

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Division - State Office Building - Hartford, Connecticut 06106**

IF ALL ITEMS ARE NOT COMPLETED THIS FORM WILL BE RETURNED

READ THIS BEFORE FILLING OUT

Fill in EVERY ITEM. Failure to do so may cause return of application and delay in processing. Application must be signed and SWORN TO by the substitute permittee and a backer in the presence of a Notary Public, Justice of the Peace, or Commissioner of the Superior Court.

FEEES

An application to substitute the permittee permanently (over eight weeks), must be accompanied with a fee of \$30.00 in the form of a certified check, money order, or bank check. ALL FEES ARE NON-REFUNDABLE (G.S.545-Sec. 30-62). If you hold more than one liquor permit, a \$30.00 fee must be submitted for each. Make checks payable to "Department of Consumer Protection".

1. Backers' Name (Individual, Partnership, LTD. Partnership, Corp. Owner of LLC)	2. Permit Number
3. Address of Permit Business	4. Trade Name
5. Permittee's Name (Out going)	6. Business Telephone Number

AFFIDAVIT FOR SUBSTITUTE

7. Name of substitute (incoming)	8. Social Security Number	9. Age	10. Sex
11. Place of birth (City, State or County)	12. Date of Birth	13. Resident Address of Substitute and Home Telephone Number	
14. Substitute's Resident address for last three years			
15. Beginning date of substitution (date outgoing permittee quit, was terminated or changed position)		Ending date of substitution (If this is a permanent substitution, fill in the word "permanent")	

QUESTION	YES	NO	EXPLANATION
16. Have you ever been convicted of any violation of a Federal or State law, including motor vehicle violations. Include any pending charges, nollis entered within thirteen months of the date you sign this form, and/or matters in which you were granted accelerated rehabilitation, youth offenders status, or alcohol education program that have not yet been disposed of?			If so, list all particulars, give date, charge, town and disposition.
17. Have you ever forfeited a bond to appear in any court to answer any charge for the violation of any Federal or State law concerning alcoholic liquor?			If so, name the court, and when forfeited.
18. Are you a sheriff, deputy sheriff, constable, judge, police officer, first selectman or hold a public office?			If so, which position?
19. Has any member of your family or household including anyone with whom you have cohabited with in the past five years ever been refused a permit by the Department of Liquor Control or the Department of Consumer Protection or forfeited a permit granted by either?			If so, state name and date.
20. Do you now hold a permit from this Department or its predecessor as a permittee or backer including partner or stockholder (other than this application)?			If so, state kind of permit and address of premises.
21. Have you ever held a permit from this Department or the Department of Liquor Control?			If so, state class of permit and year(s) held.
22. Have you ever applied for and been refused a permit by this Department or the Department of Liquor Control?			If so, state kind of permit and date of application.
23. Have you ever forfeited, by revocation, a permit granted to you by this Department or the Department of Liquor Control?			If so, state kind of permit and date of revocation.
24. Will you draw a commission on alcoholic beverage?			If so, explain commission.

OTHER SIDE MUST BE COMPLETED

		YES	NO
25. If you are <u>not the owner</u> , has the backer designated in this application appointed you as manager or other principal representative on the premises described in the application, and vested in you the full authority and control of said premises and the conduct of all permit business thereon?			
26. Have you 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 liquors or backer thereof, or from any member of the family of such manufacturer permittee or backer thereof, or from any stockholder in a corporation manufacturing or wholesaling alcoholic liquor?			
<u>If you are the owner:</u>			
27. The applicant hereby accepts appointment as manager or principal representative on the premises described in the application, and has accepted the authority and control of said premises and the conduct of all business therein relative to the sale of alcoholic liquor.			
28. Are you able to read and understand English?			
29. Date of Application	30. Signed (Substitute)		
31. Personally appeared signer of the foregoing statement who represented that he is duly authorized to sign on behalf of said organization and who has satisfied me of his identity and made oath before me to the truth of the matters contained therein.	(Notary Public, Justice of the Peace, Comm. of Superior Court)	Date	

FOR PARTNERS OR INDIVIDUAL BACKER

32. The backer hereby appoints the above named applicant as manager or principal representative on the premises described in the application wherein the sale of alcoholic liquor is to be permitted and has vested in said applicant the full authority and control of such premises and has vested in said applicant the full authority and control of such premises and of the conduct of all business therein relative to the sale of alcoholic liquor.

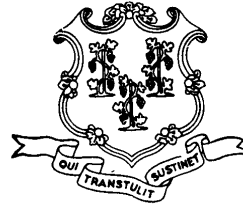
33. Personally appeared the signer of foregoing statement who satisfied me of his identity and made oath before me to the truth of the matters contained therein.	Signed: (Backer-Individual, Partner, G.P.)	(Notary Public, Justice of the Peace, Commissioner of Superior Court)	Date
34. Personally appeared the signer of the foregoing statement who satisfied me of his identity and made oath before me to the truth of the matters contained therein.	Signed: (Backer-Individual)	(Notary Public, Justice of the Peace, Commissioner of Superior Court)	Date
35. Personally appeared the signer of the foregoing statement who satisfied me of his identity and made oath before me to the truth of the matters contained therein.	Signed: (Backer-Individual)	(Notary Public, Justice of the Peace, Commissioner of Superior Court)	Date
36. Personally appeared the signer of the foregoing statement who satisfied me of his identity and made oath before me to the truth of the matters contained therein.	Signed: (Backer-Individual)	(Notary Public, Justice of the Peace, Commissioner of Superior Court)	Date

FOR BACKER IF CORPORATION OR UNINCORPORATED ASSOCIATION OR LLC

Personally appeared the signer who satisfied me of his identity and represented that he is duly authorized to sign in behalf of said corporation: that the statements contained in his answers to the foregoing questions are true.

37. Signed (officer of backer corporation or unincorporated association, llc member)	Title	Name of corporation of unincorporated association	
STATE	Date	Notary Public, Justice of the Peace, Comm. of Superior Court	

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6210
 Email: liquor.control@ct.gov
 Website: 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