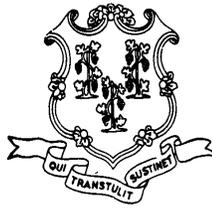


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



Application for Liquor Wholesaler Salesman Certificate

You must file an application for certificate not later than ten (10) days after the date of initial employment. This completed application must be accompanied by a non-refundable fee in the amount of **\$50.00** made payable to "Treasurer, State of Connecticut" and returned to the above address. All certificates expire biennially on January 31st.

Applicant Information

Name of Individual				
Street Address		City	State	Zip Code
Telephone Number	Email Address	Social Security Number	Date of Birth	
Are you a minor or a person who holds a position that would prohibit you from obtaining a liquor permit? (See CT General Statutes Section 30-45 for a list of such individuals) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of a felony crime or an alcohol related motor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement including the date(s) and nature of conviction(s), the court(s) where the cases were disposed of and a description of the circumstances.				

Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.	
_____ Signature of Applicant	_____ Date
Subscribed and sworn to before me, this _____ day of _____ 20 _____	
_____ Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court	_____ My Commission Expires

Employer (Liquor Wholesaler) Information

Name of Wholesaler				
Street Address		City	State	Zip Code
Wholesaler CT Permit Number		Date Individual was Hired		

Certification

I certify that the above named salesperson is authorized to sell or offer for sale alcoholic liquor to any retailer of alcoholic liquor on behalf of the liquor wholesaler.	
_____ Signature of Employer (Officer or Authorized Agent)	_____ Date
Subscribed and sworn to before me, this _____ day of _____ 20 _____	
_____ Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court	_____ My Commission Expires