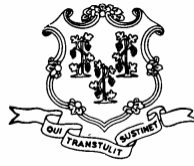


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6200
 Web Site: www.ct.gov/dcp



For Official Use Only

TEMPORARY LIQUOR PERMIT APPLICATION

INSTRUCTIONS:

Your application must be completed, signed and **accompanied by a check or money order made payable to "Treasurer, State of Connecticut."** An application for a temporary liquor permit must be filed with the Department of Consumer Protection at least ten (10) days prior to the date of the event and returned to:

➔ **Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

➔ **FEES: A \$10.00 non-refundable filing fee, in addition to the permit fee noted below, must accompany this application**

Please check (✓) the permit type for which you are applying (check only one box)

<input type="checkbox"/> Special Club Available to club or golf country club liquor permit holders for outdoor picnics \$25.00 per day	<input type="checkbox"/> Charitable Organization \$25.00 per day	<input type="checkbox"/> Noncommercial Organization Alcoholic Beverages including Beer \$25.00 per day	<input type="checkbox"/> Noncommercial Organization Beer Only \$15.00 per day	<input type="checkbox"/> Nonprofit Corporation Retail Sale of Wine at Auction \$25.00 per day
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TIME & PLACE of EVENT	1. Name of Event		2. Date of Event	3. Rain Date	4. Proposed time of event
	5. Street Address of Event		City/Town	State	Zip Code
	6. Will event be held indoors or outdoors? (If indoors, complete item 27). <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/> BOTH		7. Attach an 8 1/2" x 11" sketch showing the exact locations within the event area where alcoholic beverages will be dispensed and specify the manner by which service of such beverages to minors will be controlled.		
PERMITEE APPLICANT of EVENT	8. Name of Applicant (Last, First, Middle)		9. Date of Birth	10. Telephone Number	
	11. Home Street Address		City/Town	State	Zip Code
	12. Have you ever been convicted of a felony crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances involved.				
	13. Have you previously been a liquor permittee? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify the liquor permit type(s) and permit number(s)		
	14. Are you a minor or a person who holds a position that would prohibit you from obtaining a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO *(See item #3(a) in instructions for listing of persons who are prohibited from acting as permittee or backer on a liquor permit)				
	15. If applying on behalf of a noncommercial organization – will all of the profits derived from the sale of alcoholic beverages be retained by the organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, briefly explain the distribution of profits:				
	16. As the applicant, I assume responsibility as manager and principal representative of the backer for the event to be held on the premises described in this application. I certify that all information contained in this application is true. Signature of Applicant X _____ Date _____				
BACKER ORGANIZATION SPONSORING EVENT	17. Name of club/organization that is acting as backer		18 Business address of club/organization (Street, City, Zip)		
	19. Enter State sales tax number of organization		20. If the organization is a charity, enter the Federal tax identification number of the charitable organization: (Or attach a copy of tax identification letter)		
	21. In boxes below provide names(s) of the officer(s) of club/organization that is sponsoring event:				
	Officer #1. Name: (Last, First)		Officer #1 address: (Street, City, Zip)		
	Officer #2. Name: (Last, First)		Officer #2 address: (Street, City, Zip)		
	22. Has the club/organization/officer previously been a backer or owner of an entity with a liquor permit? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify the liquor permit type(s) & number(s)		
	23. Has the organization appeared as backer on other temporary permit(s) in this calendar year? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify the number of permits obtained:		
24. I appoint the applicant named in item #8 above, as my principal representative to be in charge of the premises and the event described in this application. Signature of authorized backer's representative or officer of club/organization. X _____ Date _____					

CITY/TOWN CERTIFICATION (To be completed by the city/town clerk where event is to be held)	25. Name of City/Town:		
	26. I certify that I am aware of the city ordinances and there is no ordinance prohibiting the dates and times of <u>sale of alcoholic liquor</u> as requested in this application.		
	Signature of City/Town Clerk x _____		Date signed
LOCAL FIRE MARSHAL'S CERTIFICATION (If event is held indoors or in a tent)	27. This certifies that the premises described in this application complies with the required fire code. Signature of local Fire Marshal (or attach a signed certification to this application)		Date signed
	x _____		Rank/Title of Fire Control Official
CITY/TOWN ZONING (To be completed by the zoning official where event is to be held)	28. Name of City/Town:		
	29. I certify that the location in Item #5 of this application is located in the town or city where stated; that I am acquainted with the zoning ordinances and bylaws of said town or city; and that, at this location said town or city does not prohibit the sale of alcoholic liquor under the type of permit here applied for.		
	Signature of Zoning Official x _____		Date signed
PRINCIPAL POLICE AUTHORITY APPROVAL (Town in which event is to be held)	Where there is no local police department, this section must be signed by State Police.		
	30. Do you approve of the issuance of this permit? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.		
	Signature of Police Authority x _____	Rank/Title of Police Authority	Date signed
PERMITTEE APPLICANT'S SUITABILITY (To be completed by police authority in city/town where applicant resides)	31. Has the applicant whose name appears in item #8 of this application <u>been convicted of a felony crime</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances involved.		
	32. Do you believe the applicant named in item #8 of this application is suitable to be a liquor permittee? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please attach a statement supporting your reasons for this decision		
	Signature of Police Authority x _____	Rank/Title of Police Authority	Date signed