

INSTRUCTIONS FOR FILING APPLICATION FOR CATERER PERMIT

1. Please read all questions carefully. All questions, including each separate part, must be answered. If a question or one of its parts does apply, fill in the word "NONE".
2. **FEE.** The application must be accompanied by \$350 for the permit fee and \$100 for the filing fee in the form of a CERTIFIED PERSON OR CORPORATE CHECK, BANK CHECK, MONEY ORDER OR CASH (IF HAND CARRIED). A personal or corporate check which is certified cannot, by law, be accepted.
3. **ATTACH EXTRA** sheets if space allowed under any item is inadequate or inconvenient. Identify subject of attachment.
4. Please note the term "APPLICANT" as used in this application designates the person in whose name the permit will be issued if the appli is approved. It does not refer to backers of any kind.

SECTION A

Fill in business address, trade name and Federal Employer Identification Number (F.E.I.N.) issued by the Internal Revenue Service. Answer questions.

SECTION B

Fill in permittee's home phone number and business phone number.
Fill in your last, first and middle names. Fill in month, day, and year of your birth.

SECTION C

Check appropriate box for type of ownership.

SECTION D

Complete this section if you are filing as an individual or as a partnership. List your date of birth.

SECTION E

Line 1. Fill in name and address of corporation, unincorporated association, limited partnership or limited liability company (LLC)
Line 2. Check Yes or No
Line 3 & 4. Fill in name, number of shares held and date of birth (month, day, year).

SECTION F

Lines 1-3. Complete all requested information.

SECTION G

Complete this section if you are applying as a corporation, unincorporated association, limited partnership or LLC.

SECTION H

Signatures and notarizations.

ADDITIONAL DOCUMENTS NEEDED FOR FILING APPLICATION FOR CATERER LIQUOR PERMIT

1. **SALES TAX NUMBER.** Copy of receipt, stamp, letter or blue card required as proof.
2. **PERSONAL HISTORY AND INFORMATION RELEASE AUTHORIZATION.**** 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.
3. **SKETCH.** If a separate storage area is required, please provide a sketch.

** See attachments

DEPARTMENT OF CONSUMER PROTECTION

165 CAPITOL AVENUE
HARTFORD, CT 06106-1630

A. BUSINESS ADDRESS

TRADE NAME

F.E.I.N. #

DO YOU CURRENTLY HOLD A LIQUOR PERMIT?

IF YES, GIVE THE PERMIT NUMBER AND PERMITTEE NAME.

WILL YOU BE REGULARLY ENGAGED IN THE BUSINESS OF PROVIDING FOOD AND BEVERAGES AT PRIVATE GATHERINGS OR SPECIAL EVENTS?

B. FOR APPLICANT ONLY (Permittee)

HOME TELEPHONE NO. ()

BUSINESS TELEPHONE NO. ()

I. NAME AND HOME ADDRESS OF APPLICANT (Last, First, Middle)

DATE OF BIRTH

C. TYPE OF BACKER/OWNERSHIP

1. INDIVIDUAL

(COMPLETE SECTION D)

3. LIMITED PARTNERSHIP

(COMPLETE SECTION I)

2. PARTNERSHIP

(COMPLETE SECTION D)

4. UNINCORPORATED ASSOCIATION (COMPLETE SECTION E OR LLC/LIMITED LIABILITY COMPANY)

3. CORPORATION

(COMPLETE SECTION E)

D. BACKER (IF INDIVIDUAL OR PARTNERSHIP)

NAME (Include Maiden or previous married)

BIRTH DATE

NAME (Include Maiden or previous married)

BIRTH DATE

NAME (Include Maiden or previous married)

BIRTH DATE

E. BACKER (IF CORPORATION, UNINCORPORATED ASSOCIATION, LIMITED PARTNERSHIP, OR LLC)

1. NAME AND ADDRESS OF CORPORATION OR ASSOCIATION

2. ARE YOU AUTHORIZED TO DO BUSINESS IN CONNECTICUT? YES _____ NO _____

3. OFFICERS AND DIRECTORS, LLC MANAGERS, AND GENERAL PARTNERS

NAME & TITLE

NUMBER OF SHARES

D/O/B

4. SHAREHOLDERS, LLC MEMBER, LIMITED PARTNERS

NAME

NUMBER OF SHARES

D/O/B

F. FOR APPLICANT, BACKERS (including Corporations or Unincorporated Associations) COMPLETE THE FOLLOWING:



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR DIVISION

CORPORATION, LLC AND LTD PARTNERSHIP
INFORMATION RELEASE AUTHORIZATION

Carefully read this information release authorization form about the corporation in which you have authority to sign, then sign and date it in ink before a competent authority.

