

DDS- Planning & Zoning: Plan Review Application



Submission date: **1 July 2022, 11:05AM**
Receipt number: **850**
Related form version: **2**

Application Type

Check all that apply: **Liquor Permit**

Property Information

Property Address: **330 New Park Avenue, Hartford, CT 06106 No coordinates found**

Zoning District: **MS-3**

Parcel ID: **116-475-022**

Property Owner: **DP 103 LLC**

Address of Property Owner: **333 North Bedford Rd., Mount Kisco, NY 10549**

Email: **bdiamond@dpmgt.com**

Applicant

Name of Applicant: **District Social Hartford, LLC**

File Date: **07/01/2022**

Address: **330 New Park Avenue, Hartford, CT 06106 No coordinates found**

Phone: **914-773-6219**

Email:

bdiamond@dpmgt.com

Primary Point of Contact

Name:	Hillel Goldman, Esq.
Phone:	2037442150
Email	hgoldman@chlaw-ct.com

Project Narrative

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

District Social Hartford is an entertainment venue that will offer a large redemption arcade, live music, axe throwing and full bar, along with food. Our venue will operate on most week days and weekends. We cater to all age groups and demographics. Typically, our venues cater to families during the day and then migrate to a more millennial crowd in the evening. We will operate a large outdoor patio as well, that will open up to the inside areas via large glass garage doors. We are not a night club, but more a casual entertainment venue that wants to attract families as well as millennials and older adults. We will focus also on attracting corporate customers for larger corporate events. A good example of our venue would be to consider something akin to a Dave & Busters, but rather than having just an arcade our venue also includes axe throwing and live music. Our axe lanes are always staffed and enclosed in metal cages, so extremely safe. Live music will be something only offered on certain nights and during certain times. Overall, we feel this venue being next to the movie theatre will be a true synergistic offering, serving as a venue that customers of the movie theatre can drop into after they're done watching their movie.

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 [District Social Hartford, LLC - Liquor Application 7.1.22.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.

[District Social Hartford, LLC - Plan with Dimensions.pdf](#)
[DS_Menu_2022.pdf](#)

Signatures

Signature of Applicant



[Uploaded signature image: HG Signature 1.jpg](#)

Printed Name of Applicant:

Hillel Goldman

Date:

07/01/2022

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

[DP103-Authorization Ltr..pdf](#)

Date:

07/01/2022

**DP103, LLC
333 N Bedford Road
Suite 145
Mount Kisco, NY 10549**

June 29, 2022

Hartford Zoning Commission
Development Services
260 Constitution Plaza
Hartford, CT 06103

Commission Members,

The undersigned is the owner of property known as 330 New Park Avenue, Hartford, Connecticut (Hartford Tax Assessor PID# 116475022).

The undersigned property owner hereby consents to and authorizes District Social Hartford, LLC, through its attorney Hillel Goldman, Esq. and the law firm of Collins Hannafin, P.C. to obtain a Liquor Permit.

Sincerely,

A handwritten signature in blue ink, appearing to read 'William Diamond', followed by a long horizontal flourish.

William Diamond
Co-Owner
DP 103, LLC
333 North Bedford Road
Mount Kisco, NY 10549



burgers

ALLEY BURGER & FRIES \$11

LOADED! Two smashed crispy beef patties with house seasoning, American cheese, pickles, diced white onion, mayo, ketchup, and brown mustard on a soft roll. Side of seasoned fries.

STUFFED BURGER \$10

Two smashed crispy beef patties with house seasoning, American cheese, bacon, stuffed with fries on soft roll. Add any side for \$3

WHATEVER BURGER 1 PATTY FOR \$8 OR 2 PATTIES FOR \$9

Whatever you want. Tell us how you want it. Crispy beef patties on a soft roll. Add any side for \$3.

Add what you like for .50 cents each:

American Cheese	Swiss Cheese	Jalapenos
Chopped Onions	Bacon	Pickles
Pepper Jack Cheese	Tomato	Lettuce
Cheddar Cheese	Carmelized Onions	Provolone

FREE: Mayo, Ketchup, Mustard

sandwiches

MEMPHIS HOT CHICKEN

SANDWICH \$9

Spicy tender fried chicken with mayo, shredded lettuce and a pickle on soft roll. Add any side for \$3

CHICKEN SANDWICH \$9

Tender fried chicken with mayo, shredded lettuce and a pickle on soft roll. Add any side for \$3

wings

YOUR CHOICE BONE-IN OR BONELESS

Served with one dip and either homestyle ranch or bleu cheese. Add more flavors from our dips menu.

