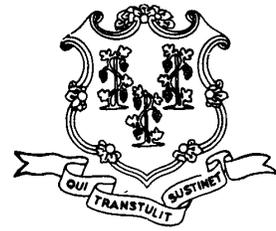


STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division  
Telephone: (860) 713-6210  
Fax: (860) 713-7235  
Website: http://www.ct.gov/dcp



**PATIO REQUEST FORM**

PERMITTEE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

BACKER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX # \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WILL PATIO BE PERMANENT: YES \_\_\_\_\_ NO \_\_\_\_\_

If Patio is going to only be used Temporarily, List exact dates needed: \_\_\_\_\_

**DIRECTIONS: ON THE BACK OF THIS SHEET MAKE A SKETCH OF THE EXISTING PERMIT PREMISES AND INCLUDE THE FOLLOWING**

1. The Patio in relation to the permit premises. List all dimensions of Patio in feet.
2. All entrances & exits leading to and from the patio.
3. Portion of sketch that shows Permit Premises must be labeled with all the Dining Rooms, Barrooms, Kitchen, etc
4. Indicate all fences, railings, etc. surrounding patio area
5. Indicate how alcoholic beverages are going to be served on Patio. Show all consumer bars & Service Bars

**NOTE:** *If a Consumer Bar is going to be used on the Patio, an application for Additional Consumer Bar permit together with a \$190.00 fee must be Submitted with this application.*

**IF THIS SHEET IS NOT LARGE ENOUGH, CONTINUE SKETCH ON ONE ADDITIONAL SHEET.**

1. If access to Patio is through the Barroom, the Patio is considered an extension of the Barroom (NO MINORS ALLOWED) Unless accompanied by Parent or Guardian.
2. If access to Patio is through a Dining Room, the Patio is considered an extension of the Dining Room.
  - a. If Alcoholic Beverages are to be made from a Service Bar located on Patio-NO additional fee if required. (Service must be made by Waitstaff only).
3. If Alcoholic Beverages are to be made from an Additional Consumer Bar Located on the Patio-Patio is considered Barroom-(NO MINORS ALLOWED)
4. No alcoholic beverages are to leave the patio area (away from premises.)
5. NO DEVIATIONS FROM THE PLAN SHOWN ON THIS FORM ARE ALLOWED WITHOUT WRITTEN APPROVAL FROM THIS DEPARTMENT.

SIGNATURE: \_\_\_\_\_  
*PERMITTEE*

\_\_\_\_\_  
*DATE*

**MUNICIPAL APPROVALS**

ZONING: SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

FIRE DEPT. SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH DEPT. SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**DEPARTMENT OF CONSUMER PROTECTION PATIO APPROVAL**

THIS MUST BE DISPLAYED NEXT TO YOUR PERMIT OR PERMIT MUST BE ENDORSED. LIMITATIONS OR CONDITIONS:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_