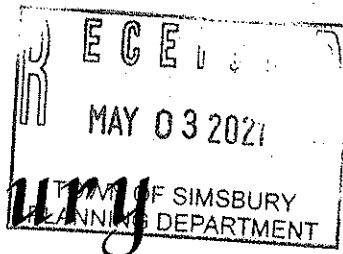


Town of Simsbury



Office of Community Planning and Development - Zoning Commission Application

DATE: 4/28/2021 FEE: \$ 290 RD CK #: 92 APP #: 21-11

PROPERTY ADDRESS: 828 Hopmeadow Street Simsbury CT 06070

NAME OF OWNER: Daniel Thomas Stevens

MAILING ADDRESS: 102 Dickinson rd Marlborough Ct 06447

EMAIL ADDRESS: Danny Stevens 74ct@yahoo.com TELEPHONE # 714-313-8890

NAME OF AGENT: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: Dannystevens74@yahoo.com TELEPHONE # _____

ZONING DISTRICT: _____ LOT AREA: _____ SQ FT/ACRES

Does this site have wetlands? YES NO Have you applied for a wetlands permit? YES NO

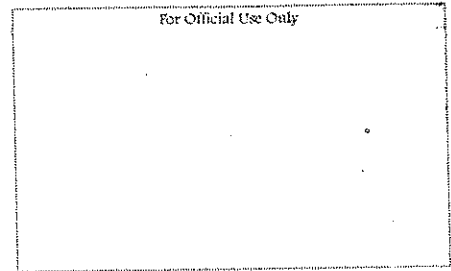
REQUESTED ACTION (PLEASE CHECK APPROPRIATE BOX):

- ZONE CHANGE:** The applicant hereby requests that said premises be changed from zone _____ to zone _____.
- TEXT AMENDMENT:** Please attach proposed changes, including Articles and Sections, and purposes.
- SPECIAL EXCEPTION:** The applicant hereby requests a public hearing pursuant to Article _____, Section _____.
- SITE PLAN APPROVAL:** The applicant hereby requests
 - PRELIMINARY
 - FINAL
 - SITE PLAN AMENDMENT pursuant to Article 5, Section J
- SIGN PERMIT**
- OTHER (PLEASE EXPLAIN):** _____

NOTE: Each application must fully comply with the requirements of the Zoning Regulations prior to receipt by the Commission. Each application for zone change and/or special exception shall include a list of names and addresses of abutting property owners and all property owners within 100 feet of the subject site.

A check payable to the Town of Simsbury must accompany this **original signed and dated** application. **Six (6) complete (folded) sets of plans and eleven (11) copies of the completed application and correspondence** must also be included. If you have a PDF of your plans, we would appreciate a copy of that sent to lbarkowski@simsbury-ct.gov, as well.

<u>Daniel T. Stevens</u>	<u>4/28/2021</u>	_____	_____
Signature of Owner	Date	Signature of Agent	Date



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Liquor Control Division
 Telephone: (860) 713-6210
 Email: dcp.liquorcontrol@ct.gov
 Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>

APPLICATION FOR ON-PREMISES LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please see fee chart for required fee.** Checks and/or money orders should be made to "Treasurer, State of Connecticut" and must accompany this application. The application fee 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. Type of Liquor Permit Applying for: ON Premises LIQUOR Permit		2. Are you requesting a Provisional Permit? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. Trade Name (DBA Name) La Joya Mexican Kitchen LLC			
4. Business Address 834 Hopmeadow Street		City Simsbury	State ct
5. Business Telephone Number 714-313-8890		7. Business Email Address dannystevens74@yahoo.com	
6. Business Fax Number (blank)		8. Is there currently a liquor permit at the proposed premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, current permit number _____		9. Patio? (If yes, complete attached patio request form) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10. Type of Live Entertainment: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<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

11. 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 #10.

