

# DDS- Planning & Zoning: Plan Review Application



Submission date: **5 February 2022, 10:51PM**  
Receipt number: **605**  
Related form version: **2**

## Application Type

Check all that apply:

**Liquor Permit**  
**Site Plan Review**  
**Special Permit**  
**Zoning Permit**

## Property Information

Property Address: **518 Park Street Hartford, CT 06106 No coordinates found**

Zoning District: **MS-1**

Parcel ID: **HTFD-000226-000437-000084**

Property Owner: **Manuel Barriosnuevo**

Address of Property Owner: **518 Park Street HARTFORD, CT 06106**

Email:

## Applicant

Name of Applicant: **Paula Balfour**

File Date: **02/05/2022**

Address: 47 West Eggleston Street Bloomfield, CT 06002 No coordinates found

Phone: (860)816-1284

Email: pba14camille@gmail.com

## Primary Point of Contact

Name: Jamali Howell

Phone: (860)937-0562

Email: Howeljamali15@gmail.com

## Project Narrative

Please describe your application action(s) and provide as much detail as possible. Attach additional pages if necessary:

**“Alexandria’s Social Club” is seeking approval and permission for a sports oriented atmosphere where people can unite, socialize and enjoy sports in a comfortable setting . Our mission is to provide quality sports entertainment, all inclusive social gatherings, occasional live entertainment and drinks in a fun sport oriented approach with no intent of becoming a night life business. ASC would like to provide a modern and innovative experience to an area and give the community a place to watch all of their favorite sports in quality, style and uniqueness. Alexandria’s Social Club will ensure 1. A+ Sports Entertainment 2. A modern and innovative experience 3. A detailed company manual with code of ethics and company policy. 4. Proper training manual 5. Community driven social club that is willing to give back to the community.**

## Zoning Map Change Application

Proposed Zone:

Describe the existing use of land and buildings in the zone change area:

Reason for this request:

## Zoning Appeal Application

Are you an aggrieved party?

Permit or Violation Number:

State your reason for appealing the decision of the administrator or enforcement officer:

## Variance Application

Please state the particular hardship\* or unnecessary difficulty that prompts this application and the site the section of the zoning regulations that you are seeking relief from:

## Subdivision Application

Number of lots to be created:

Area of each lot in square feet:

Street frontage of each of the new lots in feet:

## Lot Combination Application

Addresses of lots to be combined

Map/Block/Lot for each property to be combined:

## Liquor Permit Application

Please upload a copy of your State of CT Liquor Permit [EPSON0.pdf](#) below.

## Sign Permit Application

1. Is this sign proposed outside of the building line?

Maximum extension from building line:

2. Is this sign proposed outside of the street line?

Maximum extension from the Street line

3. Is the sign luminated?

4. Engineer Name (if any):

Phone:

Address:

5. Minimum distance from lowest point to the sidewalk:

6. Maximum height of sign from lowest point of established grade:

7. Distance from the nearest outdoor sign:

8. Square feet of surface for one face of the sign:

9. Wording of the sign (include all words):

Description of work (upload additional files if necessary)

Upload any supporting materials below.

[FAD83C73-D75A-43EA-97D5-2AA823FA99AA.heic](#)

## Signatures

Signature of Applicant



[Link to signature](#)

Printed Name of Applicant:

Paula Balfour

Date:

02/05/2022

If you are not the property owner, you must attach a Letter of Authorization from the property owner to apply.

Letter of Authorization from Property Owner

[EPSON002.PDF](#)

[EPSON001.PDF](#)

[EPSON003.PDF](#)

[EPSON004.PDF](#)

[EPSON005.PDF](#)

[EPSON006.PDF](#)

[EPSON007.PDF](#)

[EPSON008.PDF](#)

Date:

02/05/2022

## COMMERCIAL LEASE

This Lease Agreement (this "Lease") is dated as of June 01, 2021, by and between Manuel Barriosnuevo, Christina Barriosnuevo, and Roshnie Barriosnuevo ("Landlord"), and Jamal Howell and Paula Balfour ("Tenant"). The parties agree as follows:

**PREMISES.** Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant 518-524 Park st Hartford CT 06106 (the "Premises") located at 518-524 Park st, Hartford, CT 06106.

