDRESS** (for all mailings related to this permit- If left blank, mail will be sent to business address)

18. Business/Individual Name:		19. Street Address & Number:		
20. City:	State:	Zip Code:		

**Section D: BACKER INFORMATION**

\* All persons listed under the **Backer/Ownership** must also complete the “**Authorization for Release of Financial Information and Statement of Personal History Form**” that accompanies this application.

21. Business Structure: Please select the box that best describes how your business/organization is structured:					
<b>Sole Proprietorship</b>  <input type="checkbox"/>	<b>Partnership</b>  <input type="checkbox"/>	<b>Corporation</b>  <input type="checkbox"/>	<b>Limited Liability Company</b>  <input type="checkbox"/>	<b>Limited Liability Partnership</b>  <input type="checkbox"/>	<b>Unincorporated Association</b>  <input type="checkbox"/>
22. Name of Backer selected above in #21:			23. Street address & number:		
24. City:	State:	Zip Code:	25. Telephone: (     )	26. Fax: (     )	
27. Backers: List individuals associated with ownership of backer business/organization (i.e. sole owner/corporate officers/partners/LLP members)					
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 E: CURRENT LIQUOR PERMITS WITH WHICH PERMITTEE and/or BACKER ARE ASSOCIATED**

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

**Attach a separate sheet if needed.**

28a. Type of other liquor permit held: (i.e. cafe)	Liquor permit number:	Name of business:
Name of backer or permittee or immediate family associated with other permit:		Are you a backer or permittee of other business?  Backer <input type="checkbox"/> Permittee <input type="checkbox"/>

28b. Type of liquor permit held: (i.e. cafe)	Liquor permit number:	Name of business:
Name of backer or permittee or immediate family associated with other permit:		Are you a backer or permittee of other business?  Backer <input type="checkbox"/> Permittee <input type="checkbox"/>
29. Have any of the previous permits listed above been revoked, suspended or denied in CT or any other state? <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>		If yes, attach a statement detailing the enforcement action(s) taken including violations, dates, and the circumstances involved.

**Section F: PREVIOUS LIQUOR PERMITS WITH WHICH PERMITTEE AND/OR BACKER WERE ASSOCIATED**

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, limited liability organization or unincorporated association.

**List all liquor permits previously held in CT or any other state - Attach a separate sheet if needed.**

30a. Type of liquor permit held: (i.e. cafe)	Liquor permit number:	State in which issued:	Name of business:
Name of backer or permittee associated with previous permit:		Were you a backer or permittee of previous business?  Backer <input type="checkbox"/> Permittee <input type="checkbox"/>	

30b. Type of liquor permit held: (i.e. cafe)	Liquor permit number:	State in which issued:	Name of business:
Name of backer or permittee associated with previous permit:		Were you a backer or permittee of previous business?  Backer <input type="checkbox"/> Permittee <input type="checkbox"/>	
31. Have any of the previous permits listed above been revoked, suspended or denied in CT or any other state? <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>		If yes, attach a statement detailing the enforcement action(s) taken including violations, dates, and the circumstances involved.	

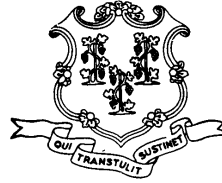
**Section G: CERTIFICATIONS REQUIRED FROM FEDERAL AND STATE AGENCIES**

32. ATF Permit Number:	<b>**Please obtain a copy of the federal basic permit issued by the Federal bureau of Alcohol, Tobacco, and Firearms**</b>
33. Amount of Tax Bond Posted:  \$	<b>**Please provide a dollar amount as proof that a tax bond has been posted with the Connecticut State Department of Revenue Services**</b>

**Section H: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER**

34. <b>Permittee Certification:</b> (To be signed by 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 Permittee Applicant:  X _____	Date:
35. <b>Backer Certification:</b> (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 _____	Date:
	36. Print name of Backer or Representative:	37. Title of Backer or Representative:

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
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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: <small>(If real estate is being transferred)</small>	\$
3. LEASEHOLD/SECURITY DEPOSIT:	\$
4. RENOVATIONS/ALTERATIONS:	\$
5. EXISTING BEER/WINE/LIQUOR/FOOD INVENTORY:	\$
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$
7. OTHER EXPENSES: (Please Specify)	\$
<b>TOTAL FUNDS FOR ALL COSTS/EXPENSES:</b> <small>(add 1-7 above)</small>	<b>\$</b>

**Section B - Sources of Funds:**

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

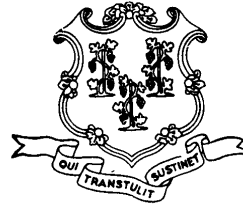
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Backer or Authorized Representative:	Title:
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STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 LIQUOR CONTROL DIVISION  
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 Email: [liquor.control@ct.gov](mailto:liquor.control@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**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 for this liquor permit. If you need additional space, please attach a separate sheet.

**A. PERSONAL/BUSINESS INFORMATION:**

Last Name		First Name		Middle Name	
Business Title		Relationship to Liquor Permit <input type="checkbox"/> Permittee <input type="checkbox"/> Backer		Shares	
				Aliases, other names known by, maiden name	
Residence Street Address:			City or Town:		State:
					Zip Code:
Telephone Number:			Fax Number:		E-mail Address:
Social Security Number		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

**C. CRIMINAL HISTORY:** Have you had any prior felony convictions?  YES  NO

*(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet" -*

*Please visit our website <http://www.ct.gov/dcp> to download the form.)*

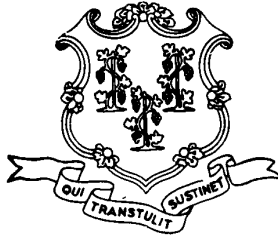
**D. AUTHORIZATION:**

- 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 permittee/backer completing this statement	Date

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
LIQUOR CONTROL DIVISION**

Telephone: (860) 713-6210  
Email: liquor.control@ct.gov  
Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



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

This form must be completed by a duly authorized representative of the backer business identified in item #1 below:

**A. BUSINESS INFORMATION**

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

**B. AUTHORIZATION:**

- 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.
- 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:	
_____	Title: _____
	Date: _____

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**



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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**