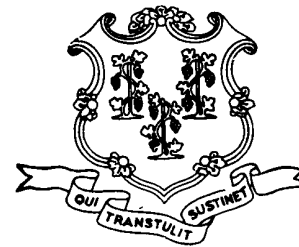


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division**

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)



## **Adding Live Entertainment**

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION.  
APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE.**

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

There are no filing fees for adding live entertainment requests.

### **The Application Process**

Once we receive your completed and correctly executed application, it will be reviewed by the Department. If your application is incomplete, it will be mailed back with a deficiency notice with further instructions. After your application has been accepted, a placard and publication notice will be generated and sent to your business email address on file, with posting instructions. You will be notified directly by the Department once your application has been approved. Email completed form to [DCP.LiquorControl@ct.gov](mailto:DCP.LiquorControl@ct.gov).

### **When Can I File this Application and What is Required?**

A placard and publication notice is required of any applicant who seeks to amend the type of live entertainment either upon filing of a renewal application or upon requesting permission of the Department. If requesting an amendment to live entertainment at a permitted location, the permittee must obtain the approval of the municipal zoning approval.

### **Completing the Application**

#### **Section A: Type of Live Entertainment**

**Item #1** - Check the applicable entertainment boxes. Please note that any box that is checked will need to have the necessary local zoning approval. The Department reserves the right to verify local zoning approval with the official prior to placard and publication notice issuance.

#### **Section B: Business Information**

**Items #2 through #8** - Complete this section with your current business information and active permit number. If you would like an application approval confirmation by email, please complete #8.

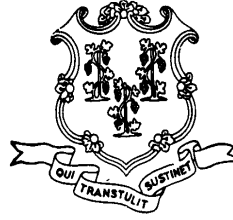
#### **Section C: Approval/Certification of Local Officials**

**Item #9** – This section needs to be signed and completed by your local zoning official. No applications will be accepted without this signature.

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

**Items #10** - The backer or its authorized representative listed in #5 of the application must sign and date this section.

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For Official Use Only

# APPLICATION FOR ADDING LIVE ENTERTAINMENT

## Section A: TYPE OF LIVE ENTERTAINMENT

1. Please check (✓) all that apply below				
<input type="checkbox"/> Acoustics - (Not Amplified)	<input type="checkbox"/> Disc Jockeys	<input type="checkbox"/> Live Bands	<input type="checkbox"/> Comedians	<input type="checkbox"/> Exotic Dancers
<input type="checkbox"/> Concerts	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows	<input type="checkbox"/> Sporting Event(s)	<input type="checkbox"/> Magicians

## Section B: BUSINESS INFORMATION

2. Trade Name (DBA Name)		3. Permit Number		
4. Permittee Name (First, Middle, Last)				
5. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)				
6. Location of Permitted Premises Street Address:		City	State	Zip Code
7. Business Telephone Number		8. Business Email Address		

## Section C: APPROVAL/CERTIFICATION OF LOCAL OFFICIAL

9. <b>Zoning Authority Approval:</b> I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and they do not prohibit the type of entertainment requested in Section A is not prohibited at liquor establishments located in #6.	
Signature of Zoning Official X _____	Print Name _____
Title of Official _____	Date ____/____/____

## Section D: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

10. <b>Backer Certification</b> (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 B" of this application is designated as my principal representative on the premises for which this application is being submitted.	Signed by Backer or Authorized Representative of Backer  X _____	Date: _____
	Print name of Backer or Representative	Title of Backer or Representative