**TERM.** The lease term will begin on August 01, 2021 and will terminate on July 30, 2026.

**LEASE PAYMENTS.** Tenant shall pay to Landlord monthly installments of \$4,000.00, payable in advance on the first day of each month. Lease payments shall be made to the Landlord at 510 park st, HARTFORD, Connecticut 06106. The payment address may be changed from time to time by the Landlord.

**POSSESSION.** Tenant shall be entitled to possession on the first day of the term of this Lease, and shall yield possession to Landlord on the last day of the term of this Lease, unless otherwise agreed by both parties in writing. At the expiration of the term, Tenant shall remove its goods and effects and peaceably yield up the Premises to Landlord in as good a condition as when delivered to Tenant, ordinary wear and tear excepted.

**USE OF PREMISES.** Tenant may use the Premises only for Social Club The Premises may be used for any other purpose only with the prior written consent of Landlord, which shall not be unreasonably withheld. Tenant shall notify Landlord of any anticipated extended absence from the Premises not later than the first day of the extended absence.

**PARKING.** Tenant shall be entitled to use 10 parking space(s) for the parking of the Tenant's customers' /guests' motor vehicle(s).

**PROPERTY INSURANCE.** Tenant shall maintain casualty insurance on the Premises in an amount not less than \$100,000.00. Landlord shall be named as an additional insured in such policies. Tenant shall deliver appropriate evidence to Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to Landlord. Landlord shall receive advance written notice from the insurer prior to any termination of such insurance policies. Tenant shall also maintain any other insurance which Landlord may reasonably require for the protection of Landlord's interest in the Premises. Tenant is responsible for maintaining casualty insurance on its own property.

**LIABILITY INSURANCE.** Tenant shall maintain liability insurance on the Premises with personal injury limits of at least \$100,000.00 for injury to one person, and \$100,000.00 for any one accident, and a limit of at least \$100,000.00 for damage to property. Tenant shall deliver appropriate evidence to Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to Landlord. Landlord shall receive advance written notice from the insurer prior to any termination of such insurance policies.

### MAINTENANCE.

Landlord's obligations for maintenance shall include:

- the roof, outside walls, and other structural parts of the building

Tenant's obligations for maintenance shall include:

- the parking lot, driveways, and sidewalks, including snow and ice removal

- the sewer, water pipes, and other matters related to plumbing
- the electrical wiring
- the air conditioning system
- all other items of maintenance not specifically delegated to Landlord under this Lease.

**UTILITIES AND SERVICES.** Tenant shall be responsible for all utilities and services incurred in connection with the Premises.

**TAXES.** Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

**REAL ESTATE TAXES.** Landlord shall pay all real estate taxes and assessments for the Premises.

**PERSONAL TAXES.** Tenant shall pay all personal taxes and any other charges which may be levied against the Premises and which are attributable to Tenant's use of the Premises, along with all sales and /or use taxes (if any) that may be due in connection with lease payments.

**TERMINATION UPON SALE OF PREMISES.** Notwithstanding any other provision of this Lease, Landlord may terminate this lease upon 30 days' written notice to Tenant that the Premises have been sold.

**DEFAULTS.** Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provisions of law to the contrary, if Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by Landlord to Tenant, Landlord may take possession of the Premises without further notice (to the extent permitted by law), and without prejudicing Landlord's rights to damages. In the alternative, Landlord may elect to cure any default and the cost of such action shall be added to Tenant's financial obligations under this Lease. Tenant shall pay all costs, damages, and expenses (including reasonable attorney fees and expenses) suffered by Landlord by reason of Tenant's defaults. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent". The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

**LATE PAYMENTS.** For any payment that is not paid within 10 days after its due date, Tenant shall pay a late fee of \$250.00.

