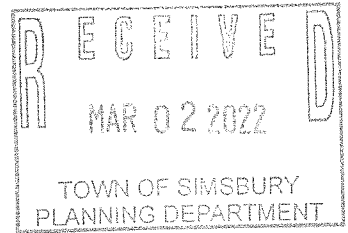




Town of Simsbury



Office of Community Planning and Development - Zoning Commission Application

DATE: 3/1/22 FEE: \$ 290 CK#: 1133 APP#: 22-07

PROPERTY ADDRESS: 32 Main St Tariffville CT 06081

NAME OF OWNER: Frank Ippolito

MAILING ADDRESS: 32 Main St Tariffville CT 06081

EMAIL ADDRESS: LitosLLC@gmail.com TELEPHONE # 860-651-4214

NAME OF AGENT: Frank Ippolito

MAILING ADDRESS: 32 Main St Tariffville CT

EMAIL ADDRESS: _____ TELEPHONE # _____

ZONING DISTRICT: B2 LOT AREA: 29 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 8, Section 6.

SITE PLAN APPROVAL: The applicant hereby requests

PRELIMINARY FINAL SITE PLAN AMENDMENT pursuant to Article 5, Section J

SIGN PERMIT

OTHER (PLEASE EXPLAIN): Change of Alcohol permit from Beer & wine to Full liquor

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.

[Signature] 3/2/22
Signature of Owner Date

[Signature] 3/2/22
Signature of Agent Date



www.simsbury-ct.gov

933 Hopmeadow Street
Simsbury, CT 06070

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>



For Official Use Only

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: <i>LPB - Restaurant Liquor</i> | | 2. Are you requesting a Provisional Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3. Trade Name (DBA Name) <i>Marcos Italian Restaurant</i> | | | |
| 4. Business Address <i>32 Main St</i> | | City <i>Tariffville</i> | State <i>CT</i> |
| | | Zip Code <i>06081</i> | |
| 5. Business Telephone Number <i>860 651 4214</i> | 6. Business Fax Number | 7. Business Email Address <i>Litos11c@gmail.com</i> | |
| 8. Is there currently a liquor permit at the proposed premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | If yes, current permit number <i>LPW 005691</i> | 9. Patio? (If yes, complete attached patio request form) <input type="checkbox"/> YES <input checked="" 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"/> Sporting Event(s) |
| | | | <input type="checkbox"/> Exotic Dancers |
| | | | <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 <i>Patrick T. Ioville</i> |
| Title of Official <i>FIRE MARSHAL</i> | Date <i>3 / 1 / 2022</i> |
| 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: | |
| Signature of Town Clerk X <i>Miron Munroe</i> | Date <i>03 / 01 / 2022</i> |

Section C: PERMITTEE APPLICANT INFORMATION

| | | | |
|--|--|--------------------------|--|
| 14. Permittee Name (First, Middle, Last) Frank Vincent Ippolito | | | |
| 15. Permittee Residence Street Address 94 W Granby Rd | | City Granby | State CT |
| 16. Permittee Telephone Number 203 586 9472 | | 17. Permittee Fax Number | 18. Permittee Email Address ifrankiev@gmail.com |
| Zip Code 06035 | | | |

Section D: PREFERRED MAILING ADDRESS

Check (✓) one box below and enter address if different than Business or Permittee Address.

 BUSINESS ADDRESS
 PERMITTEE ADDRESS
 ADDRESS BELOW

| | | | |
|--|--|---------------------|-------------------|
| 19. Name Marco's Italian Restaurant | | | |
| 20. Address 32 Main St | | City TARIFFVILLE | State CT |
| | | | Zip Code 06081 |

Section E: BACKER INFORMATION

* Each backer must also complete the "Authorization for Release of Financial Information & Statement of Personal History" form that accompanies this application

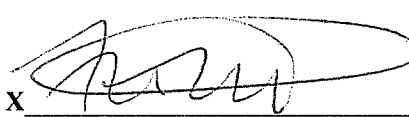
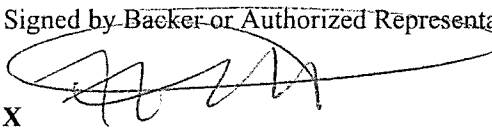
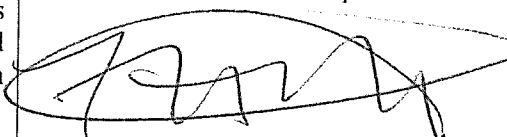
| | | | | | |
|---|--------------------------------------|---|---|--|---|
| 21. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one | | | | | |
| <input type="checkbox"/> Sole Proprietorship/ Owner | <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Unincorporated Association |
| 22. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc. L. to's LLC | | | | | |
| 23. Street Address 94 W Granby Rd | | City Granby | State CT | Zip Code 06035 | |
| 24. Backer Telephone Number 203 586 9472 | | 25. Backer Fax Number | 26. Backer Email Address L.to'sllc@gmail.com | | |
| 27. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed. | | | | | |
| a. Name (First, Middle, Last) Frank Vincent Ippolito | | Title owner | % of ownership or # of shares 100 | | |
| b. Name (First, Middle, Last) | | Title | % of ownership or # of shares | | |
| c. Name (First, Middle, Last) | | Title | % of ownership or # of shares | | |
| d. Name (First, Middle, Last) | | Title | % of ownership or # of shares | | |

