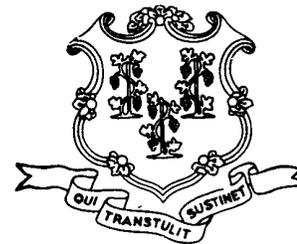


STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division  
Telephone: (860) 713-6210  
Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## **INSTRUCTIONS AND INFORMATION:** **Off-Premises Caterer Liquor Permit Application**

**PLEASE READ ALL INSTRUCTIONS AND INFORMATION BEFORE COMPLETING APPLICATION. APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE OR IF ANY REQUIRED DOCUMENT IS MISSING.**

### **Do I Qualify as an Off Premises Liquor Caterer under state statute definition (Section 30-37j)?**

A caterer liquor permit shall allow a person regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired.

### **Fees and Form of Payment:**

The total filing fee of \$540.00 is required for successful submission of this application. Checks and/or money orders should be made payable to "*Treasurer, State of Connecticut*" and must accompany this application. **The application filing fee of \$100.00 is included in the total fees and is not refundable.**

### **The Application Process**

\*\*Once we are in receipt of your complete and correctly executed application and filing fee, a Liquor Control Agent will be assigned to your file and will contact you to begin the remainder of the new application process. If for any reason a Final Liquor Permit is not issued within a period of one year, you will be required to file another application.\*\*

### **Definitions**

**Permittee** – The permittee is the applicant for the liquor permit. The permittee is a person designated as the representative of the backer for the permit premises. The permittee must be able to read and understand English. The permittee can be the owner/backer of the business that holds the permit.

**Backer** – An individual or legal business entity that owns the business to which the liquor permit is issued.

**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.

\*\***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) a minor, and (3) 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.

# APPLICATION INSTRUCTIONS AND DOCUMENTS REQUIRED FOR AN OFF-PREMISES CATERER LIQUOR PERMIT APPLICATION TO BE ACCEPTED

## 1. APPLICATION FOR OFF-PREMISES CATERER LIQUOR PERMIT

Complete all three pages of application. Every question must be answered. If left blank, the application will not be accepted. If the question does not apply, enter the word “none”.

### Completing the Application

#### Section A: Business Information

**Item #1 through #7** – Complete this section with trade name and business information. Also, in #7, please answer whether or not you will be regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired. If yes, further proof and documentation will be required (i.e.- food/drink menu and/or food service contract). If you answer no, you may not qualify for this permit type.

#### Section B: Permittee Applicant Information

**Item #8 through #12** Please enter name, address and contact information for permittee.

#### Section C: Preferred Mailing Address

**Items #13 and #14** - Indicate mailing address for all correspondence. If you would like correspondence mailed to an address other than the business or permittee home address, specify in this section.

#### Section D: Backer Information

**Item #15 through #21** – Provide correct backer name in #16. Backer name is the **name** of the Limited Liability Company or Corporation that is registered with the Secretary of the State or the individual name of the Sole Owner that has not formed a LLC or Corporation or the individual names of a Partnership that has not formed a LLC or Corporation, etc.

#### Section E: Current or Previous Liquor Permits Held By Permittee or Backer

**Item #22 through #24** – List current or previously held liquor permits. Include any permits held by permittee, backer; sole proprietor, partner or a member of a partnership organization, corporation, limited liability company etc. If there are none, check “NO” in #22a and #22b.

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

**Items #25 and #26** - The permittee listed in Section B #8 of the application must sign #25. The backer/owner listed in Section D or authorized backer representative must sign #26.

## 2. FEE AND FORM OF PAYMENT:

The total filing fee of \$540.00 is required for successful submission of this application. Checks and/or money orders should be made payable to “*Treasurer, State of Connecticut*” and must accompany this application. **The application filing fee of \$100.00 is included in the total fees and is not refundable.**

3. **PROOF OF FOOD AND BEVERAGE SERVICE**

Please provide proof that you will be regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired. (i.e.- food/beverage menu and/or food service contract).

4. **SALES TAX NUMBER**

Submit copy of Connecticut Sales and Use Tax Permit, or copy of receipt as proof of filing from the Connecticut Department of Revenue Services.

5. **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 limited partnership, officers, directors and limited liability company (LLC) manager/members in a LLC, corporate officers and stockholders) must complete an authorization for release of financial information and statement of personal history.

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

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

7. **BACKER'S FINANCIAL STATEMENT**

Complete this form which is attached to the application.

8. **CORPORATIONS & L.L.C.**

Provide proof of filing of organization papers with the Connecticut Secretary of State.

9. **PARTNERSHIP**

Provide partnership agreement if backer/owner is a formal partnership or limited partnership. If no agreement exists, provide a letter to that effect that there is no such agreement.

10. **FRANCHISE OR MANAGEMENT AGREEMENT**

Provide any franchise or management agreement if applicable.

