

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
LIQUOR CONTROL DIVISION  
LAW ENFORCEMENT REFERRAL**

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**REPORT OF A VIOLATION OF CRIMINAL LAW AND/OR LIQUOR CONTROL  
REGULATION INVOLVING PREMISES LICENSED TO SELL/DISTRIBUTE  
ALCOHOLIC BEVERAGES**

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Name of Business: \_\_\_\_\_ Permit #: \_\_\_\_\_

Business Address (include street, city, state): \_\_\_\_\_

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Name of Permittee (can be found on liquor permit): \_\_\_\_\_

Name of Backer (can be found on liquor permit): \_\_\_\_\_

Name of Person In-Charge of Premises at time of Alleged Violation and/or Incident (include DOB, residential address, daytime and nighttime phone number(s): \_\_\_\_\_

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Law Enforcement Agency Submitting Referral: \_\_\_\_\_

Identity of Law Enforcement Officer (s) who can testify to facts of incident (Include full name, rank, telephone number, e-mail address):

1.) \_\_\_\_\_

2.) \_\_\_\_\_

Law Enforcement Case Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Violation(s) found (include statute number (s) and/or regulation section (s), if known): \_\_\_\_\_

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Were arrests made? (YES or NO) If YES, supply name, DOB, address of accused, daytime phone number as well as charges: \_\_\_\_\_

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Superior Court handling criminal case (include G.A. #): \_\_\_\_\_

**Attach Copies of All Related Police Reports and Mail to:**

Department of Consumer Protection  
Liquor Control Division  
165 Capitol Avenue  
Hartford, Connecticut 06106-1630

**If you have any questions, please call (860) 713-6210 and speak to a Liquor Control Agent**