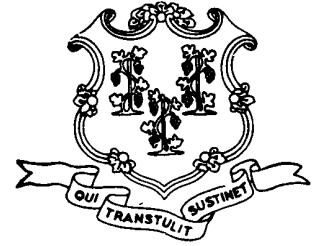


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Web Site: www.ct.gov/dcp/liquorcontrol



INSTRUCTIONS AND INFORMATION: **Removal Application**

PLEASE READ ALL INSTRUCTIONS AND INFORMATION BEFORE COMPLETING APPLICATION. APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE OR IF ANY REQUIRED DOCUMENT IS MISSING.

Fees and Form of Payment:

There is no filing fee for this application.

The Application Process

Once we are in receipt of your complete and correctly executed application, a Removal Liquor Placard will be mailed to you with additional instructions for public notification. **The placarding process is critical to application approval. A placarding error can delay a permit approval at least two additional months. A Liquor Control Agent will then be assigned to your file and will contact you to begin the remainder of the removal application process. If for any reason a Liquor Permit is not issued within a period of one year, you will be required to file another application.**

Definitions

Permittee – The permittee is the applicant for the liquor permit. The permittee is a person designated as the representative of the backer for the permit premises. The permittee must be able to read and understand English. The permittee can be the owner/backer of the business that holds the permit.

Backer – An individual or legal business entity that owns the business to which the liquor permit is issued.

Authorized Backer Representative – An individual who is legally authorized by the nature of the position held (i.e. corporate officer) in the business, or through a power of attorney to sign documents and make decisions related to the liquor permit.

****Section 30-45** of the Connecticut General Statutes prohibits the following individuals and officer holders from obtaining a liquor permit. Section 30-45 appears below and the prohibited individuals are noted. If you are a prohibited individual, you may not apply for a liquor permit.

CT General Statutes, Section 30-45: The Department of Consumer Protection shall refuse permits for the sale of alcoholic liquor to the following persons: (1) Any state marshal, judicial marshal, judge of any court, prosecuting officer or member of any police force, (2) a minor, and (3) any constable who performs criminal law enforcement duties and is considered a peace officer by town ordinance pursuant to the provisions of subsection (a) of section 54-1f, any constable who is certified under the provisions of sections 7-294a to 7-294e, inclusive, who performs criminal law enforcement duties pursuant to the provisions of subsection (c) of section 54-1f, or any special constable appointed pursuant to section 7-92. This section shall not apply to out-of-state shippers' permits, cafe permits issued pursuant to subsection (j) of section 30-22a and airline permits. As used in this section, "minor" means a minor, as defined in section 1-1d or as defined in section 30-1, whichever age is older.

APPLICATION INSTRUCTIONS AND DOCUMENTS REQUIRED FOR A REMOVAL APPLICATION TO BE ACCEPTED

1. REMOVAL APPLICATION

Complete both pages of the application. Every question must be answered, and all necessary approvals obtained (zoning, fire marshal, town clerk) If left blank, the application will not be accepted. If the question does not apply, enter the word “none”.

Completing the Application

Section A: Proposed Business Location

Items #1 through #5 - Complete this section with your proposed business address. If you answer yes to #3 and are requesting to move on stipulation, please complete the Removal on Stipulation Request Form (DCPLC - Removal on Stip Request) attached to this application. Also, please indicate whether you will be operating an Additional Consumer Bar and/or Patio at the proposed premises. If yes, please complete the applicable forms attached to this application.

Section B: Approval/Certification of Local Officials

Item #6 through #8 – This section needs to be signed and completed by your local public officials. No applications will be accepted without local zoning approval and town clerk certification. If you are trying to move your On Premises business, fire marshal approval is required.

Section C: Current Business Location/Permitted Premises

Item #9 through #11 – Complete this section with your approved permitted business location premises address and contact information.

Section D: Current Permittee Information

Item #13 through #15 Please enter name, address, and current contact information for permittee.

Section E: Current Backer-Owner Information

Item #16 Provide correct backer name. Backer name is the name of the Limited Liability Company or Corporation that is registered with the Secretary of the State or the individual name of the Sole Owner/Proprietor that has not formed a LLC or Corporation or the individual names of a Partnership that has not formed a LLC or Corporation, etc.

Section F: Preferred Mailing Address

Item #17 and #18 – Indicate the preferred mailing address for all correspondence. If you would like correspondence mailed to an address other than the business or permittee home address, specify in this section.

Section G: Certification of Permittee Applicant and Backer or Authorized Representative of Backer

Items #19 and #20 - The permittee listed in Section C #10 of the application must sign #19. The authorized backer representative of the backer/owner listed in Section D or must sign #20.

2. **FEE AND FORM OF PAYMENT:**

There is no filing fee for this application.

3. **SKETCH**

A diagram, sketch, plan or blueprint of the layout of the premises, including patios, **must be 8 ½” x 11”** in size.

