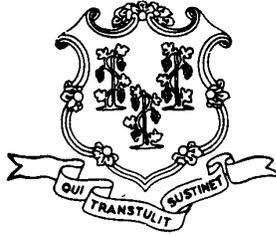


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
LIQUOR CONTROL DIVISION**

Telephone: (860) 713-6210  
Email: liquor.control@ct.gov  
Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**Authorization of the Backer Legal Entity for Release of Financial Information**

This form must be completed by a duly authorized representative of the backer business identified in item #1 below:

**A. BUSINESS INFORMATION**

1. Name of Backer Business Entity:			
3. Address of Backer Business Entity: (street & number)	City:	State:	Zip code:
4. Name of Authorized Representative: (last, first, middle)		5. Business Title of Representative:	
6. Address of Authorized Representative: (street & number)	City:	State:	Zip code:
7. Telephone Number of Authorized Representative:	Fax Number:	Email Address	

**B. AUTHORIZATION:**

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to the business entity identified in item #1 above from financial or lending institutions, credit bureaus, consumer reporting agencies, licensing agencies and retail business establishments or individuals.
2. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability for a liquor permit.

**C. PERSONAL CERTIFICATION:**

I certify under penalty of law that the information provided in this authorization is true to the best of my knowledge:	
Signature of duly authorized representative of the backer:	
_____	Title: _____
	Date: _____