11. **CRIMINAL CONVICTION WORKSHEET**

If the permittee or any member of the backer has a felony conviction, complete the Criminal Conviction Worksheet, pursuant to Section 46a-80(b) of Connecticut General Statutes. (*DCPLC-CHRO*)

**ONCE THE APPLICATION IS RECEIVED AND ACCEPTED BY THE DEPARTMENT OF CONSUMER PROTECTION, ADDITIONAL DOCUMENTS AND/OR INFORMATION MAY BE REQUIRED OF YOU BY A LIQUOR CONTROL AGENT AS PART OF THE REVIEW AND INVESTIGATION PROCESS.**

14. **AFFIDAVIT OF SELLER'S UNPAID OBLIGATIONS**

If a business or equipment was purchased from the previous permit holder, this form must be signed at the closing. This form can be found on our website <http://www.ct.gov/dcp>

15. **ABANDONMENT AFFIDAVIT**

If the premises were abandoned by the previous permit holder/backer and did not receive any consideration from you, whether direct or indirect, this form will need to be completed. This form can be found on our website <http://www.ct.gov/dcp>

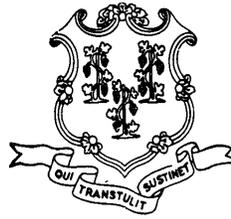
**PLEASE NOTE:**

Once your application has been approved and permit has been issued, you will be required to complete and submit the form below for every event you cater. (*see attached form*)

**CATERER NOTIFICATION FORM**

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. If the holder of a caterer liquor permit is unable to provide the written notice required under this section due to exigent circumstances, such holder may provide notice to the department by telephone of the date, location and hours of each event at which alcohol is served under such permit.

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [liquor.control@ct.gov](mailto:liquor.control@ct.gov)  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## APPLICATION FOR OFF-PREMISES CATERER LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee of \$540.00 is required.** 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, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

### Section A: BUSINESS INFORMATION

#### ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED

1. Trade Name (DBA Name)				
2. Business Address		City	State	Zip Code
3. Business Telephone Number	4. Business Fax Number	5. Business Email Address		
6. Is there currently a liquor permit at the proposed premises? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, current permit number		
7. Will you be regularly engaged in the business of providing food and beverages to others for service at private gatherings or at special events to sell and serve alcoholic liquor for on-premises consumption at any activity, event or function for which such person has been hired? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### Section B: PERMITTEE APPLICANT INFORMATION

8. Permittee Name (First, Middle, Last)				
9. Permittee Residence Street Address		City	State	Zip Code
10. Permittee Telephone Number	11. Permittee Fax Number	12. Permittee Email Address		

### Section C: PREFERRED MAILING ADDRESS

**Check (✓) one box below and enter address if different than Business or Permittee Address**

**BUSINESS ADDRESS**                     
  **PERMITTEE ADDRESS**                     
  **ADDRESS BELOW**

13. Name				
14. Address		City	State	Zip Code

**Section D: BACKER INFORMATION**

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

15. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one					
<input type="checkbox"/> <b>Sole Proprietorship/ Owner</b>	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Limited Liability Company</b>	<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Limited Liability Partnership</b>	<input type="checkbox"/> <b>Unincorporated Association</b>
16. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc.					
17. Street Address			City	State	Zip Code
18. Backer Telephone Number	19. Backer Fax Number	20. Backer Email Address			
21. 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 E: 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.

22a. Does any Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
22b. 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>			
23a. 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
23b. 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

23c. 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
24. 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.	

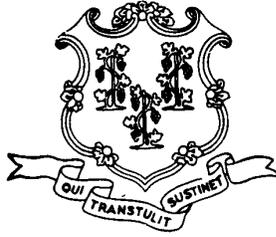
**Section F: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER**

<p><b>25. Permittee Certification</b> (To be signed by permittee applicant, identified in “Section A” of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	Signed by Permittee Applicant		Date
	<p>X _____</p>		
<p><b>26. Backer Certification</b> (To be signed by backer or the authorized representative of the backer)</p> <p>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.</p>	Signed by Backer or Authorized Representative of Backer		Date
	<p>X _____</p>		
	Print name of Backer or Representative		Title of Backer or Representative



**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:			
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: _____

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



## 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, AND/OR LIQUOR 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

## CATERER LIQUOR PERMIT NOTIFICATION FORM

**Pursuant to Section 30-37j(b), permit holders must notify the Department of Consumer Protection at least one business day before the event of its date, time, hours, and location.**

**PERMITTEE:** \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**LOCATION  
ADDRESS:** \_\_\_\_\_

*[Note: This form can be reproduced as needed]*

For questions regarding this matter, please contact Liquor Control Division at (860) 713-6200 or via email at [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov).

**If you are faxing us your notification, please send this completed form to Liquor Control (860) 706-1345.**