**HOLDOVER.** If Tenant maintains possession of the Premises for any period after the termination of this Lease ("Holdover Period"), Tenant shall pay to Landlord lease payment(s) during the Holdover Period at a rate equal to the most recent rate preceding the Holdover Period. Such holdover shall constitute a month-to-month extension of this Lease.

**CUMULATIVE RIGHTS.** The rights of the parties under this Lease are cumulative, and shall not be construed as exclusive unless otherwise required by law.

**NON-SUFFICIENT FUNDS.** Tenant shall be charged \$50.00 for each check that is returned to Landlord for lack of sufficient funds.

**REMODELING OR STRUCTURAL IMPROVEMENTS.** Tenant shall have the obligation to conduct any construction or remodeling (at Tenant's expense) that may be required to use the Premises as specified above. Tenant may also construct such fixtures on the Premises (at Tenant's expense) that appropriately facilitate its use for such purposes. Such construction shall be undertaken and such fixtures may be erected only with the prior written consent of the Landlord which shall not be unreasonably withheld. Tenant shall not install awnings or advertisements on any part of the Premises without Landlord's prior written consent. At the end of the lease term, Tenant shall be entitled to remove (or at the request of Landlord shall remove)

such fixtures, and shall restore the Premises to substantially the same condition of the Premises at the commencement of this Lease.

**ACCESS BY LANDLORD TO PREMISES.** Subject to Tenant's consent (which shall not be unreasonably withheld), Landlord shall have the right to enter the Premises to make inspections, provide necessary services, or show the unit to prospective buyers, mortgagees, tenants or workers. However, Landlord does not assume any liability for the care or supervision of the Premises. As provided by law, in the case of an emergency, Landlord may enter the Premises without Tenant's consent. During the last three months of this Lease, or any extension of this Lease, Landlord shall be allowed to display the usual "To Let" signs and show the Premises to prospective tenants.

**INDEMNITY REGARDING USE OF PREMISES.** To the extent permitted by law, Tenant agrees to indemnify, hold harmless, and defend Landlord from and against any and all losses, claims, liabilities, and expenses, including reasonable attorney fees, if any, which Landlord may suffer or incur in connection with Tenant's possession, use or misuse of the Premises, except Landlord's act or negligence.

**DANGEROUS MATERIALS.** Tenant shall not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might substantially increase the danger of fire on the Premises, or that might be considered hazardous by a responsible insurance company, unless the prior written consent of Landlord is obtained and proof of adequate insurance protection is provided by Tenant to Landlord.

**COMPLIANCE WITH REGULATIONS.** Tenant shall promptly comply with all laws, ordinances, requirements and regulations of the federal, state, county, municipal and other authorities, and the fire insurance underwriters. However, Tenant shall not by this provision be required to make alterations to the exterior of the building or alterations of a structural nature.

**MECHANICS LIENS.** Neither the Tenant nor anyone claiming through the Tenant shall have the right to file mechanics liens or any other kind of lien on the Premises and the filing of this Lease constitutes notice that such liens are invalid. Further, Tenant agrees to (1) give actual advance notice to any contractors, subcontractors or suppliers of goods, labor, or services that such liens will not be valid, and (2) take whatever additional steps that are necessary in order to keep the premises free of all liens resulting from construction done by or for the Tenant.

**DISPUTE RESOLUTION.** The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be submitted to mediation in accordance with any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights and remedies afforded to them by law.

**SUBORDINATION OF LEASE.** This Lease is subordinate to any mortgage that now exists, or may be given later by Landlord, with respect to the Premises.