Section F: CURRENT OR PREVIOUS LIQUOR PERMITS HELD BY PERMITTEE OR BACKER

This section applies to the permittee applicant, and to each backer who is a sole proprietor, partner or a member of a partnership organization, corporation, and members of a limited liability organization or unincorporated associations. Attach a separate sheet if needed.

| | | | |
|--|-------------------|--|----------------------------------|
| 28a. Does any Permittee or Backer currently hold a liquor permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Professional</i> | | | |
| 28b. Has any Permittee or Backer held a liquor permit in the past? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| <i>If yes, please complete the permit information for each past or present permit below</i> | | | |
| 29a. Type of liquor permit (e.g., cafe) | Liquor permit # | State in which issued | Name of business |
| <i>LRW - Restaurant Wine Beer</i> | <i>LRW0056911</i> | <i>CT</i> | <i>Marcos Italian Restaurant</i> |
| Name of backer or permittee for the permit | | Were/Are you a backer or permittee of the permit? | |
| <i>Lifesllc Front Ippolito</i> | | <input type="checkbox"/> Backer <input checked="" type="checkbox"/> Permittee | |
| Dates held <i>Current</i> | | | |
| 29b. Type of liquor permit (e.g., cafe) | Liquor permit # | State in which issued | Name of business |
| | | | |
| Name of backer or permittee for the permit | | Were/Are you a backer or permittee of the permit? | |
| | | <input type="checkbox"/> Backer <input type="checkbox"/> Permittee | |
| Dates held | | | |
| 29c. Type of liquor permit (e.g., cafe) | Liquor permit # | State in which issued | Name of business |
| | | | |
| Name of backer or permittee for the permit | | Were/Are you a backer or permittee of the permit? | |
| | | <input type="checkbox"/> Backer <input type="checkbox"/> Permittee | |
| Dates held | | | |
| 30. Have any of the permits listed above been revoked, suspended or denied in CT or any other state? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <i>If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.</i> | |

Section G: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

| | | |
|--|---|--|
| <p>31. Permittee Certification (To be signed by permittee applicant, identified in "Section A" of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p> | <p>Signed by Permittee Applicant</p> <p><i>X</i> </p> | <p>Date</p> <p><i>2/28/22</i></p> |
| <p>32. Backer Certification (To be signed by backer or the authorized representative of the backer)</p> <p>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.</p> | <p>Signed by Backer or Authorized Representative of Backer</p> <p><i>X</i> </p> | <p>Date</p> <p><i>2/28/22</i></p> |
| <p>Print name of Backer or Representative</p> <p></p> | | <p>Title of Backer or Representative</p> <p><i>OWNER</i></p> |

Hi from Marcos: full restaurant request

3 messages

Frank Ippolito <ifrankiev@gmail.com>
To: Michelle.GillardParadis@ct.gov

Wed, Feb 16, 2022 at 1:57 PM

Please send me the application to convert to a full restaurant liquor permit rather than the beer and wine. Thank you for all of your help

Sent from my iPhone

GillardParadis, Michelle <Michelle.GillardParadis@ct.gov>
To: Frank Ippolito <ifrankiev@gmail.com>

Wed, Feb 16, 2022 at 2:09 PM

Please fill out the first 4 pages of the application.

In a separate email or pdf document request a change in permit type, from beer and wine to full restaurant. In your request confirm that there are no other changes. Request all applicable fees be applied to the new application. When making your request please include your current permit number (LRW#5691).
Michelle

-----Original Message-----

From: Frank Ippolito <ifrankiev@gmail.com>
Sent: Wednesday, February 16, 2022 1:58 PM
To: GillardParadis, Michelle <Michelle.GillardParadis@ct.gov>
Subject: Hi from Marcos: full restaurant request

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

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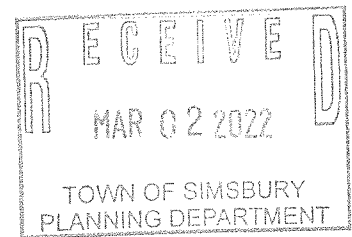
GillardParadis, Michelle <Michelle.GillardParadis@ct.gov>
To: Frank Ippolito <ifrankiev@gmail.com>

Wed, Feb 16, 2022 at 2:16 PM

Attached is the application.

