Department of Revenue Services
State of Connecticut
Excise/Public Services Taxes Subdivision
25 Sigourney Street
Hartford CT 06106-5032

Form BT-100

Alcoholic Beverages Tax

Rev. 06/02

Application for Permission to Import Into Connecticut Alcoholic Beverages From Within the United States for Personal Consumption

You must complete and file this application, together with Form S&BT, Payment of Taxes Due on the Importation of Alcoholic Beverages into Connecticut, with the Department of Revenue Services (DRS) at the above address. Only upon your receipt of the approved application from the DRS are you permitted to import into Connecticut the alcoholic beverages referenced below. For more information on the importation of alcoholic beverages into Connecticut, please see Informational Publication 2000(15), Bringing or Importing Alcoholic Beverages into Connecticut.

Part 1: This section to be completed by the applicant. You must be 21 years of age or older to file this application.	
	Social Security Number:
Date of Birth:	
Address (number and street, city, state, and ZIP Code):	
Name and address of person from whom alcoholic beve	erages were or will be purchased:
United States. I am reporting	ges from outside the State of Connecticut, but within the territorial limits of the gallons (not to exceed 5) of alcoholic beverages for my personal talcoholic beverages into Connecticut during the sixty-day period preceding
Date of last application (If none, so indicate):	
	Declaration
and, to the best of my knowledge and belief, it is true, con	return or document (including any accompanying schedules and statements) nplete, and correct. I understand that the penalty for willfully delivering a false 000, or imprisonment for not more than five years, or both. The declaration of a formation of which the preparer has any knowledge.
Signature of Applicant	Date
If you need additional information or assistance regardi Excise/Public Services Taxes Subdivision at 860-541-32	ing the importation of alcoholic beverages into Connecticut, please call the 25 , Monday through Friday, 8:00 a.m. to 5:00 p.m.
Part 2: This section to be completed by DRS.	
Date of Receipt:	Date Action Taken:
Action taken: Application approved	By:
Application denied	Signature
Application defiled	Title