**ASSIGNABILITY/SUBLETTING.** Tenant may not assign or sublease any interest in the Premises, nor effect a change in the majority ownership of the Tenant (from the ownership existing at the inception of this lease), nor assign, mortgage or pledge this Lease, without the prior written consent of Landlord, which shall not be unreasonably withheld.



forwarded by mail, postage prepaid, addressed as follows:

**LANDLORD:**

Manuel Barriosnuevo  
510 park st  
HARTFORD, Connecticut 06106

**LANDLORD:**

Christina Barriosnuevo  
510 park st  
HARTFORD, Connecticut 06106

**LANDLORD:**

Roshnie Barriosnuevo  
510 park st  
HARTFORD, Connecticut 06106

**TENANT:**

Jamal Howell  
518-524 Park st  
Hartford, CT 06106

**TENANT:**

Paula Balfour  
47 West Eggleston st  
Bloomfield, Connecticut 06002

Such addresses may be changed from time to time by any party by providing notice as set forth above. Notices mailed in accordance with the above provisions shall be deemed received on the third day after posting.

**GOVERNING LAW.** This Lease shall be construed in accordance with the laws of the State of Connecticut.

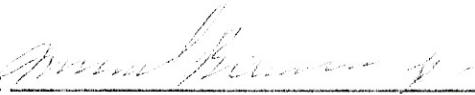
**ENTIRE AGREEMENT/AMENDMENT.** This Lease Agreement contains the entire agreement of the parties and there are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

**SEVERABILITY.** If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable, but that by limiting such provision, it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

**WAIVER.** The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.


**BINDING EFFECT.** The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors and assigns.

**LANDLORD:**

By:   
Manuel Barriosnuevo


Date: 6/29/21

**LANDLORD:**

By:   
Christina Barriosnuevo

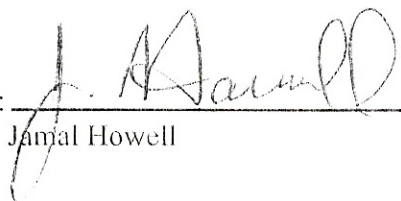
Date: 6/29/21

**LANDLORD:**

By:   
Roshnie Barriosnuevo

Date: 6-29-21

**TENANT:**

By:   
Jamal Howell

Date: 6/29/21

**TENANT:**

By: Paula Balfour  
Paula Balfour

Date: 6/29/21

**Amendment to 518 -524 Park st Hartford ct**

As of June 01, 2021, the contract entitled 518 -524 Park st Hartford ct between the following parties:

Manuel Barriosnuevo

\_\_\_\_\_  
Jamal Howell

"\$2500.00 Rent for the first 6 months and \$4000.00 for the remainder of the lease but after the first 3 years rent will be adjusted if property tax increase" will be added to the original contract, and will read as follows:

Security Deposit waived so Tenant can fix the Premises with Landlord permission.  
If rent payment is not paid for 2 consecutive months the landlord will take the keys back.

These changes are the only changes to the original contract. The entire remainder of the original contract remains in full force. This Amendment shall be effective once signed by all parties.

This Amendment shall be signed by the following:

By: Manuel Barriosnuevo

Manuel Barriosnuevo  
Landlord

Date: 6/29/21

By: J. Howell  
Jamal Howell

Date: 6/29/21

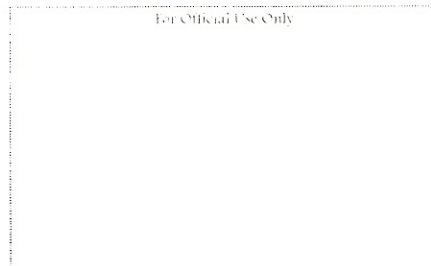
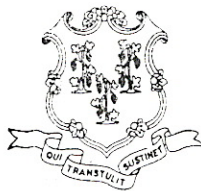
By: J. Howell