-----Original Message-----

From: Frank Ippolito <ifrankiev@gmail.com>
Sent: Wednesday, February 16, 2022 1:58 PM
To: GillardParadis, Michelle <Michelle.GillardParadis@ct.gov>
Subject: Hi from Marcos: full restaurant request



EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

[Quoted text hidden]

New-Application---ON-PREMISES.pdf
605K

City:

Tariffville

| | Name | Credential | Credential Description | State Agency Contact | Status | Status Reason |
|---------------------------------------|-----------------|------------------|------------------------|-----------------------------------|----------|---------------|
| <input type="button" value="Detail"/> | MARCO T POSADAS | LIR.0018303.P-CW | RESTAURANT LIQUOR | Department of Consumer Protection | INACTIVE | |
| <input type="button" value="Detail"/> | MARCO T POSADAS | LRW.0004866 | RESTAURANT WINE & BEER | Department of Consumer Protection | INACTIVE | CANCELLED |

on



Clear Form

City: Tariffville

Country: UNITED STATES

State: Connecticut

License Type: LIQUOR - RESTAURANT - OR - LIQUOR - RESTAURANT BEER

ONLY - OR - LIQUOR - RESTAURANT WINE & BEER - OR -

LIQUOR-AIRPORT BAR LIQUOR

More Online Services

Activities

[Initial Application \(/Activities/Listing.aspx?ID=10\)](/Activities/Listing.aspx?ID=10)

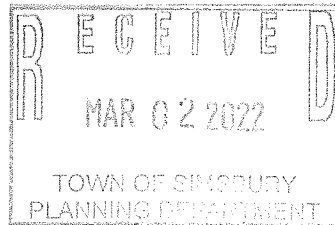
[File a Complaint \(/Activities/Complaint.aspx\)](/Activities/Complaint.aspx)

License Lookup & Download

[Lookup a License \(/Lookup/LicenseLookup.aspx\)](/Lookup/LicenseLookup.aspx)

[Generate Roster\(s\) \(/Lookup/GenerateRoster.aspx\)](/Lookup/GenerateRoster.aspx)

[Public Reports \(/Lookup/OnlineReports.aspx?ID=340\)](/Lookup/OnlineReports.aspx?ID=340)



About Us

The Connecticut eLicense web portal provides real-time access to over 800 credential types issued and regulated by individuals, organizations and facilities. [certifications for](#)

LITOS LLC
94 W GRANBY RD
GRANBY, CT 06035

1133
51-7010211
61



Date

3/1/22

Pay to the Order of Town of Simsbury \$ 290.00

Two Hundred Ninety dollars xx/100 Dollars

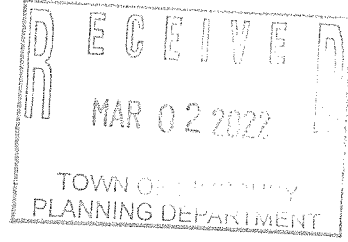


WebsterOnline.com

For Zoning Permit

[Handwritten Signature]

⑆21170101000145657⑆ 1133



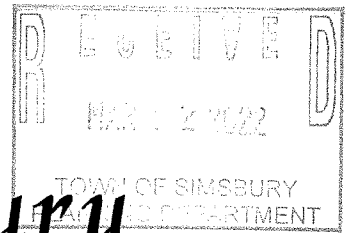


Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

Office of Community Planning and Development



PUBLIC HEARING SIGN RECIPIENT FORM

RECIPIENT INFORMATION

Name: Frank Ippolito

Number of Signs: 1

Phone: 860 651 4214

Email: Litos11c@gmail.com

Property on Application: 32 Main St Torrville CT 06081

PUBLIC HEARING SIGN RULES

- The sign(s) will be posted perpendicular to the property in clear view from both sides of the roadway
- The affidavit will be signed and returned **after** the fifteen (15) day window has elapsed

I am aware that the public hearing sign(s) must be posted on the property above in clear view of the road for the required **fifteen (15) days** prior to the meeting date, not including the meeting date.

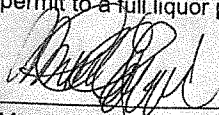
Printed Name of Recipient: Frank Ippolito

Signature of Recipient: [Signature]

Date: 3/2/22

Dear Town Clerk:

I am Marco Posadas, owner of 32 Main Street, Tariffville CT 06081. Frank Ippolito is the owner of Marco's Italian Restaurant. This letter is full consent to transition from a beer and wine permit to a full liquor permit. Thank you for your time.



Marco Posadas

8/3/2022

Date