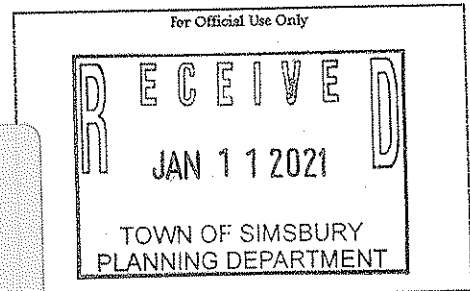


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
**Liquor Control Division**  
 Telephone: (860) 713-6210  
 Email: [dep.liquorcontrol@ct.gov](mailto:dep.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dep/liquorcontrol](http://www.ct.gov/dep/liquorcontrol)



# EXHIBIT 2



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

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

1. Trade Name (DBA Name) <b>Roux LLC</b>			2. Permit Number		
3. Permittee Name (First, Middle, Last) <b>Stephanie, Civitillo</b>					
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.)					
5. Business Address <b>10 Wilcox Street</b>			City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>
6. Business Telephone Number <b>860-810-6182</b>		7. Business Fax Number		8. Business Email Address <b>steph@rouxct.com</b>	
9. Type of Request? <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary			If <u>TEMPORARY</u> 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 \_\_\_\_\_ Print Name \_\_\_\_\_  
 Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_ Print Name \_\_\_\_\_  
 Title of Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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. <b>Backer Certification</b> (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 _____ Print name of Backer or Representative <b>Stephanie Civitillo</b>	Date: <b>1/6/2021</b>
Title of Backer or Representative <b>Chef/owner</b>		

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