Date: 6/29/21

Jamal Howell

Tenant

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division  
Telephone: (860) 713-6210  
Email: [dep.liquorcontrol@ct.gov](mailto:dep.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: <b>ON PREMISE</b>		2. Are you requesting a Provisional Permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. Trade Name (DBA Name) <b>Alexandria's Social Club</b>			
4. Business Address <b>518 Park Street</b>		City <b>Hartford</b>	State <b>CT.</b>
5. Business Telephone Number <b>860-838-1031</b>		6. Business Fax Number <b>N/A</b>	7. Business Email Address <b>alexandria-socialclub25@gmail.com</b>
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 type="checkbox"/> Acoustics - (Not Amplified)	<input checked="" type="checkbox"/> Disc Jockeys	<input checked="" type="checkbox"/> Live Bands	<input checked="" type="checkbox"/> Comedians
<input type="checkbox"/> Concerts	<input checked="" type="checkbox"/> Karaoke	<input checked="" 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** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section C: PERMITTEE APPLICANT INFORMATION**

14. Permittee Name (First, Middle, Last) <i>Paula T. Balfour</i>				
15. Permittee Residence Street Address <i>47 W. Eggleston St.</i>		City <i>Bloomfield</i>	State <i>CT</i>	Zip Code <i>06002</i>
16. Permittee Telephone Number <i>860 816 1284</i>	17. Permittee Fax Number	18. Permittee Email Address <i>pbalycamille@gmail.com</i>		

**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 <i>Paula T. BALFOUR</i>				
20. Address <i>47 W. Eggleston St.</i>		City <i>Bloomfield</i>	State <i>CT</i>	Zip Code <i>06002</i>

**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. <i>Alexandria's Social Club LLC</i>					
23. Street Address <i>518 PARK Street</i>		City <i>Hartford</i>	State <i>CT</i>	Zip Code <i>06106</i>	
24. Backer Telephone Number <i>860-816-1284</i>	25. Backer Fax Number <i>N/A</i>	26. Backer Email Address <i>pbalycamille@gmail.com</i>			
27. Backers: List individuals below (for example: sole owner, corporate officers, members, etc.) Attach additional sheet if needed.					
a. Name (First, Middle, Last) <i>PAULA T. BALFOUR</i>		Title <i>Member</i>	% of ownership or # of shares <i>100</i>		
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.

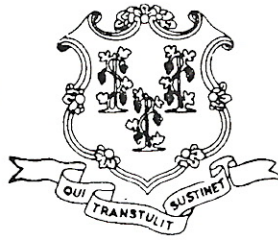
28a. Does any Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
28b. Has any Permittee or Backer held a liquor permit in the past? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<i>If yes, please complete 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			If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.

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

<p><b>31. Permittee Certification</b> (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"/> <u>Paula Balfour</u></p>	<p>Date</p> <p>10/21/21</p>
<p><b>32. Backer Certification</b> (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"/> <u>Paula Balfour</u></p>	<p>Date</p> <p>10/21/21</p>
<p>Print name of Backer or Representative</p> <p><u>Paula T. Balfour</u></p>		<p>Title of Backer or Representative</p> <p><u>Member</u></p>



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 LIQUOR CONTROL DIVISION  
 Telephone: (860) 713-6210  
 Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)  
 Website: [www.ct.gov/dcp/liquorcontrol](http://www.ct.gov/dcp/liquorcontrol)



**PROVISIONAL PERMIT AGREEMENT FORM**

**A. PERSONAL/BUSINESS INFORMATION:**

Permittee/Authorized Representative of the Backer <i>Paula Balfour</i>	Trade Name of Proposed Premises <i>Alexandria's Social Club</i>		
Proposed Premises Street Address <i>518 Park Street</i>	City <i>Hartford</i>	State <i>CT</i>	Zip Code <i>06106</i>
Backer Legal Entity Name: <i>Alexandria's Social Club LLC</i>			

**B. REQUEST AND STIPULATED AGREEMENT FOR PROVISIONAL:**

I have submitted an application for a liquor permit to the Department of Consumer Protection and hereby request a Provisional Permit pursuant to Sec. 30-35b, Connecticut General Statutes. In the event my request is granted, I understand there will be an additional fee of \$500 associated with the issuance of such provisional permit. I also agree with the Department of Consumer Protection that if for any reason I am not approved for a liquor permit within 90 days of this date, that my provisional permit will give no right or authority to sell alcohol, unless I request, and the Liquor Control Commission, grants an extension of my provisional permit. I understand that my application must be investigated and that I must provide the department all documentation required to process my application. I also understand that if a remonstrance is filed within the time prescribed by statute, the Liquor Control Commission is required to conduct a hearing regarding the suitability of person or place.