HALF-DOZEN WINGS \$11

DOZEN WINGS \$17

dips

add dipping sauces to jazz up the flavor separately 50 cents each

Melted American Cheese	Sweet Chili
Buffalo Classic	Garlic Parm
Homestyle Ranch	Tangy BBQ
Chunky Bleu Cheese	Sweet Teriyaki

sides \$4

add a dip or dust for 50 cents each

FRIES

POTATO TOTS

SWEET POTATO TOTS

ONION RINGS



Kirby Hill Beef is Angus USDA Grade A from free roaming cattle, pasture raised, eating mostly grass, a bit of grain & live in a stress-free environment located at our own 250-acre equestrian & cattle ranch in Pawling, NY.



bites

LOADED NACHOS \$9

Corn tortilla chips topped with melted cheddar jack cheese, pico de gallo, jalapeños, guacamole, and side of sour cream.

MOZZARELLA STICKS \$7

6 lightly breaded mozzarella sticks served with marinara sauce.

HOT DOG & FRIES \$7

Add an additional hot dog for \$4

SOFT PRETZEL \$4

Add melted cheese for 50 cents.

CHICKEN TENDER PLATE \$9

3 lightly breaded crispy chicken tenders & fries. Served with one dip.

TORTILLA CHIPS WITH MELTED CHEESE & PICO DE GALLO \$5

beverages

FOUNTAIN DRINK CUPS \$3.50

Choose and mix any flavor with FREE REFILLS

COFFEE, HOT CHOCOLATE, \$3 OR TEA

pizza

16" CHEESE PIZZA \$13

16" PEPPERONI PIZZA \$15

PIZZA TOPPINGS \$2 each

Chopped Onions	Mushrooms
Peppers	Bacon
Caramelized Onions	Jalapeño

salads

CAESAR SALAD \$9

Crisp romaine lettuce, shaved parmesan, herbed croutons, & Caesar dressing.

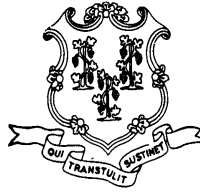
Add crispy chicken for \$3 more.

cookies

\$2 each
OR
3 for \$5

CHOCOLATE CHUNK

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
 Telephone: (860) 713-6210
 Email: 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: Cafe Liquor		2. Are you requesting a Provisional Permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. Trade Name (DBA Name) District Social Hartford, LLC			
4. Business Address 330 New Park Avenue		City Hartford	State CT
		Zip Code 06106	
5. Business Telephone Number 914-773-6219	6. Business Fax Number none	7. Business Email Address bdiamond@dpmgt.com	
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 none	9. Patio? (If yes, complete attached patio request form) <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> Comedians <input type="checkbox"/> Exotic Dancers
<input type="checkbox"/> Concerts	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Plays/Shows	<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 _____
 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) William Edward Diamond			
15. Permittee Residence Street Address 63 High Ridge Ave.		City Ridgefield	State CT
		Zip Code 06877	
16. Permittee Telephone Number 914-438-4438	17. Permittee Fax Number none	18. Permittee Email Address bdiamond@dpmgt.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 Diamond Hospitality Group, LLC			
20. Address 333 North Bedford Road		City Mount Kisco	State NY
		Zip Code 10549	