I, _____, as _____,
 (Title of signer in corporation, LLC, etc.)

having been duly authorized by the backer listed below, authorize any agent from the State of Connecticut Department of Consumer Protection to obtain any information, relating to

 (Name of corporation, LLC etc.)

from financial or lending institutions, licensing agencies, credit bureaus, consumer reporting agencies, and retail business establishments, or individuals, etc.

I Understand that the information released is for official use by the State of Connecticut Department of Consumer Protection, and that these users may re-disclose this information as prescribed by law or when involved in a joint investigation.

I Release any individual, including records custodians, from all liability for damages that may result to my corporation because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your permit and may result in the permit being denied if this information cannot otherwise be obtained.

_____ Signature	_____ Full name typed or printed
_____ Title	_____ Federal Identification number
_____ Backer's name	_____ Other names used
_____ Current address	_____ Home telephone
Subscribed and sworn to before me, this day of _____	_____ Date , 199 .

 Notary/Commissioner of Superior Court/Justice of the Peace

1. LIQUOR PERMITS HELD NOW OR PREVIOUSLY (As permittee or backer, in CT or elsewhere)

a. By applicant, individual backers, LLC members, general partners (Give name, class of permit, dates held, address of business)

b. By corporation, LLC, officers or directors of corporation or LTD Partnership (Give class of permit, dates held, name of corporation, name of stockholder and shares held)

2. PREVIOUS LIQUOR PERMITS REFUSED, REVOKED, FORFEITED, OR SUSPENDED (In CT or elsewhere). Give names and dates.

3. LOANS OR CREDITS RECEIVED FROM MANUFACTURERS OR WHOLESALERS OF ALCOHOLIC LIQUORS. In this section list all cases in which above persons, or any employee or agent of these persons, has borrowed money or received credit in any form for a period in excess of thirty (30) days, directly or indirectly, from any manufacturer permittee of alcoholic liquors or backer thereof, or from any wholesaler permittee of alcoholic liquor or backers thereof, or a member of the family of such manufacturer permittee or backer thereof, or from any stockholder in a corporation manufacturing or wholesaling alcoholic liquor the name of any person to whom money was loaned or credit extended, date, and amount for each such case.

G. APPOINTMENT OF APPLICANT AS PRINCIPAL REPRESENTATIVE (If applicant is not to be sole backer)

The backers of the proposed applicant agree to appoint him as principal representative on the premises where the sale of alcoholic liquor is to be and to vest in him the same full authority and control of these premises and of the conduct of all business therein relative to the sale of alcoholic liquor as the backers could in any way have and exercise; and the applicant agrees to accept such authority and control.

NAME AND COMPLETE ADDRESS OF CORPORATION

THE FOLLOWING CORPORATE OFFICIALS, EMPLOYEES, OR INCUMBENTS OF THE OFFICES LISTED ARE AUTHORIZED TO SIGN, OR TO APPOINT PERSONS AUTHORIZED TO SIGN, DOCUMENTS (Specify type of documents) SUBMITTED ON THE CORPORATION'S BEHALF TO THE STATE OF CONNECTICUT, DEPARTMENT OF CONSUMER PROTECTION, LIQUOR CONTROL COMMISSION.

Names: _____ Titles: _____

I certify that the above authorization was granted by the corporation.

DULY AUTHORIZED SIGNATURE: _____ TITLE _____ DATE _____

H. SIGNATURES

This application must be signed and sworn to by the applicant and all backers. If backer is a corporation or an unincorporated association, application must be signed and sworn to by an authorized agent. If permittee is sole backer, permittee must sign only once. **ALL PARTNERS MUST SIGN.**

I, _____, do hereby swear or affirm that the information herein contained is true to the best of my ability and that
NAME (APPLICANT)

I personally completed or directed completion of this form.

Signed _____ Date _____
Personally appeared the signer of the foregoing statement and made oath before me to the truth of the matters contained therein.

Signed (Commissioner of Superior Court, Notary, Justice of Peace) _____ Date _____

I, _____, do hereby swear or affirm that the information herein contained is true to the best of my ability and that
NAME (BACKER)

I personally completed or directed completion of this form.