**Sec. 30-35b. Ninety-day provisional permit.**

A ninety-day provisional permit shall allow the retail sale of alcoholic liquor by any applicant and his backer, if any, who has made application for a liquor permit pursuant to section 30-39 and may be issued at the discretion of the Liquor Control Commission. If said applicant or his backer, if any, causes any delay in the investigation conducted by the Department of Consumer Protection pursuant to said section, the ninety-day provisional permit shall cease immediately. Only one such permit shall be issued to any applicant and his backer, if any, for each location of the club or place of business which is to be operated under such permit and such permit shall be nonrenewable but may be extended due to delays not caused by the applicant. The fee for such ninety-day permit shall be five hundred dollars.

**C. CREDIT WAIVER REQUEST:** I do hereby request approval by the Department of Consumer Protection to allow wholesalers to extend credit while I am operating under a provisional liquor permit, pursuant to Section 30-6-A36(b) of the Regulations of Connecticut State Agencies.  YES  NO

*(If YES, please provide proof that the backer is fiscally responsible. This can be demonstrated by submitting a complete financial statement and any supporting documentation.)*

**Sec. 30-6-A36(b). Period of credit.**

No wholesaler shall provide credit to a permittee while under a provisional permit, unless otherwise approved by the department.

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

<i>Paula Balfour</i>	<i>Paula Balfour</i>	<i>10/24/21</i>
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: [dep.liquorcontrol@ct.gov](mailto:dep.liquorcontrol@ct.gov)  
Web Site: [www.ct.gov/dep/liquorcontrol](http://www.ct.gov/dep/liquorcontrol)



**REVIEW OF CRIMINAL CONVICTION**

DEAR APPLICANT:

Pursuant to Section 46a-80(b) of the Connecticut General Statutes, if your application indicates that you have had a prior felony conviction, the specifics of your felony background must be documented for review in order to determine your eligibility for a license.  
IF APPLICABLE:

- 1. Complete the Criminal Conviction Application Worksheet below.
- 2. Attach copies of your conviction, sentencing, parole and probation documents.
- 3. Attach a letter from your Probation Officer attesting to compliance with your Probation Order or details regarding non-compliance with your Probation Order.
- 4. If Probation has been satisfied, attach a letter from your Probation Officer stating when you completed your probationary period.
- 5. Attach a letter from your Parole Officer attesting to compliance with your Parole Order or details regarding non-compliance with your Parole Order.
- 6. If Parole has been satisfied, attach a letter from your Parole Officer stating when you completed your parole. If Parole has not been completed, provide the date on which it will be completed.

**CRIMINAL CONVICTION APPLICATION WORKSHEET**  
Pursuant to CHRO Criteria --SECTION 46a-80

Please Print Clearly  
**APPLICANT:** PAULA BALFOUR  
**DATE OF BIRTH:** 10-7-1967 **SOCIAL SECURITY#** 041-68-4930  
**CHECK ONE:**  NEW APPLICANT  RENEWAL  REINSTATEMENT **DATE OF APPLICATION** \_\_\_\_\_  
**LICENSE TYPE:** CT DL. **LICENSE#** DL 104894165  
**DATE OF CRIME** N/A **DATE OF CONVICTION** N/A  
**SIGNATURE OF APPLICANT:** Paula Balfour **DATE** 10/21/21

