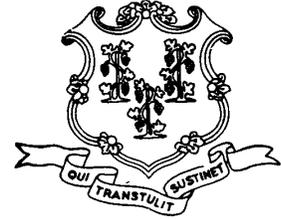


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
Telephone: (860) 713-6210
Email: liquor.control@ct.gov
Web Site: www.ct.gov/dcp



AFFIDAVIT OF SELLER UNPAID OBLIGATIONS
THIS FORM IS TO BE EXECUTED AT THE TIME OF THE CLOSING

The undersigned permittee, backer or authorized representative of the backer:

Name: (Last, First, Middle)		
Address: (Street Address & Number)	State:	Zip code:

Representing:

Name of Backer:

BEING DULY SWORN DEPOSES AND SAYS:

I AM OVER EIGHTEEN YEARS OF AGE AND BELIEVE IN THE OBLIGATION OF AN OATH.

I AM THE BACKER, OR DULY AUTHORIZED REPRESENTATIVE OF THE BACKER, FOR THE PERMITTED LIQUOR PREMISES OPERATING UNDER THE BUSINESS NAME:

Name of Permitted Liquor Business:		
Address: (Street Address & Number)	State:	Zip code:

Operating with CT liquor permit number:

Liquor Permit Number:

PLEASE LIST ANY UNPAID OBLIGATIONS (INVOICES) FOR THE PURCHASE OF ALCOHOLIC LIQUOR PRIOR TO THE CHANGE IN OWNERSHIP. ***Please attach a separate sheet if needed*
IF YOU DO NOT PROVIDE A LIST, YOU ARE AFFIRMING THERE ARE NO UN-PAID OBLIGATIONS.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature of permittee, backer or authorized representative of the backer:

X _____ Date: _____

Subscribed and affirmed before me:

Signed X _____ Date _____
(Commissioner of Superior Court, Notary Public, Justice of Peace)