- For ON-Premises (Restaurant, Café, Hotel, Club, and Theater) permits, sketches must show all dimensions, height of separations, outside measurements of bars, measurement of doorways separating the barroom from the other rooms, and all rooms labeled (e.g., dining room, lockable storage area, barroom and kitchen).
- For Package Store permits, the sketch must show all dimensions of the sales room and any other areas considered to be part of your proposed permit premises.
- For Wholesaler and Manufacturer permits, show all dimensions of the wholesale/manufacturer room(s), storage room, and any other areas considered to be part of your permit premises where applicable.
- Sketches are NOT required for Grocery Beer permits.

A diagram, sketch, plan or blueprint larger than 8 ½” x 11” will not be accepted. If needed, you may submit additional 8 ½” x 11” pages.

4. **PHOTOGRAPHS**

- One 8” x 10” photo taken from a position directly across the street or highway (any photos smaller than this required size **will not be accepted**).

Every application for the removal of a permitted business, other than a caterer permit, transporter permit, boat permit, railroad permit, out-of-state shipper’s permit, military permit, airline permit or temporary permit shall be accompanied by one photograph of the exterior of the proposed premises.

- 8” x 10” photographs for On Premises permits must show the full furnished interior of the barroom, dining rooms, lounge, and kitchen.

This requirement applies to all On Premises consumption permits except Caterer, Railroad, Boat, Airline, Charitable Organization, Special Club, Temporary Liquor, and Temporary Beer permits.

- 8” x 10” photographs showing the entire interior of the proposed premises

This requirement applies to Tavern, Druggist and Grocery Beer permits ONLY.

****Please Note****

- **Photos must be 8”x 10”.** The **applicant’s name, business address and date photo taken shall be on the back of all photographs.**

5. **LEASE / DEED / EVIDENCE OF RIGHT TO OCCUPY**

- 1) Provide a copy of executed copy of the CURRENT lease for the currently approved permit premises (must be in good standing)
- 2) Provide an executed copy of the lease for the PROPOSED permit premises.

Any assignment needs to be the backer entity indicated on the application with written consent of the landlord. If the backer entity is the owner of the property, provide a copy of the deed or a town property record card for the property. If you cannot provide a lease or deed at the time of application, the Department would accept other documentation showing evidence of the intention of the right to occupy the proposed property.

6. **BACKER’S FINANCIAL STATEMENT**

Complete this form which is attached to the application. You must show proof of adequate funds to finance the removal.

7. **ADDITIONAL CONSUMER BAR(S)**

If the proposed premises will have more than one consumer bar, complete the Patio/Extension of Use/ Additional Consumer Bar application. Please label the location of the Additional Consumer Bar on the copy of your sketch.

8. **PATIO REQUEST FORM**

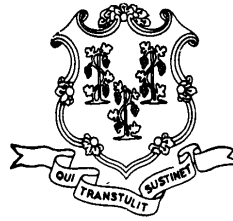
Complete the Patio/Extension of Use/ Additional Consumer Bar application for Restaurants and Cafés if alcoholic liquor is to be served or allowed at outside areas.

9. **EXTENSION OF USE FORM**

Complete the Patio/Extension of Use/ Additional Consumer Bar application for all other on-premises permit types, except for cafés and restaurants, if alcoholic liquor is to be served or allowed at outside areas of the proposed premises.

ONCE THE APPLICATION IS RECEIVED AND ACCEPTED BY THE DEPARTMENT OF CONSUMER PROTECTION, ADDITIONAL DOCUMENTS AND/OR INFORMATION MAY BE REQUIRED OF YOU BY A LIQUOR CONTROL AGENT AS PART OF THE REVIEW AND INVESTIGATION PROCESS.

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



REMOVAL APPLICATION

(FOR ON-PREMISES AND OFF-PREMISES LIQUOR PERMITS)

Section A: PROPOSED BUSINESS LOCATION

1. Proposed Business Street Address		City	State	Zip Code
2a. Proposed Phone Number:	2b. Proposed Fax Number:	2c. E-mail Address		
3. Are you Requesting a Removal on Stipulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Will there be an Additional Consumer Bar? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	5. Will there be a Patio? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<i>If you answer "YES" to #'s 3, 4, or 5, please read and complete the applicable form attached to this application packet</i>				

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

*Please Note: Only ON-Premises Liquor Permits must complete the Fire Marshal's Approval
 (This applies only to restaurant, café, tavern, hotel, and theater permits)*

<p>6. Fire Marshal's Approval: I certify that the premises identified in Section A, item #1 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>7. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A, item #1 of this application and they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.</p> <p>Signature of Zoning Official X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>
<p>8. Certification of Town Clerk: The town in which the business identified in Section A, item #1 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")</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Additional Restrictions:</div> <p>Signature of Town Clerk X _____ Print Name _____</p> <p>Title of Official _____ Date ____/____/____</p>

Section C: CURRENT BUSINESS LOCATION/PERMITTED PREMISES

9. Permit Number	10. Trade Name (DBA)		
11. Current Business Street Address	City	State	Zip Code

Section D: PERMITTEE INFORMATION

13. Permittee Name (First, Middle, Last)			
14. Permittee Residence Street Address	City	State	Zip Code
15a. Phone Number:	15b. Fax Number:	15c. E-mail Address	