*Official Use Only*

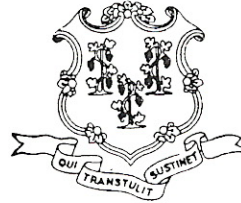
Nature of Crime: \_\_\_\_\_  
 What is relationship of crime to the license for which the person has applied? \_\_\_\_\_  
 \_\_\_\_\_  
 What is the degree of rehabilitation? \_\_\_\_\_  
 What is the time lapsed since conviction or release? \_\_\_\_\_  
**DIVISION DIRECTOR:**  Approval  Denial  Refer to Legal Division  Refer to Board or Commission  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Instructions for Processing \_\_\_\_\_  
 Additional Information Required \_\_\_\_\_

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210

Email: [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov)

Website: [www.ct.gov/dcp/liquorcontrol](http://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 <b>Baltour</b>		First Name <b>Paula</b>		Middle Name <b>Theresa</b>	
Business Title <b>Owner/Member</b>	Relationship to Liquor Permit <input checked="" type="checkbox"/> Permittee <input type="checkbox"/> Backer	% Interest / # of Shares <b>100</b>		Aliases, Other names known by, Maiden name	
Residence Street Address (no P.O. Boxes): <b>47 W. Eggleston St.</b>		City or Town: <b>Bloomfield</b>		State: <b>CT.</b>	Zip Code: <b>06002</b>
Telephone Number (Home):	Telephone Number (Cell): <b>860 816 1284</b>	Fax Number:		E-mail Address: <b>pbalt4camille@gmail.com</b>	
Motor Vehicle Driver's License Number <b>104894165</b>			State of Issue: <b>CT</b>	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Date of Birth <b>10/7/67</b>	Place of Birth <b>Jamaica</b>	Are you a US Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, Alien Reg Number:	Date & Place of Naturalization	

**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")

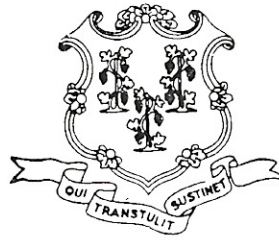
**D. AUTHORIZATION:**

- 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.

	<b>Paula Baltour</b>	<b>10/21/21</b>
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](mailto:dcp.liquorcontrol@ct.gov)  
 Web Site: [www.ct.gov/dcp/liquorcontrol](http://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**

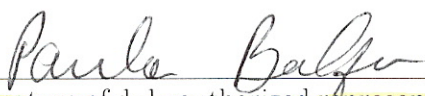
1. Name of Backer Business Entity: <b>Alexandria's Social Club LLC</b>			
2. Address of Backer Business Entity: (street & number) <b>518 Park Street</b>	City: <b>Hartford</b>	State: <b>CT</b>	Zip code: <b>06002</b>
3. Name of Authorized Representative: (last, first, middle) <b>BALFOUR, Paula, T</b>		4. Business Title of Representative: <b>Member</b>	
5. Address of Authorized Representative: (street & number) <b>47 W. Eggleston St.</b>	City: <b>Bloomfield</b>	State: <b>CT</b>	Zip code: <b>06002</b>
6. Telephone Number of Authorized Representative: <b>860-816-1284</b>	7. Fax Number:	8. Email Address <b>AlexandriaSocialClub25@gmail.com</b>	

**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.

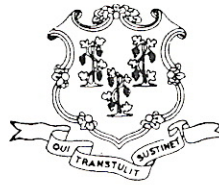
**C. PERSONAL CERTIFICATION:**

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

\_\_\_\_\_  
 10/21/21  
 Date

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



**BACKER'S FINANCIAL STATEMENT**

Name of Backer or Authorized Representative of the Backer: <i>Alexandria's Social Club LLC</i>			
Street Address: <i>518 Park Street</i>	City: <i>Hartford</i>	State: <i>CT</i>	Zip Code: <i>06106</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>N/A</i>
2. COST OF BUILDING: <small>(If real estate is being transferred)</small>	\$ <i>N/A</i>
3. LEASEHOLD/SECURITY DEPOSIT:	\$ <i>2,500.00</i>
4. RENOVATIONS/ALTERATIONS:	\$ <i>7,000.00</i>
5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:	\$ <i>0</i>
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$ <i>16,500.00</i>
7. OTHER EXPENSES: (Please Specify)	\$
<b>TOTAL FUNDS FOR ALL COSTS/EXPENSES:</b> <small>(add 1-7 above)</small>	\$

