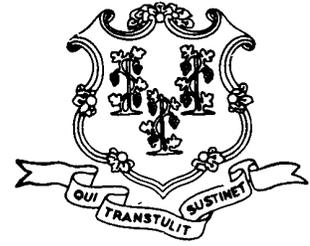


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Web Site: <http://www.ct.gov/dcp>



INSTRUCTIONS:

OFF-PREMISE CATERER LIQUOR PERMIT APPLICATION

Required Application Documents: The Off-Premise Caterer Liquor Application is comprised of 4 separate required documents. You will be required to fill out and complete the following forms:

1. Off-Premise Caterer Liquor Permit Application (DCPLC-OffPremiseApp)
2. Authorization of the Backer Legal Entity for Release of Financial Information (DCPLC-authbus)
3. Authorization for Release of Financial Information & Statement of Personal History (DCPLC-PersHist & IndAuth)
4. Caterer Notification form (DCPLC-abandaff)
5. Sales Tax Number (Proof from the Connecticut Dept. of Revenue Services)
6. Sketch (**only required if a separate storage area is required)

Fees and Form of Payment: A **\$100.00** application fee is required in addition to the initial permit fee of **\$440.00**. Checks and/or money orders should be made to: ***“Treasurer, State of Connecticut”*** and must accompany this application. The application filing fee is not refundable.

Completing the Application

1. Please attach extra sheets of paper if space allowed under any item is inadequate or inconvenient and identify the subject of the attachment.
2. Please note that the term “APPLICANT” as used in this application designates the person (PERMITTEE) in whose name the permit will be issued if the application is approved. It does not refer to backers of any kind.

Section A:

Please fill in the business address, trade name, and Federal Employer Identification Number (FEIN) issued by the I.R.S. Please also answer the subsequent questions.

Section B:

Please fill in the permittee’s home phone number and business phone number. Please fill in your complete name (Last, First, Middle), as well as your date of birth.

Sections C, D, E:

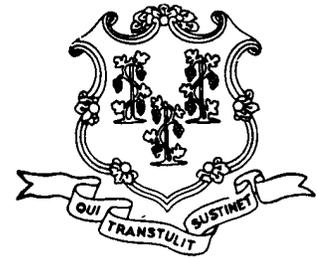
Check the appropriate box for type of ownership. Complete this section if you are filing as an individual or as a partnership. Also, list your date of birth. Fill in name and address of corporation, unincorporated association, limited partnership or limited liability company (LLC). Fill in your name, number of shares held and your date of birth.

Section F: Complete all requested information.

Section G: Please complete this section to verify if you hold a current liquor permit or not.

Section H: Please complete the current name and address of the backer.

Section I: Please complete appropriate signatures and notarization.



APPLICATION FOR OFF PREMISE CATERER PERMIT

Section A: BUSINESS INFORMATION

1. Trade Name (Name of Business)			2. Street Address & Number:		
3. City:	State:	Zip Code:	4. Business Telephone: ()	5. Business Fax: ()	
6. Is there currently a liquor permit? YES <input type="checkbox"/> NO <input type="checkbox"/>		7. If yes, current permit number:		8. Will you provide food and beverages at private gatherings or special events?: YES <input type="checkbox"/> NO <input type="checkbox"/>	

Section B: APPLICANT INFORMATION

9. Permittee Name (First, Middle, Last)			10. Date of Birth		
11. Residence Street Address		12. City	State	Zip Code	
13. Home Telephone Number ()	14. Home Fax Number ()	15. E-mail:			

Sections C, D, E: BACKER/OWNER INFORMATION

* Each backer must also complete the "Personal History Form" that accompanies this application

16. Business Structure: Please select the box that best describes how your business/organization is structured:					
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>	Unincorporated Association <input type="checkbox"/>
17. Name of backer individual or business entity:			18. Street address & number:		
19. City:	State:	Zip Code:	20. Telephone: ()	Fax: ()	
21. Backers: List individuals associated with ownership of backer business/organization (i.e. sole owner/corporate officers/partners/LLP members)					
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:
e. Name(First, Middle, Last)	Title:	% of ownership or # of shares:
f. Name: (First, Middle, Last)	Title:	% of ownership or # of shares:

Section F: CURRENT LIQUOR PERMITS WITH WHICH PERMITTEE, BACKER, OR IMMEDIATE FAMILY ARE ASSOCIATED

This section applies to the permittee applicant, and to each backer who is a sole proprietor, partner or a member of a partnership organization, corporations, members of a limited liability organization or unincorporated associations. In the case of package store permits, it also applies to ownership by members of the permittee applicant's or backer's immediate family. Immediate family includes parents, children and spouse – **Attach a separate sheet if needed.**