Signature of Zoning Official X _____ Print Name _____
 Title of Official _____ Date ____/____/____

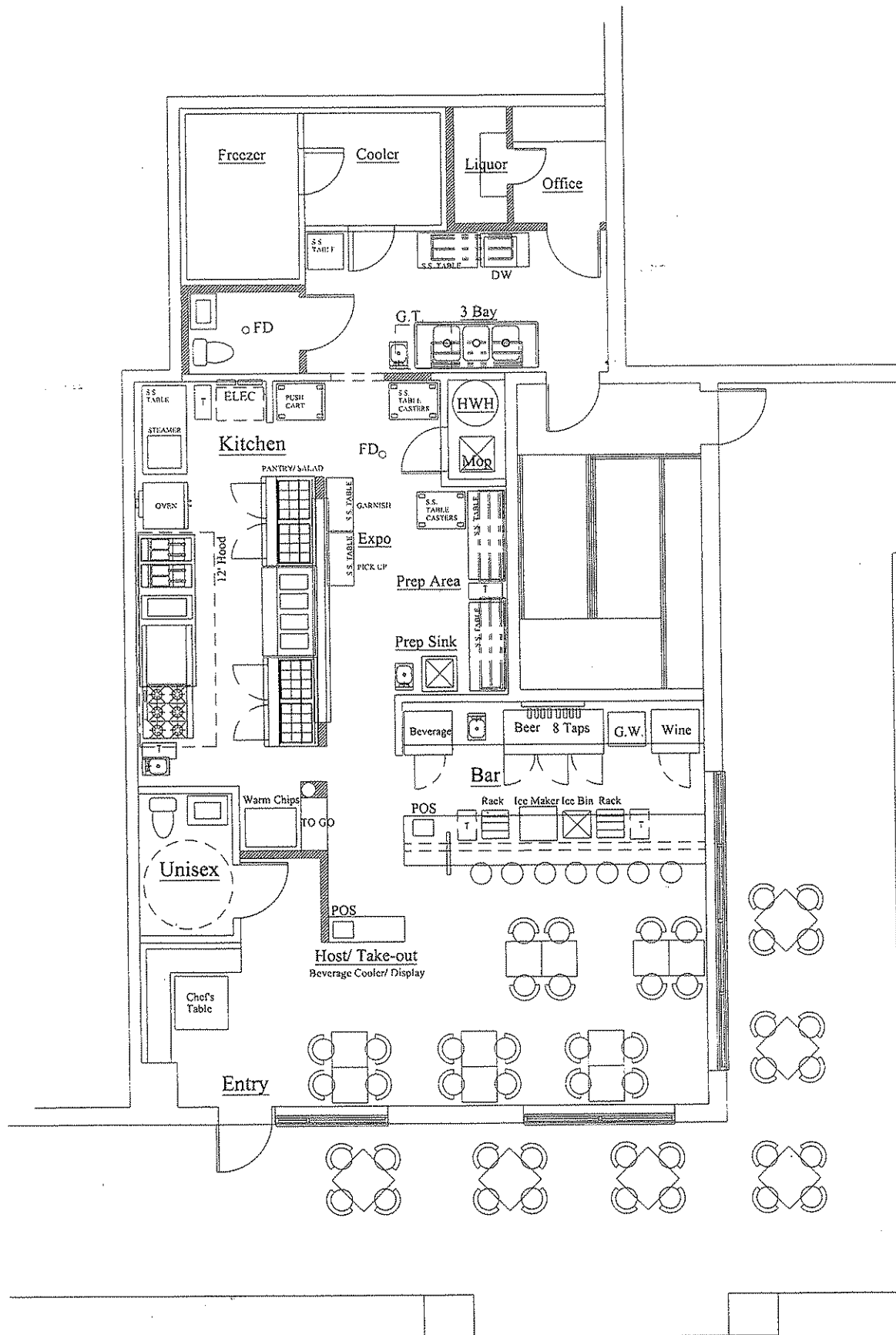
12. Fire Marshal's Approval: I certify that the premises identified in items #3 & #4 of this application is physically constructed in a manner that is safe for the type of business that will be operated there.

Signature of Fire Marshal X Print Name Patrick J. Tourville
 Title of Official FIRE MARSHAL Date 04 / 28 / 2021

13. Certification of Town Clerk: The town in which the business identified in item # 4 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")

Additional Restrictions: NONE

Signature of Town Clerk X Date 4 / 28 / 2021





Sandi Stevens <sandijstevens@gmail.com>

Narative

1 message

Danny Stevens <dannystevens74@yahoo.com>
To: Sandi Stevens <sandijstevens@gmail.com>

Thu, May 13, 2021 at 2:04 PM

Closed Mondays
Tuesday -Thursday 11 am-9 pm
Friday-Saturday-11 am-10 pm
Sunday-11 am-9 pm

Business will require 8 cooks
2-prep cooks
2-dishwashers
2 bartenders
3 counter help
3 servers
1 chef
1 Manager