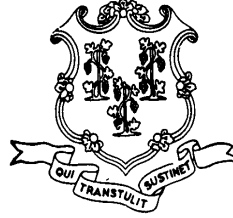


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**WHOLESALE & WAREHOUSE LIQUOR PERMIT APPLICATION:**  
**LOCAL OFFICIAL APPROVAL ADDENDUM**

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

Instructions: This paper form may be completed, scanned and uploaded as part of an online application for a Connecticut Wholesaler Liquor, Wholesaler Beer, Warehouse Bottling, or Warehouse Storage Permit. Complete parts A and B and then bring the application to the town offices for the Zoning Official and Town Clerk signatures. Then scan the completed document and have that image available on the device you are using to complete the online application.

**Section A: PERMIT SELECTION**

1. Select one:

- |  |   |
|--|---|
| <input type="checkbox"/> Wholesaler Liquor | <input type="checkbox"/> Warehouse Bottling |
| <input type="checkbox"/> Wholesaler Beer   | <input type="checkbox"/> Warehouse Storage  |

**Section B: BUSINESS INFORMATION**

2. Backer Name:			
3. Trade Name (DBA Name):			
4. Business Address:	City:	State:	Zip Code:
5. Business Telephone Number	6. Business Fax Number	7. Business Email Address	

**8. Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #2 of 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 entertainment listed in #10.

Signature of Zoning Official X \_\_\_\_\_ Print Name \_\_\_\_\_  
 Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**9. 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:

Signature of Town Clerk X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

**Section C: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS**