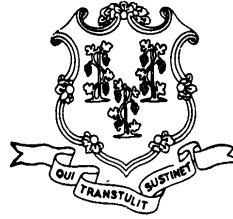


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
 Telephone: (860) 713-6210
 Email: dep.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



Instructions: Please write clearly or type the information required in Section A, B, C & E; print and bring to the officials in the town where the festival will be held and have them complete Section D. Scan or photograph the fully executed form and upload as part of your online application.

LOCAL SIGN OFF & ATTESTATION FOR FESTIVAL LIQUOR PERMIT (For Submission with Online Application)

Section A: LOCATION AND DETAILS OF FESTIVAL EVENT

1. Name of Event:		2. Date(s) of Event:		3. Rain Date(s):	
4. Street Address of Event:			City		State
					Zip Code
5. Where will your Event be held? <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/> BOTH (Attach an 8 ½” x 11” sketch showing the exact locations within the event area where alcoholic beverages will be dispensed; if outdoors, be sure to include permitter and any tents, tables, or other temporary structures.)			6. Hours of Event:		
7. Will there be food available to patrons at this festival event?*					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
(*Note: Please see zoning authority and town clerk signatures below; food may be required by local ordinances.) (Attach a narrative describing the event, and all precautions to be taken to avoid service to minors and intoxicated persons, and any other safety measures.)					

Section B: BACKER ORGANIZATION SPONSORING THE FESTIVALEVENT

8. Name of Qualifying Organization:			9. Contact Email Address:		
10. Business Address:		City		State	Zip Code:

Section C: PERMITTEE INFORMATION

11. Permittee Name (First, Middle, Last)				12. Date of Birth:	
13. Permittee Residence Street Address			City		State
					Zip Code

Section D: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

14. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #4 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit and during the dates identified in this application.

Food is required to be sold at the festival: YES NO

Signature of Zoning Official **X** _____ Print Name _____

Title of Official _____ Date ____ / ____ / ____

15. Fire Marshal's Approval: I certify that the premises and any indoor areas, including tents, identified in items #4 and #5 of this application is physically constructed in a manner that is safe for the festival that will be operated there and complies with the fire code.

Signature of Fire Marshal **X** _____ Print Name _____

Title of Official _____ Date ____ / ____ / ____

16. Certification of Town Clerk: The town in which the business identified in item # 4 of this application is to be operated has no ordinance restricting the hours of sale of alcoholic liquors beyond those set forth in State law except as indicated in the box below.
(If none, please enter "NONE")

Additional Restrictions:

Food is required to be sold at the festival: YES NO

Signature of Town Clerk **X** _____ Date ____ / ____ / ____

17. Police Authority Approval: I approve the issuance of this festival liquor permit at the address identified in #4 of this application.

Signature of Police Authority **X** _____ Print Name _____

Title of Official _____ Date ____ / ____ / ____

Section D: ATTESTATIONS

(To be completed by permittee or representative of sponsoring organization)

_____ I certify that all participating manufacturers will only give, offer, or sell products that the manufacturer produced themselves.

_____ I certify that the sponsoring entity identified as backer in Section B of this application does not hold any commercial or for-profit liquor permits in Connecticut or any other state, including (but not limited to) restaurant permits, café permits, grocery store permits, package store permits, manufacturer permits, or wholesaler permits.

_____ I certify that the person identified as permittee in Section C of this application does not own or serve as permittee for any commercial or for-profit liquor permits in Connecticut or any other state, including (but not limited to) restaurant permits, café permits, grocery store permits, package store permits, manufacturer permits, or wholesaler permits.

_____ I certify that the person identified as permittee in Section C of this application is suitable to be a permittee and does not have a felony criminal history that would disqualify said individual from competently serving as permittee.

Signature _____ Title _____

Print Name _____ Date ____ / ____ / ____