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

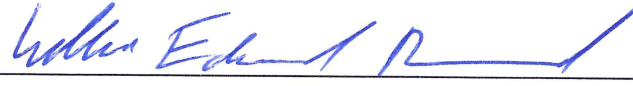
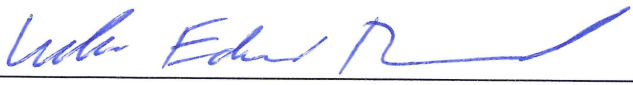
21. Backer: Please select the type of Backer (individual or legal entity that owns the business) below Please check (✓) only one					
<input type="checkbox"/> Sole Proprietorship/ Owner	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association
22. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc. District Social Hartford, LLC					
23. Street Address 330 New Park Ave.		City Hartford	State CT	Zip Code 06106	
24. Backer Telephone Number 914-773-6219	25. Backer Fax Number none	26. Backer Email Address bdiamond@dpmgt.com			
27. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed.					
a. Name (First, Middle, Last) William Edward Diamond		Title Managing Member	% of ownership or # of shares 50%		
b. Name (First, Middle, Last) James Arthur Diamond		Title Managing Member	% 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28b. Has any Permittee or Backer held a liquor permit in the past? <input checked="" type="checkbox"/> YES <input 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
252 On-Premises Liquor	1261940	New York	Grand Prix New York Racing, LLC
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit?	Dates held
William Diamond		<input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	1/6/2012-12/31/2022
29b. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
252 On-Premises Liquor	2197899	New York	Spins Bowl Poughkeepsie, LLC
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit?	Dates held
William Diamond		<input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	12/6/2015-12/31/2022
29c. Type of liquor permit (e.g., cafe)	Liquor permit #	State in which issued	Name of business
344 Tavern Wine	1281507	New York	Bedford Brew & Co.
Name of backer or permittee for the permit		Were/Are you a backer or permittee of the permit?	Dates held
William Diamond		<input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	6/30/2018-1/31/2023
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		If yes, attach a statement detailing the enforcement action(s) taken including violation(s), date(s), and the circumstance(s) involved.	
Please see attached sheet for additional permits.			

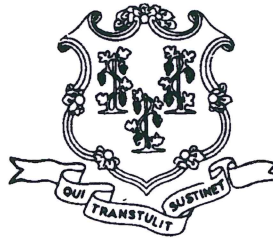
Section G: CERTIFICATION OF PERMITTEE APPLICANT AND BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

<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>	Signed by Permittee Applicant		Date
	<p>X </p>		6/30/22
<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>	Signed by Backer or Authorized Representative of Backer		Date
	<p>X </p>		6/30/22
	Print name of Backer or Representative		Title of Backer or Representative
William Edward Diamond		Managing Member	

Type of liquor permit (e.g., cafe) 252 On-Premises Liquor	Liquor permit # 2198514	State in which issued New York	Name of business Spins Bowl Carmel, LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 3/2/2015-2/28/2023
Type of liquor permit (e.g., cafe) D1/D2 Beer, Wine, Mixed Beverages On-Premises / Sealed Take-Out	Liquor permit # 8432461	State in which issued Ohio	Name of business Spins Bowl Akron LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 4/13/2017 - 10/1/2022
Type of liquor permit (e.g., cafe) D5/D6 On-Premises Liquor	Liquor permit # 8432465	State in which issued Ohio	Name of business Spins Bowl Kent LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 10/6/2017 - 10/1/2022
Type of liquor permit (e.g., cafe) AX 122 Grocery Beer/Wine	Liquor permit # 2213474	State in which issued New York	Name of business DP77 LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 7/26/2018-10/31/2024
Type of liquor permit (e.g., cafe) D5/D6 Beer/Liquor	Liquor permit # 1914794	State in which issued Ohio	Name of business DP105 LLC, dba The Resort at Erie Landing
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 6/6/2018 – 6/6/2023
Type of liquor permit (e.g., cafe) 252 On-Premises Liquor	Liquor permit # 2219551	State in which issued New York	Name of business Spins Bowl Wappinger Falls LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 3/25/2015-2/28/23
Type of liquor permit (e.g., cafe) D5/D6 Beer/Liquor	Liquor permit # 8436345	State in which issued Ohio	Name of business Spins Bowl Independence LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 6/11/-2020-6/11/2023
Type of liquor permit (e.g., cafe) On-Premises	Liquor permit # L-000429855	State in which issued Michigan	Name of business Spins Bowl Taylor LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 11/30/2019-4/30/2023

