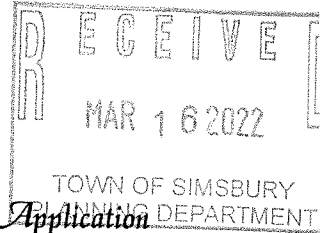




Town of Simsbury

Office of Community Planning and Development - Zoning Commission Application



DATE: 03/19/2022 FEE: \$ 290.00 CK#: 1521 APP#: 22-10

PROPERTY ADDRESS: 244 Farms Village Road West Simsbury 06092

NAME OF OWNER: Ana Claudia Allamara Oliveira

MAILING ADDRESS: 122 Northbrook Dr West Hartford 06117

EMAIL ADDRESS: christopher@theAnchor.com TELEPHONE # 860 322 1248

NAME OF AGENT: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE # _____

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

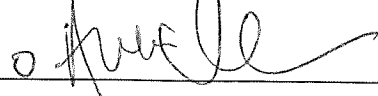

Does this site have wetlands? YES NO Have you applied for a wetlands permit? YES NO

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 8.6.
- 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.


03/16/2022

03/16/2022
 Signature of Owner Date Signature of Agent Date

ANA'S KITCHEN, LLC
ANA'S KITCHEN, LLC
712 HOPMEADOW STREET
SIMSBURY, CT 06070

12-17

1521

51-7028/2111
28728

03/16/2022
Date

CHECK ARMOR

Pay to the
Order of

Town of Simsbury

\$ 290.00

two hundred and ninety

Dollars



Photo
Safe
Deposit
Details on back

LIBERTY
BANK

Middletown, Connecticut 06457

For Zoning comission

[Signature]

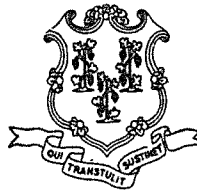
MP

⑆ 211170282⑆

1985069⑈

01521

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: <u>Restaurant Liquor</u>		2. Are you requesting a Provisional Permit? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. Trade Name (DBA Name) <u>Ana's Kitchen LLC</u>			
4. Business Address <u>244 Farms village rd</u>		City <u>west simsbury</u>	State <u>CT</u>
5. Business Telephone Number <u>860 658 2930</u>		6. Business Fax Number _____	7. Business Email Address <u>christopher@thecardoor.com</u>
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO
10. Type of Live Entertainment: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)			
<input checked="" type="checkbox"/> Acoustics - (Not Amplified)	<input type="checkbox"/> Disc Jockeys	<input checked="" type="checkbox"/> Live Bands	<input checked="" 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 _____
Title of Official _____ Date ____/____/____

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 Nich Munroe Date 3 / 16 / 2022

Section C: PERMITTEE APPLICANT INFORMATION

14. Permittee Name (First, Middle, Last) Ana Claudia Allamandi Oliveira				
15. Permittee Residence Street Address 122 northbrook drive		City west hartford	State CT	Zip Code 06117
16. Permittee Telephone Number 860 322 1248	17. Permittee Fax Number —	18. Permittee Email Address ana@anaskitchencafe.com		

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				
20. Address		City	State	Zip Code

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

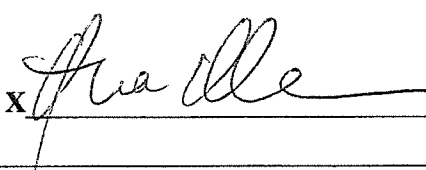
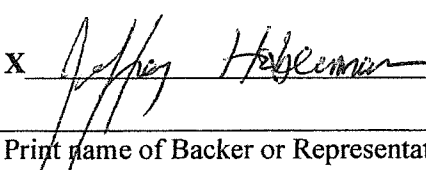
21. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one					
<input type="checkbox"/> Sole Proprietorship/ Owner	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association
22. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc. Ana's Kitchen LLC					
23. Street Address 244 farms village rd		City west simsbury	State CT	Zip Code 06092	
24. Backer Telephone Number 860 658 2930	25. Backer Fax Number —	26. Backer Email Address christof ana@anaskitchencafe.com			
27. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed.					
a. Name (First, Middle, Last) Ana Claudia Allamandi Oliveira		Title owner	% of ownership or # of shares 50%		
b. Name (First, Middle, Last) Jeffrey Allen Hoberman		Title owner	% of ownership or # of shares 50%		
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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
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
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 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

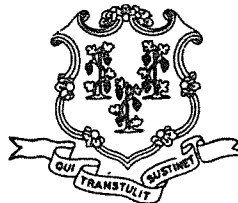
<p>31. Permittee Certification (To be signed by permittee applicant, identified in "Section A" of this application)</p> <p>I certify that the information provided in this application is true to the best of my knowledge.</p>	<p>Signed by Permittee Applicant</p> <p><input checked="" type="checkbox"/> </p>	<p>Date</p> <p>03/13/2022</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><input checked="" type="checkbox"/> </p>	<p>Date</p> <p>03/13/2022</p>
	<p>Print name of Backer or Representative</p> <p>Jeffrey Allen Hoberman</p>	<p>Title of Backer or Representative</p> <p>owner</p>

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210

Email: dcp.liquorcontrol@ct.gov

Website: www.ct.gov/dcp/liquorcontrol



AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION & STATEMENT OF PERSONAL HISTORY

All spaces must be completed – **please print or type**. This statement must be completed by the permittee and each person who is a backer member or partner for this liquor permit. Please attach a separate sheet if necessary.

