

AGE STATEMENT FORM

Permittee / Agent: _____

Date: _____ 20 _____

I _____ hereby represent to _____, a
(Please Print Name) (Permittee / Agent Name)

Permittee of the Connecticut Department of Consumer Protection that I am over the age of 21 years, having been born on _____ 19__ at _____
(Month / Day) (Town / State)

This statement is made to induce said permittee to sell or otherwise furnish alcoholic beverages to the undersigned. I understand that Title 30 of the Connecticut General Statutes prohibits the sale of alcoholic liquor to any person who is not twenty-one years of age.

**I understand that I am subject to a fine of one hundred dollars for the first offense and not more than two hundred fifty dollars for each subsequent offense for willfully misrepresenting my age for the purposes set forth in this statement.
C.G.S. 30-89**

(Signature)

TO BE COMPLETED BY PERMITEE OR AGENT:

NAME: _____

ADDRESS: _____

ID TYPE: _____

ID NUMBER: _____

Photo ID **YES** **NO**

2ND Form of ID _____ **Optional**

ID TYPE: _____

ID NUMBER: _____

Photo ID **YES** **NO**