Type of liquor permit (e.g., cafe) On-Premises	Liquor permit # L-000429818	State in which issued Michigan	Name of business Spins Bowl Waterford LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 11/30/2019-4/30/2023
Type of liquor permit (e.g., cafe) On-Premises	Liquor permit # L-000429812	State in which issued Michigan	Name of business Spins Bowl Canton LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 11/30/2019-4/30/2023
Type of liquor permit (e.g., cafe) On-Premises	Liquor permit # L-000429817	State in which issued Michigan	Name of business Spins Bowl Sterling Heights LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 11/30/2019-4/30/2023
Type of liquor permit (e.g., cafe) On-Premises	Liquor permit # L-000429810	State in which issued Michigan	Name of business Spins Bowl Troy LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 11/30/2019-4/30/2023
Type of liquor permit (e.g., cafe) On-Premises	Liquor permit # L-000429849	State in which issued Michigan	Name of business Spins Bowl Southfield LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 11/30/2019-4/30/2023
Type of liquor permit (e.g., cafe) Coliseum Liquor	Liquor permit # LCM.0000064	State in which issued Connecticut	Name of business Danbury Ice Arena
Name of backer or permittee for the permit DP 110, LLC - William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 8/5/2021 – 8/4/2022
Type of liquor permit (e.g., cafe) Restaurant Liquor	Liquor permit # R12254	State in which issued Pennsylvania	Name of business Spins Bowl Pittsburgh LLC
Name of backer or permittee for the permit Spins Bowl Pittsburgh LLC William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 10/12/2021 – 5/31/2023
Type of liquor permit (e.g., cafe) 252 On-Premises	Liquor permit # 2223740	State in which issued New York	Name of business District Social Beacon LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held 6/2/2021 – 5/31/2023
Type of liquor permit (e.g., cafe) 252 On-Premises	Liquor permit # 2219766	State in which issued New York	Name of business Grand Prix Orange County LLC
Name of backer or permittee for the permit William Diamond		Were/Are you a backer or permittee of the permit? <input checked="" type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held Expired 4/30/20-4/30/2021

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



PROVISIONAL PERMIT AGREEMENT FORM

A. PERSONAL/BUSINESS INFORMATION:

Permittee/Authorized Representative of the Backer William Edward Diamond	Trade Name of Proposed Premises District Social Hartford, LLC		
Proposed Premises Street Address 330 New Park Avenue	City Hartford	State CT	Zip Code 06106
Backer Legal Entity Name: District Social Hartford, LLC			

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.

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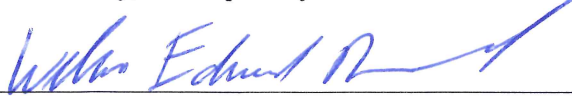
C. CREDIT WAIVER REQUEST: I do hereby request approval by the Department of Consumer Protection to allow wholesalers to extend credit while I am operating under a provisional liquor permit, pursuant to Section 30-6-A36(b) of the Regulations of Connecticut State Agencies. **YES** **NO**

(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.)

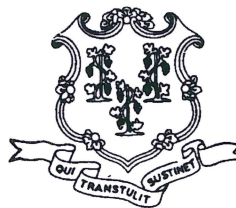
Sec. 30-6-A36(b). Period of credit.

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.

 / William Edward Diamond / 6/30/22
 Signature of Applicant, Permittee, Backer, Backer / Print Name / Date
 Member or Partner completing this statement

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 Diamond		First Name William		Middle Name Edward
Business Title Managing Member	Relationship to Liquor Permit <input checked="" type="checkbox"/> Permittee <input type="checkbox"/> Backer	% Interest / # of Shares 50%	Aliases, Other names known by, Maiden name William Diamond	
Residence Street Address (no P.O. Boxes): 63 High Ridge Ave.		City or Town: Ridgefield		State: CT Zip Code: 06877
Telephone Number (Home): 914-438-4438	Telephone Number (Cell): 914-438-4438	Fax Number: none	E-mail Address: bdiamond@dpmgt.com	
Motor Vehicle Driver's License Number 189111644		State of Issue: CT	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth 6/15/68	Place of Birth Washington, DC	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

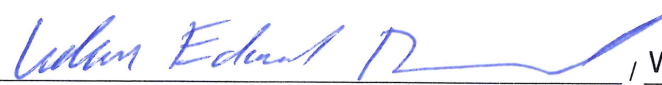
If NONE, check here **NONE**

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:

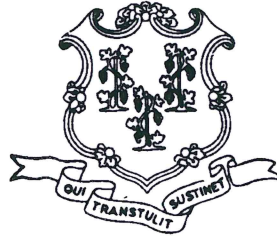
- I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments 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.