Section E: BACKER-OWNER INFORMATION

16. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)
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Section F: PREFERRED MAILING ADDRESS

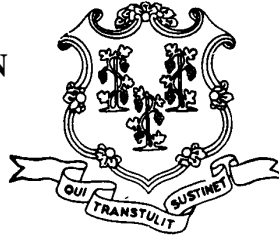
17. Name			
18. Address	City	State	Zip Code

Section G: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

<p>19. Permittee Certification (To be signed by permittee applicant, identified in "Section A" of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	Signed by Permittee Applicant	Date
	X _____	
<p>20. Backer Certification (To be signed by backer or the authorized representative of the backer)</p> <p>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 A" of this application is designated as my principal representative on the premises for which this application is being submitted.</p>	Signed by Backer or Authorized Representative of Backer	Date
	X _____	
	Print name of Backer or Representative	Title of Backer or Representative

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210
Email: liquor.control@ct.gov
Website: www.ct.gov/dcp



Removal on Stipulation Request Form

I, _____, have submitted a Removal application for an existing liquor permit to the Department of Consumer Protection, Liquor Control Division and hereby request to move my existing permit on a stipulated agreement. In the event my request is granted, I understand that I must complete the Stipulated Agreement for Removal form, the removal placarding process and undergo a successful inspection before the issuance of the final removal liquor permit is approved.

I have attached a letter to this application describing my case for hardship. In cases of eviction, please attach an official court document to prove commencement of an eviction. Please refer to Sec 30-52 of the Connecticut General Statutes below.

Sec. 30-52. Removal to another location.

This section in part states "...the Department of Consumer Protection, in cases of hardship and in cases caused by reason of the commencement of an eviction action against such permittee from the particular building or place in such town specified in such permit, may endorse upon such permit permission to the permittee to remove from one building or place in any zone to another building or place in a proper business or industrial zone, and the permittee shall thereupon be authorized to remove to such new location with such permit."

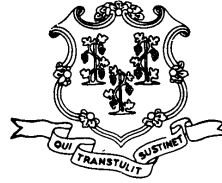
Signature of Backer or Authorized Representative of the Backer:

X _____ Date: _____

Print Name of Backer or Authorized Representative of the Backer signed above:

X _____ Date: _____

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
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REMOVAL 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 removing 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. COST TO REMOVE TO PROPOSED PREMISES:	\$	
2. COST OF NEW BUILDING, if applicable: (If real estate is being acquired)	\$	
3. LEASEHOLD/SECURITY DEPOSIT, if applicable:	\$	
4. RENOVATIONS/ALTERATIONS, if applicable:	\$	
5. FURNITURE, FIXTURES, EQUIPMENT, ETC, if applicable:	\$	
6. OTHER EXPENSES, if applicable: (Please Specify)	\$	
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-6 above)	\$	

Section B - Sources of Funds:

7. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$	
8. CASH ON HAND:	\$	
9. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$	
TOTAL FUNDS FOR ALL SOURCES: (add 7-9 above)	\$	

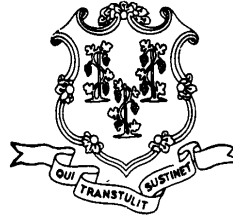
I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X _____ Date: _____

Printed Name of Backer or Authorized Representative:	Title:
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For Official Use Only

APPLICATION FOR PATIO, EXTENSION OF USE and/or ADDITIONAL CONSUMER BAR

<input type="checkbox"/> PATIO <i>(Restaurants & Cafes ONLY)</i>	<input type="checkbox"/> EXTENSION OF USE <i>(All other permit types)</i>	<input type="checkbox"/> ACB (Additional Consumer Bar) # of ACB's: _____ (FEE: \$190.00 each)
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Section A: BUSINESS INFORMATION

1. Trade Name (DBA Name)		2. Permit Number	
3. Permittee Name (First, Middle, Last)			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)			
5. Business Address		City	State
6. Business Telephone Number		7. Business Fax Number	8. Business Email Address
9. Type of Request? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		<i>If <u>TEMPORARY</u> is checked, List Specific Dates Below:</i>	

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

10. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.
Signature of Zoning Official X _____ Print Name _____ Title of Official _____ Date ____/____/____
11. Fire Marshal's Approval: I certify that the premises identified in Section A and on the sketch of this application is safe for this type of request.
Signature of Fire Marshal X _____ Print Name _____ Title of Official _____ Date ____/____/____
12. Local Health Approval: (Patio Requests ONLY) I certify that the Patio at the premises identified in Section A and on the sketch of this application meets local health approval.
Signature of Health Official X _____ Print Name _____ Title of Official _____ Date ____/____/____

Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

13. Backer Certification (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 A" 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 _____ Print name of Backer or Representative	Date: _____ Title of Backer or Representative
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Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB