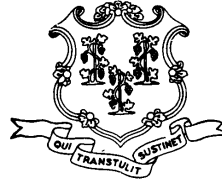


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



## 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: (If real estate is being transferred)	\$	
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> (add 1-7 above)	<b>\$</b>	

**Section B - Sources of Funds:**

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