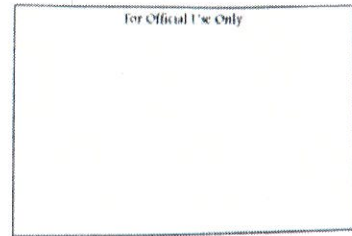


STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division

Phone: (860) 713-6200

Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)

Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>



**APPLICATION FOR MANUFACTURER OF SPIRITS OR  
MANUFACTURER OF BEER OR MANUFACTURER FARM WINERY OR  
MANUFACTURER OF WINE, CIDER & MEAD LIQUOR PERMIT**

<input type="checkbox"/> <b>Manufacturer of Spirits (LMS)</b> \$1950.00	<input checked="" type="checkbox"/> <b>Manufacturer of Beer (LMB)</b> \$1500.00	<input type="checkbox"/> <b>Manufacturer Farm Winery (LFW)</b> \$400.00	<input type="checkbox"/> <b>Manufacturer of Cider, Wine &amp; Mead (LMW)</b> \$300.00
--	--	--	--

Checks and/or money orders should be made to "Treasurer, State of Connecticut" and must accompany this application. The application fee is included in the above fees and is non-refundable. Return your completed application, documentation and appropriate fee to: Department of Consumer Protection, 450 Columbus Blvd, Suite 801, Hartford, CT 06103

**Section A: BUSINESS INFORMATION**

**ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED**

1. Trade Name (DBA Name) <b>Tree House Brewing Company, Inc.</b>		2. Are you requesting a Provisional Permit? Fill out <b>PROVISIONAL PERMIT AGREEMENT FORM</b> and submit	
3. Business Address <b>54 Joy Road</b>		City <b>Woodstock</b>	State <b>CT</b>
4. Business Telephone Number <b>774-407-0384</b>		5. Business Fax Number	Zip Code <b>06281</b>
6. Business Email Address <b>allison@treehousebrew.com</b>		7. Is there currently a liquor permit at the proposed premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
8. Patio? (If yes, complete attached patio request form)		If yes, current permit number <b>LMW.0000010</b>	
9. Type of Live Entertainment: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, please check (✓) all that apply below)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> Acoustics - (Not Amplified)	<input type="checkbox"/> Disc Jockeys	<input type="checkbox"/> Live Bands	<input type="checkbox"/> Comedians
<input type="checkbox"/> Concerts	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows	<input type="checkbox"/> Exotic Dancers
		<input type="checkbox"/> Sporting Event(s)	<input type="checkbox"/> Magicians

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

10. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #4 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 #9.

Signature of Zoning Official X *[Signature]* Print Name Dan Malo  
Title of Official Zoning Enforcement off Date 04 / 13 / 23

11. **Fire Marshal's Approval:** I certify that the premises identified in items #3 of this application is physically constructed in a manner that is safe for the type of business that will be operated there.

Signature of Fire Marshal X *[Signature]* Print Name Richard Baron  
Title of Official Fire Marshal Date 4 / 14 / 23

12. **Certification of Town Clerk:** The town in which the business identified in item # 3 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") Christine Storch, Asst.

Additional Restrictions: None

Signature of Town Clerk X *[Signature]* Date 4 / 13 / 2023

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)



For Official Use Only

**APPLICATION FOR PATIO, EXTENSION OF USE and/or ADDITIONAL CONSUMER BAR**

<input type="checkbox"/> PATIO (Restaurants & Cafes ONLY)	<input checked="" type="checkbox"/> EXTENSION OF USE (All other permit types)	<input type="checkbox"/> ACB (Additional Consumer Bar) # of ACB's: _____ (FEE: \$190.00 each)
--	--	---

**Section A: BUSINESS INFORMATION**

1. Trade Name (DBA Name) <u>Tree House Brewing Company, Inc.</u>		2. Permit Number	
3. Permittee Name (First, Middle, Last) <u>Nathan Lanier</u>			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.) <u>Tree House Brewing Company, Inc.</u>			
5. Business Address <u>54 Joy Rd</u>		City <u>Woodstock</u>	State <u>CT</u>
		Zip Code <u>06281</u>	
6. Business Telephone Number <u>774-407-0384</u>	7. Business Fax Number	8. Business Email Address <u>Allison@treehousebrew.com</u>	
9. Type of Request? <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary		If TEMPORARY is checked, List Specific Dates Below:	

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

10. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.

Signature of Zoning Official X [Signature] Print Name Don Malo  
 Title of Official Zoning Enforcement officer Date 04/13/23

11. Fire Marshal's Approval: I certify that the premises identified in Section A and on the sketch of this application is safe for this type of request.

Signature of Fire Marshal X [Signature] Print Name Richard Baron  
 Title of Official Fire Marshal Date 4/14/23

12. Local Health Approval: (Patio Requests ONLY) I certify that the Patio at the premises identified in Section A and on the sketch of this application meets local health approval.

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

**Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER**

13. Backer Certification (To be signed by backer or the authorized representative of the backer)  I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in "Section A" of this application is designated as my principal representative on the premises for which this application is being submitted.	Signed by Backer or Authorized Representative of Backer X <u>[Signature]</u>	Date: <u>4/12/23</u>
	Print name of Backer or Representative <u>Nathan Lanier</u>	Title of Backer or Representative <u>CEO</u>

**\*Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB\***