**Section B - Sources of Funds:**

8. PERSONAL ACCOUNTS: <small>(Savings, Checking, Certificate of Deposit-CD's)</small>	\$ <i>2,800.00</i>
9. CASH ON HAND:	\$ <i>1,600.00</i>
10. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$ <i>0</i>
<b>TOTAL FUNDS FOR ALL SOURCES:</b> <small>(add 8-10 above)</small>	\$ <i>4,400.00</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:

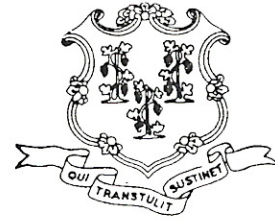
*Paula Balfour*

Date: *10/21/21*

Printed Name of Backer or Authorized Representative: <i>Paula T. Balfour</i>	Title: <i>Member</i>
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STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division

Telephone: (860) 713-6210  
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ABANDONMENT AFFIDAVIT

Date: 10/26/21

Permittee: Paula Balfour

Trade Name: Alexandria's Social Club

Address: 518 Park Street  
Hartford CT 06106

Neither I, Paula T. Balfour, nor the backer Alexandria's Social Club, purchased anything from the previous permit holder/backer.

Neither I, Paula T. Balfour, nor the backer Alexandria's Social Club, received any benefit from the predecessor for the abandonment of permittee/backer.

I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

Signature of permittee, backer or authorized representative of the backer:

X Paula Balfour Date: 10/26/21

Subscribed and affirmed before me:

WALTER L. BENJAMIN  
NOTARY PUBLIC  
STATE OF CONNECTICUT  
MY COMMISSION EXPIRES MAY 31, 2021

Signed X [Signature] Date 26 Oct 2021  
(Commissioner of Superior Court, Notary Public, Justice of Peace)



STATE OF CONNECTICUT  
**DEPARTMENT OF REVENUE SERVICES**  
**Tax Permit**



mL603  
 Rev. 08/21

CT Tax Registration No.: 100031056-001  
 Letter ID: L0001325296  
 Date Issued: October 27, 2021

PAULA BALFOUR  
 47 W EGGLESTON ST  
 BLOOMFIELD CT 06002-3248



mL603

Dear Taxpayer,

Attached is your Sales & Use tax permit. Please display it conspicuously for your customers to see. Any permit previously issued by the Connecticut Department of Revenue Services (DRS) for the specific location noted on this permit is now void and should be destroyed.

Any change in ownership or form of organization requires a new permit. If your business is sold, transferred, or discontinued, return this permit at once to:

Department of Revenue Services  
 450 Columbus Blvd.  
 Suite 1  
 Hartford, CT 06103

Enter the last day of business and the name of the successor, if applicable, on the back of the permit. Sign the permit as indicated.

Business and individual taxpayers can use **myconneCT** to file a variety of tax returns, update account information, and make payments online.

**This Tax Permit is valid for two years.**

**You may not assign or transfer this permit. Display this permit conspicuously for your customers to see.**

Department of Revenue Services  
 State of Connecticut  
 450 Columbus Blvd.  
 Suite 1  
 Hartford, CT 06103

**Sales & Use  
 Tax Permit**



The person named below is licensed under the Sales & Use Tax Act.  
 This permit is good **only** for the named permittee and at the location shown.  
 If there is any change in ownership, the permit is null and void.

Use only at this location:  
 BALFOUR, PAULA  
 518 PARK ST  
 HARTFORD CT 06106-1526

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
10/27/2021	09/30/2023	10/27/2021	100031056-001

PAULA BALFOUR  
 47 W EGGLESTON ST  
 BLOOMFIELD CT 06002-3248

Mark D. Boughton  
 Commissioner of Revenue Services

**This license may not be transferred or assigned.**