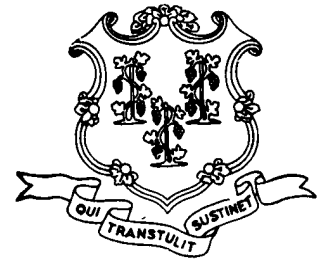


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Fax: (860) 713-7235
Website: <http://www.ct.gov/dcp>



INSTRUCTIONS: **TRANSFER OF INTEREST APPLICATION**

****Please Note:**

NO TRANSFER OF INTEREST MAY BE MADE BY A LIMITED LIABILITY COMPANY WITHOUT NOTICE TO AND APPROVAL BY THE DEPARTMENT

IN ORDER TO PROCESS A CHANGE IN LIMITED LIABILITY COMPANY MEMBERS THE DEPARTMENT OF CONSUMER PROTECTION, LIQUOR CONTROL DIVISION REQUIRES THAT YOU SUBMIT THE FOLLOWING DOCUMENTATION:

1. APPLICATION

Complete Application – Copy Attached

2. EXECUTED COPY OF THE BUY/SELL AGREEMENT

If there is no formal agreement, you must submit a sworn affidavit (notarized) signed by all parties involved, stating:

- Name of buyer
- Name of seller
- Terms of sale and purchase price

NOTE: If the interest transfer is for no consideration, please state so in the affidavit.

3. BACKER'S FINANCIAL AFFIDAVIT

To be completed by the transferee (the person who is purchasing the transfer of interest)

NOTE: Additional documents may be required to show source of funds.

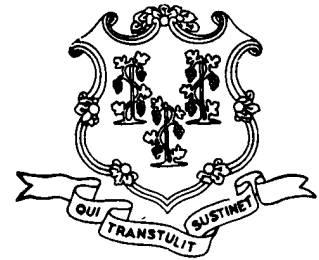
4. AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION AND STATEMENT OF PERSONAL HISTORY

This form needs to be completed for all new interest holder members – Copy attached.

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

Only authorized individuals may sign on behalf of the backer entity – Copy attached.

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**APPLICATION FOR TRANSFER OF INTEREST
 WITHIN A LIMITED LIABILITY COMPANY**

Backer Entity Name: _____

Phone #: _____ E-Mail: _____

Permittee Name: _____

Business Address: _____

Trade Name: _____ Permit #: _____

PRESENT MEMBERS & TOTAL INTEREST HELD:

NAMES OF MEMBERS	TOTAL INTEREST HELD

PROPOSED MEMBERS & TOTAL INTEREST HELD:

NAMES OF MEMBERS	TOTAL INTEREST HELD

DO ANY NEW LLC MEMBERS HOLD AN INTEREST IN ANY OTHER PERMIT PREMISES? YES NO

If YES, Please Provide PERMIT NUMBER: _____

Then provide proposed member's name and indicate whether he/she is a permittee or backer on the permit. ***Attach a separate sheet with this information*

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

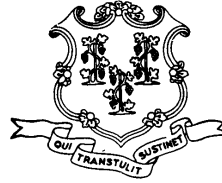
Signature of Backer (Transferee):

X _____ Date: _____

Print Name Clearly:

X _____ Date: _____

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BACKER'S FINANCIAL STATEMENT
 (FOR TRANSFEREE)

Name of Backer Entity:			
Street Address:	City:	State:	Zip Code:

*****Please Note:*** The following sections should document the expenses involved with the transfer of 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 PRICE FOR INTEREST MEMBERSHIP:	\$	
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Section B - Sources of Funds:

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

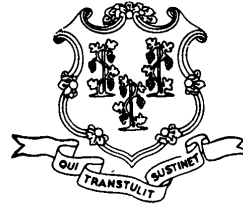
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

Printed Name of Backer or Authorized Representative:	Title:
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STATE OF CONNECTICUT
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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.)

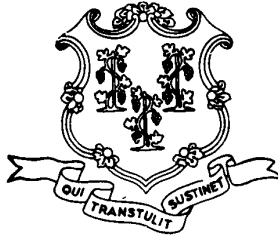
D. AUTHORIZATION:

- 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

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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:

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:	
_____	Title: _____
	Date: _____