22a. Type of other liquor permit held: (i.e. cafe)	Liquor permit number:	Name of business:
Name of backer or permittee or immediate family associated with other permit:	Are you a backer or permittee of other business? Backer <input type="checkbox"/> Permittee <input type="checkbox"/>	

22b. Type of liquor permit held: (i.e. cafe)	Liquor permit number:	Name of business:
Name of backer or permittee or immediate family associated with other permit:	Are you a backer or permittee of other business? Backer <input type="checkbox"/> Permittee <input type="checkbox"/>	

23. Have any of the previous permits listed above been revoked, suspended or denied in CT or any other state? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, attach a statement detailing the enforcement action(s) taken including violations, dates, and the circumstances involved.
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Section G: PREVIOUS LIQUOR PERMITS WITH WHICH PERMITTEE OR BACKER WERE ASSOCIATED

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, limited liability organization or unincorporated association.

24a. Type of liquor permit held: (i.e. cafe)	Liquor permit number:	State in which issued:	Name of business:
Name of backer or permittee associated with previous permit:	Were you a backer or permittee of previous business? Backer <input type="checkbox"/> Permittee <input type="checkbox"/>		

List all liquor permits previously held in CT or any other state - Attach a separate sheet if needed.

24b. Type of liquor permit held: (i.e. cafe)	Liquor permit number:	State in which issued:	Name of business:
Name of backer or permittee associated with previous permit:		Were you a backer or permittee of previous business? Backer <input type="checkbox"/> Permittee <input type="checkbox"/>	
25. Have any of the previous permits listed above been revoked, suspended or denied in CT or any other state? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, attach a statement detailing the enforcement action(s) taken including violations, dates, and the circumstances involved.	

Section H: 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/her the same full authority and control of these premises and of the conduct of all business therein relative to the sale of alcoholic liquors backers could in any way have and exercise; and the applicant agrees to accept such authority and control.

26. Name of backer or authorized representative of the backer:			
27. Street Address:	City:	State:	Zip code:

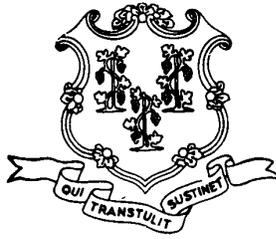
Section I: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

28. Permittee Certification: (To be signed by permittee applicant, identified in "Section B" of this application) I certify that the information provided in this application is true to the best of my knowledge.	Signed by Permittee Applicant: X _____	Date:
	29. Backer Certification: (To be signed by backer or the authorized representative of the backer) 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.	
34. Print name of Backer or Representative:		35. Title of Backer or Representative:

Subscribed and affirmed before me:
Signed X _____ Date _____ (Commissioner of Superior Court, Notary Public, Justice of Peace)

**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



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	

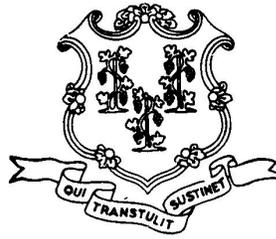
B. AUTHORIZATION:

- 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.
- 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
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For Official Use Only

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:

First Name:		Middle Name	Last 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 / PUBLIC OFFICES: Indicate any public offices now held by the applicant, individual backers, shareholders, corporate officers, llc members, etc. Give name of office holder(s) and identify by title, place and name of town, city, state or federal agency. If you need additional space, please attach a separate sheet.

Name	Title	Place	Town, City, State or Federal Agency

C. AUTHORIZATION:

1. 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.
2. 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; and
3. 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

Date



STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

GUIDELINES FOR STORAGE FOR CATERER LIQUOR PERMITTEE

****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 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.**

The following guidelines apply to those Caterer Liquor Permittees or Applicants who also hold any of the following permits: Package Store; Restaurant Liquor/Wine & Beer/Beer; Grocery Beer; Tavern; 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 wine & 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 wine & beer be visible to any person in the restaurant. Evidence of any alcoholic beverage, other wine & beer, in any 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 beer, in any of the restaurant other than the lockable storage area described above remains prima facie evidence of its availability for consumption on the premises.



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

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 restayurant, café, restaurant caterer) 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 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: _____

[Note: This form can be reproduced as needed]

For questions regarding this matter, please contact Susan Hack at (860) 713-6200 or via email at susan.hack@ct.gov.

If you are faxing us your notification, please also send to Sue Hack (860) 706-1345.