	William Edward Diamond	6/30/22
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.govWeb 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:			
District Social Hartford, LLC			
2. Address of Backer Business Entity: (street & number)	City:	State:	Zip code:
330 New Park Avenue	Hartford	CT	06106
3. Name of Authorized Representative: (last, first, middle)		4. Business Title of Representative:	
Diamond, William Edward		Managing Member	
5. Address of Authorized Representative: (street & number)	City:	State:	Zip code:
63 High Ridge Ave.	Ridgefield	CT	06877
6. Telephone Number of Authorized Representative:	7. Fax Number:	8. Email Address	
914-438-4438	none	bdiamond@dpmgt.com	

B. AUTHORIZATION:

1. 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.

2. 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.

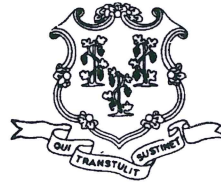


Signature of duly authorized representative of the backer



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: William Edward Diamond			
Street Address: 63 High Ridge Ave.	City: Ridgefield	State: CT	Zip Code: 06877

****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:	\$ 0
2. COST OF BUILDING: (If real estate is being transferred)	\$ 0
3. LEASEHOLD/SECURITY DEPOSIT:	\$ 0
4. RENOVATIONS/ALTERATIONS:	\$ 380,000
5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:	\$ 0
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$ 265,000
7. OTHER EXPENSES: (Please Specify)	\$ 0
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above)	\$ 645,000

Section B - Sources of Funds:

8. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$ 0
9. CASH ON HAND:	\$ 395,000
10. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$ 250,000
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	\$ 645,000

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

Date: 6/30/22

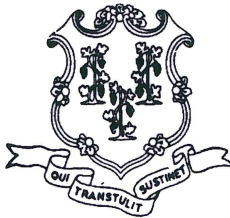
Printed Name of Backer or Authorized Representative:

William Edward Diamond

Title:

Managing Member

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



For Official Use Only

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

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

1. Trade Name (DBA Name) District Social Hartford, LLC		2. Permit Number	
3. Permittee Name (First, Middle, Last) William Edward Diamond			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.) District Social Hartford, LLC			
5. Business Address 330 New Park Avenue		City Hartford	State CT
		Zip Code 06106	
6. Business Telephone Number 914-773-6219	7. Business Fax Number none	8. Business Email Address bdiamond@dpmgt.com	
9. Type of Request? <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary		If <i>TEMPORARY</i> 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. Backer Certification (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 X	Date: 6/30/22
	Print name of Backer or Representative William Edward Diamond	Title of Backer or Representative Managing Member

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

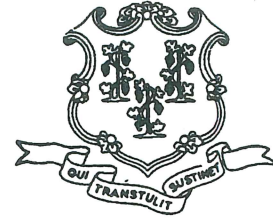
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

Liquor Control Division

Telephone: (860) 713-6210

Email: dcp.liquorcontrol@ct.gov

Web Site: www.ct.gov/dcp/liquorcontrol



ABANDONMENT AFFIDAVIT

Date: 6/30/22

Permittee: William Edward Diamond

Trade Name: District Social Hartford, LLC

Address: 330 New Park Ave.

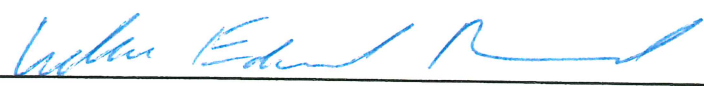
Hartford, CT 06106

Neither I, William Edward Diamond, nor the backer District Social Hartford, LLC, purchased anything from the previous permit holder/backer.


Neither I, William Edward Diamond, nor the backer District Social Hartford, LLC, received any benefit from the predecessor for the abandonment of permittee/backer.

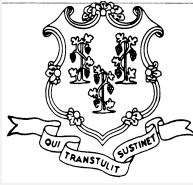
I do hereby affirm that the information contained in this affidavit is true to the best of my knowledge.

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

X  Date: 6/30/22
William Edward Diamond

Subscribed and affirmed before me:

Signed X  Date 6/30/22
(Commissioner of Superior Court, Notary Public, Justice of Peace) Hikel Goldman



STATE OF CONNECTICUT
INSPECTION CERTIFICATE

On (date) _____, the (Town/City) _____ Office of the Fire Marshal conducted an inspection of (name of facility) District Social Hartford, LLC located at (address) 330 New Park Avenue in the City/Town of Hartford to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) _____ (occupancy classification) _____ as classified by the *CONNECTICUT STATE FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

Fire Marshal

Date

City or Town: Hartford