



Instructions: Complete parts A and B and then bring the application to the town offices for the signatures. Then scan the completed and signed document and have that image available on the device you are using to complete the online application.

MANUFACTURER LIQUOR PERMIT APPLICATION: LOCAL OFFICIAL APPROVAL ADDENDUM

Department of Consumer Protection, 450 Columbus Blvd., Suite 901, Hartford, CT 06103

Section A: PERMIT SELECTION (Select one):

- | | |
|---|--|
| <input type="checkbox"/> Farm Winery (LFW) | <input type="checkbox"/> Manufacturer of Spirits (LMS) |
| <input type="checkbox"/> Manufacturer of Beer (LMB) | <input type="checkbox"/> Manufacturer of Cider, Wine, & Mead (LMW) |

Section B: BUSINESS INFORMATION

2. Backer Name: _____			
3. Trade Name (DBA Name): _____			
4. Business Address: _____		City: _____	State: _____
5. Business Telephone Number _____		6. Business Fax Number: _____	7. Business Email Address: _____
8. Type of Live Entertainment: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<input type="checkbox"/> Acoustics - (Not Amplified)	<input type="checkbox"/> Concerts	<input type="checkbox"/> Live Bands	<input type="checkbox"/> Comedians
<input type="checkbox"/> Sporting Event(s)	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows	<input type="checkbox"/> Magicians
			<input type="checkbox"/> Exotic Dancers
			<input type="checkbox"/> Disc Jockeys
9. <input type="checkbox"/> PATIO/EXTENSION OF USE (<i>Outdoor Service</i>)		10. ACB (Additional Consumer Bar) # of ACB's: _____ (FEE: \$190.00 each)	

Section C: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

<p>11. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application and/or the entertainment in # 8.</p> <p>Signature of Zoning Official X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>	
<p>12. Certification of Town Clerk: The town in which the business identified in 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")</p> <p>Additional Restrictions: _____</p> <p>Signature of Town Clerk X _____ Date ____/____/____</p>	
<p>13. Fire Marshal's Approval: I certify that the premises identified in this application and on the sketch of this application is physically constructed in a manner that is safe for the type of business that will be operated there.</p> <p>Signature of Fire Marshal X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>	
<p>14. Local Health Approval: (Patio ONLY) I certify that the Extension of Use at the premises identified in this application and on the sketch of this application meets local health approval.</p> <p>Signature of Health Official X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>	