Signed _____ Date _____
Personally appeared the signer of the foregoing statement and made oath before me to the truth of the matters contained therein.

Signed (Commissioner of Superior Court, Notary, Justice of Peace) _____ Date _____

DEPARTMENT OF CONSUMER PROTECTION
BEFORE THE LIQUOR CONTROL COMMISSION
PERSONAL HISTORY DATA



If the application and this form are not completely filled out, they must be returned resulting in a delay of the application and this application's approval.

APPLICANT _____ PERMIT NUMBER _____

Print or type carefully all the information requested below. Please give complete answers to those questions that pertain to a question does not pertain to you, print "N/A". The information you provide will be used to evaluate the permit application information submitted may be investigated. The application will not be processed without this completed form. IF YOU NEED ADDITIONAL SPACE, USE AN ADDITIONAL SHEET.

1.	Last name	First name	Middle
	Title		Shares
	Aliases, other names known by, maiden name		
	Marital status	Age	Date of Birth
	Social Sec. #		Place of Birth
	Driver's Lic # & State		
	U.S. Citizen yes <input type="checkbox"/> no <input type="checkbox"/>	If no, alien reg #	Sex M <input type="checkbox"/> F <input type="checkbox"/>
	Date & place of naturalization		
	Home Phone #	Business Phone #	
	Present home address	Since(date)	

2. **CRIMINAL RECORD:** List any convictions of a Federal or State law, including motor vehicle violations. Include any pending charges, and/or matters in which you were granted a not yet disposed of accelerated rehabilitation, or alcohol education program, and include periods of incarceration, probation, fine, license suspension or revocation, etc. If you have such record, indicate by using the word "NONE". List any statutory citation of any charge or conviction.

CONVICTION/PENDING CHARGE	DATE	DISPOSITION

3. Public offices now held by applicant, individual backers, shareholders, corp. officers, LLC. Give name of office holder and identify by title, place and name of town, city, state or federal agency.

Are you able to read and understand English? yes no

I, _____, do hereby swear or affirm that the information herein contained is true to the best of my ability and that I personally completed or directed completion of this form.

Signed _____ Date _____
 Personally appeared the signer of the foregoing statement and made oath before me to the truth of the matters contained there

Signed (Commissioner of Superior Court, Notary, Justice of Peace) _____ Date _____

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR DIVISION

INFORMATION RELEASE AUTHORIZATION

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN SIGN AND DATE IT IN INK.

I authorize any agent from the State of Connecticut, Department of Consumer Protection, to obtain any information, relating to my activities, from employers, criminal justice agencies, 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, or criminal history record, and financial and credit information.

I further authorize release of my criminal history from criminal justice agencies for the purpose of determining my eligibility for a liquor permit as either a permittee and/or backer.

I understand that the information released is for official use by the State of Connecticut, Department of Consumer Protection, and that these users may redisclose this information as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your permit and may result in the permit being denied if this information can not otherwise be obtained.

Signature

Full name typed or printed

Other names used

Social security number

Other names used

Other names used

Current address

Home phone #

Date

Subscribed and sworn to before me, this _____ day of 199 _____

Notary/Commissioner of Superior Court/Justice of the Peace



STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION
LIQUOR DIVISION

CORPORATION, LLC AND LTD PARTNERSHIP
INFORMATION RELEASE AUTHORIZATION

Carefully read this information release authorization form about the corporation in which you have authority to sign, then sign and date it in ink before a competent authority.

I, _____, as _____
(Title of signer in corporation, LLC, etc.)

having been duly authorized by the backer listed below, authorize any agent from the State of Connecticut Department of Consumer Protection to obtain any information, relating to

_____,
(Name of corporation, LLC etc.)

from financial or lending institutions, licensing agencies, credit bureaus, consumer reporting agencies, and retail business establishments, or individuals, etc.

I Understand that the information released is for official use by the State of Connecticut Department of Consumer Protection, and that these users may re-disclose this information as prescribed by law or when involved in a joint investigation.

I Release any individual, including records custodians, from all liability for damages that may result to my corporation because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your permit and may result in the permit being denied if this information cannot otherwise be obtained.

Signature _____ Full name typed or printed _____
Title _____ Federal Identification number _____
Backer's name _____ Other names used _____
Current address _____ Home telephone _____ Date _____
Subscribed and sworn to before me, this day of _____, 199 .

