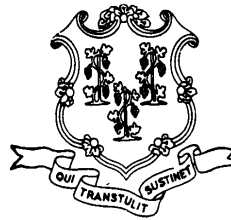


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 Liquor Control Division  
 Telephone: (860) 713-6210  
 Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**Instructions:** If Liquor Control staff instructed you to amend the Backer Financial Statement submitted with your online application, use this form.

Please print clearly or type the information entered on this application. Email to the Liquor Control staff member working with you or [DCP.LiquorControl@ct.gov](mailto:DCP.LiquorControl@ct.gov).

## BACKER'S FINANCIAL STATEMENT FOR ONLINE NEW APPLICATION

*(This form is for new applications only and should **only** be used when instructed by Liquor Control staff.)*

### Section A: PROPOSED BACKER/PERMIT PREMISES

7. Permit Number	8. Trade Name
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***\*\*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 or be less than the total dollar amount in Section B. Additional documents may be required by the Department. If any expense – including alcohol – is included in the purchase price of your business, make sure the bill of sale expressly states those items are included in the total price. **\*\***

#### Section A – Cost/Expenses:

1. PURCHASE/SALE PRICE OF YOUR BUSINESS:	\$
2. COST OF BUILDING: <small>(If real estate is being transferred)</small>	\$
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> <small>(add 1-7 above)</small>	\$

#### Section B - Sources of Funds:

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

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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