A. PERSONAL/BUSINESS INFORMATION:

Last Name <u>oliveira allamandi</u>		First Name <u>ana</u>		Middle Name <u>Claudia</u>	
Business Title <u>owner</u>		Relationship to Liquor Permit <input checked="" type="checkbox"/> Permittee <input type="checkbox"/> Backer		% Interest / # of Shares <u>50%</u>	
Aliases, Other names known by, Maiden name		Residence Street Address (no P.O. Boxes): <u>122 northbrook drive</u>		City or Town: <u>west hartford</u>	
State: <u>CT</u>		Zip Code: <u>06117</u>		E-mail Address: <u>ana@anaskitchencafe.com</u>	
Telephone Number (Home): <u>860 322 1248</u>		Telephone Number (Cell): <u>860 322 1248</u>		Fax Number: <u>---</u>	
Motor Vehicle Driver's License Number <u>039456767</u>		State of Issue: <u>CT</u>		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Date of Birth <u>03/24/1967</u>		Place of Birth <u>Brazil</u>		Are you a US Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Alien Reg Number: <u>---</u>		Date & Place of Naturalization <u>02/08/22 Hartford</u>			

B. EMPLOYMENT OF PUBLIC OFFICES: Please indicate below any public offices held by the applicant, individual backers, shareholders, corporate officers, LLC members, etc. **Please attach a separate sheet if necessary*

Name	Title	Place	Town, City, State or Federal Agency

If NONE, check here NONE

C. CRIMINAL HISTORY: Have you had any prior felony convictions? YES NO
(If YES, please complete the "CHRO-Review of Criminal Convictions Worksheet")

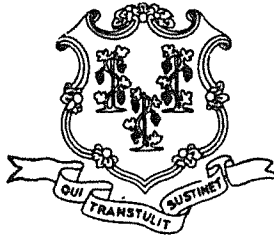
D. AUTHORIZATION:

- I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments or individuals. This information may include, but is not limited to, my residential, personal, and criminal history records and financial and credit information.
- I authorize criminal justice agencies to release records concerning my criminal history to the Department of Consumer Protection for the purpose of determining my suitability, as a permittee or backer; or
 - I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability as a permittee or backer

I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge.

	<u>Ana Claudia Allamandi</u>	<u>03/13/2022</u>
Signature of Applicant, Permittee, Backer, Backer Member or Partner completing this statement	Print Name	Date

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6210
 Email: dcp.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol



Authorization of the Proposed Backer Legal Entity for Release of Financial Information

This form must be completed by a duly authorized representative of the backer identified in Section D of the new application:

A. BUSINESS INFORMATION

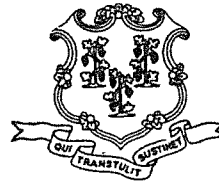
1. Name of Backer Business Entity: Hoberma, Jeffrey			
2. Address of Backer Business Entity: (street & number) 122 northbrook cir.	City: west hartford	State: CT	Zip code: 06117
3. Name of Authorized Representative: (last, first, middle) Jeffrey Hoberman		4. Business Title of Representative: owner	
5. Address of Authorized Representative: (street & number) 122 north brook cir	City: west hartford	State: CT	Zip code: 06117
6. Telephone Number of Authorized Representative: 860 543 9466	7. Fax Number:	8. Email Address hobermanjeff@gmail.com	

B. AUTHORIZATION:

- I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to the business entity identified in item #1 above from financial or lending institutions, credit bureaus, consumer reporting agencies, licensing agencies and retail business establishments or individuals.
- I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability for a liquor permit.

C. PERSONAL CERTIFICATION:

I certify, under penalty of law that the information provided in this authorization is true to the best of my knowledge.	
_____ Signature of duly authorized representative of the backer	03/13/2022 Date



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
 Telephone: (860) 713-6210
 Email: dcp.liquorcontrol@ct.gov
 Web Site: www.ct.gov/dcp/liquorcontrol

BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Backer: <i>Ana claudia allamandi oliveira</i>			
Street Address: <i>122 northbrook dr</i>	City: <i>west hartford</i>	State: <i>CT</i>	Zip Code: <i>06117</i>

****Please Note:** The following sections should document the expenses involved in establishing your business and the sources of the funds to pay for these expenses. The total dollar amount in Section A should equal the total dollar amount in Section B. Additional documents may be required by the Department.**

Section A - Cost/Expenses:

1. PURCHASE/SALE PRICE OF YOUR BUSINESS:	\$ <i>160000</i>
2. COST OF BUILDING: (If real estate is being transferred)	\$ <i>—</i>
3. LEASEHOLD/SECURITY DEPOSIT:	\$ <i>8000</i>
4. RENOVATIONS/ALTERATIONS:	\$ <i>20000</i>
5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:	\$ <i>0</i>
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$ <i>10000</i>
7. OTHER EXPENSES: (Please Specify)	\$ <i>—</i>
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above)	\$ <i>288000</i>

Section B - Sources of Funds:

8. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$ <i>38000</i>
9. CASH ON HAND:	\$ <i>—</i>
10. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$ <i>160000</i>
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	\$ <i>288000</i>

I certify under penalty of law that the information provided in this financial statement is true to the best of my knowledge:

Signature of Backer or Authorized Representative of Backer:

X *Jeffrey Allen Hoberman*

Date: *03/13/2022*

Printed Name of Backer or Authorized Representative: <i>Jeffrey Allen Hoberman</i>	Title: <i>Owner</i>
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Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

Office of Community Planning and Development

PUBLIC HEARING SIGN RECIPIENT FORM

RECIPIENT INFORMATION

Name: Ana's Kitchen

Number of Signs: 1

Phone: 207-735-7090

Email: christopher@thedoors.com

Property on Application: 244 Farms Village Rd.

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: Christopher Richardson

Signature of Recipient: [Signature]

Date: 03-16-22