_____,
Notary/Commissioner of Superior Court/Justice of the Peace

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION

NOTE: STATE LAW REQUIRES THAT THE HOLDER OF A CATERER LIQUOR PERMIT SHALL, ON A FORM PRESCRIBED BY THE DEPARTMENT OF CONSUMER PROTECTION OR ELECTRONICALLY, NOTIFY THE DEPARTMENT, IN WRITING, OF THE DATE, LOCATION AND HOURS OF EACH EVENT AT WHICH ALCOHOL IS SERVED UNDER SUCH PERMIT AT LEAST ONE BUSINESS DAY IN ADVANCE OF SUCH EVENT. IN CASES OF EXIGENT CIRCUMSTANCES, SUCH HOLDER MAY PROVIDE NOTICE TO THE DEPARTMENT BY CALLING THE DEPARTMENT AND PROVIDING THE DATE, LOCATION AND HOURS OF EACH EVENT AT WHICH ALCOHOL IS SERVED UNDER SUCH PERMIT.

Guidelines for Storage for Caterer Liquor Permittee

The following guidelines apply to those Caterer Liquor Permittees or Applicants who also hold any of the following permits: Package Store Permit; Restaurant Permit for Wine & Beer; Restaurant Permit for Beer; Grocery Beer Permit; Tavern Permit; Any other Permit (except Package Store) which allows for the retail sale of ALL of the following: alcohol, beer, spirits, and wine.

If you also hold:

1. **Package Store Permit** - The catering business must be separate and distinct from the package store business. The catering business must be its own separate business entity with its own trade name and located at a different address than the package store. All of the catering business's food and/or beverages must be delivered to and stored at a location other than the location of the package store.
2. **Grocery Beer** - Any alcoholic beverage, other than beer, which is ordered for the catering business must be kept in a separate approved lockable storage area. At no time should any alcoholic beverage, other than beer, be visible to any person in the grocery store. Evidence of any alcoholic beverage, other than beer, in any area of the grocery store other than in the lockable storage area described above remains prima facie evidence of its availability for sale.
3. **Restaurant Permit for Wine & Beer** - Any alcoholic beverage, other than beer or wine, which is ordered for the catering business must be kept in a separate approved lockable storage area. At no time should any alcoholic beverage other than wine or beer be visible to any person in the restaurant. Evidence of any alcoholic beverage, other than beer or wine, in any area of the restaurant other than the lockable storage area described above remains prima facie evidence of its availability for consumption on the premises.

4. **Restaurant Permit for Beer** – Any alcoholic beverage, other than beer, which is ordered for the catering business must be kept in a separate approved lockable storage area. At no time should any alcoholic beverage other than beer be visible to any person in the restaurant. Evidence of any alcoholic beverage, other than beer, in any area of the restaurant other than the lockable storage area described above remains prima facie evidence of its availability for consumption on the premises.
5. **Tavern Permit** – Any alcoholic beverage, other than beer, cider or wine, which is ordered for the catering business must be kept in a separate approved lockable storage area. At no time should any alcoholic beverage, other than beer, cider or wine, be visible to any person in the tavern. Evidence of any alcoholic beverage, other than beer, cider or wine, in the tavern remains prima facie evidence of its availability for consumption on the premises.
6. **Any Permit (except Package Store)** which allows for the retail sale of ALL of the following: alcohol, beer, spirits, and wine – The alcoholic beverages ordered for catering offsite events may be kept in the same lockable storage area as the alcoholic beverages which are available for consumption on the premises (included but not limited to restaurant, cafe, restaurant cater) **only if** the premises and catering businesses are operated under the same business entity. If the catering business is a separate business entity, then the alcoholic beverages which are ordered for the catering business must be kept in a separate approved lockable storage area.



STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

CATERER LIQUOR PERMIT

NOTIFICATION FORM

Pursuant to Public Act 99-159, permit holders must notify the Department of Consumer Protection at least one day before the event of its date, time, hours and Location. Please Fax To: 860-713-7235

PERMITTEE: _____

PERMIT NO: _____

DATE: _____

TIME: _____

LOCATION: _____

Note: This form can be reproduced as needed

165 Capitol Avenue, Hartford, Connecticut 06106-1630

Fax: (860) 713-7239 • TDD: (860) 713-7240

Internet Web Site: <http://www.state.ct.us/dcp/>

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