

MEMORANDUM OF STAFF COMMENTS

TO: Zoning Board of Appeals
FROM: Adam Levitus, ZEO
DATE: October 21, 2020
RE: #2020-17 Grocery Beer Liquor Permit
APPLICANT: Gulbano Meghani (owner – Berlin Food Mart)
ADDRESS: 164 New Britain Road
MBL 3-3 / 24A / 38
ZONE: CCD-1

Proposal and Background

Gulbano Meghani (owner - Berlin Food Mart) is requesting a Sale of Alcoholic Beverages approval per Berlin Zoning Regulations XI.B., for an On-Premises Grocery Beer Liquor Permit for the Berlin Food Mart located at 164 New Britain Rd. The property is zoned CCD-1.

Staff Comments

The property at 164 New Britain Road was constructed in approximately 1972 as a food store. A Zoning Board of Appeals request to sell beer was approved in 1974. More recently, the Zoning Board of Appeals granted a grocery beer liquor permit to previous business owners including the One Stop Food Store (2014), 7 Stars LLC (2018), and Berlin Mini Mart LLC (2019). The current applicant is a new business owner (Berlin Food Mart). The building owner (Aakash Properties II LLC) has not changed since the previous grocery beer permit approval in 2019. Photos of current grocery inventory have been submitted with this application.

Signage will need zoning approvals with building permits and unauthorized signage will need to be removed. Conversations with the applicant's representative prior to this ZBA application have shown some progress in removing existing signage that does not comply with the zoning regulations.

Zoning Requirements:

§XI.B. Sale of alcoholic beverages.

The Town of Berlin Plan of Conservation and Development, Section II, Strategic Outline for Implementation, Strategy 1: Coordinate the Regulatory Structure to Support the Plan, 3) states: Any variance granted by the Zoning Board of Appeals should be consistent with the standards imposed by Connecticut General Statutes in which a hardship exists owing to conditions affecting a specific parcel of land, and the variance which is granted should be consistent with the goals and policies of this plan and the intent of the zoning regulations.

Brief description of the proposal: Requesting permission to obtain a Grocery Beer Permit. There was a Grocery Beer Permit under the prior ownership. All prior signage violations have been remedied by new owner. Violations were due to the prior owners of business

VARIANCE APPLICATIONS: For relief of: _____ requirement.

Requested requirement: _____

Reason/Description of Hardship (REQUIRED): _____

MOTOR VEHICLE USE LOCATION¹:

The first page of the State DMV application is required to be submitted with this application

<input type="checkbox"/> New Car Dealer	<u>Number of Service Bays</u>	<u>Parking Required</u>	<u>Parking Provided</u>
<input type="checkbox"/> Used Car Dealer	_____	_____	_____
<input type="checkbox"/> General Repairer	_____	_____	_____
<input type="checkbox"/> Limited Repairer	_____	_____	_____
<input type="checkbox"/> Gasoline Station	_____	_____	_____

SALE OF ALCOHOLIC BEVERAGES LOCATION¹

The first page of the State Liquor Permit application is required to be submitted with this application

Type of State Liquor Permit:

☐ On -Premises Permit: Type _____
☒ Off-Premises: Type Grocery Beer Permit
☐ Other: Explain _____

To be completed by P&Z staff only:

Fee Paid \$ 380.00 (Refer to current Fee Schedule)

ZBA # 2020 - 17 - _____

Received by: M/KG

Scheduled on ZBA Agenda of:

10/27/2020

ZONING BOARD OF APPEALS DECISION:

Plan Title & 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



APPLICATION FOR GROCERY BEER LIQUOR PERMIT

<input checked="" type="checkbox"/> Annual Sales of Food and Grocery Items Totaling <u>Less Than \$2 Million</u> \$270.00	<input type="checkbox"/> Annual Sales of Food and Grocery Items Totaling <u>More Than \$2 Million</u> \$1600.00
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Please print clearly or type the information entered on this application. **An application and permit fee is required. Please submit the required fee of \$270.00 if your annual sales of food and grocery items total less than \$2 Million or \$1600.00 if your annual sales of food and grocery items total more than \$2 Million.** 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

1. Trade Name (DBA Name) Berlin Food Mart			
2. Business Address 164 New Britain Road		City Berlin	State CT
3. Is there currently a liquor permit at the proposed premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		4. Are you requesting a Provisional Permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

5. Business Telephone Number (203) 446-1591	6. Business Fax Number N/A	7. Business Email Address nuruddinmeghani@gmail.com
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Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

8. Zoning Authority Approval: I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in item #2 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 ____ / ____ / ____	
9. 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 of Berlin /
Received

OCT 05 2020

Planning & Zoning Department
Berlin, Connecticut

Section C: PERMITTEE APPLICANT INFORMATION

10. Permittee Name (First, Middle, Last) Gulbano, Nuruddin, Meghani			
11. Permittee Residence Street Address 69 Main Street, Apt. #3C		City Woodbury	State CT
12. Permittee Telephone Number (203) 446-1591		13. Permittee Fax Number N/A	14. Permittee Email Address nuruddinmeghani@gmail.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

15. Name Gulbano Nuruddin Meghani			
16. Address 164 New Britain Road		City Berlin	State CT
			Zip Code 06037

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

17. 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
18. Name of Corporation, LLC, Partnership, Sole Proprietorship, etc. Berlin Food Mart, LLC					
19. Street Address 164 New Britain Road		City Berlin		State CT	Zip Code 06037
20. Backer Telephone Number (203) 446-1591		21. Backer Fax Number N/A		22. Backer Email Address nuruddinmeghani@gmail.com	
23. Backers: List individuals below (for example; sole owner, corporate officers, members, etc.) Attach additional sheet if needed.					
a. Name (First, Middle, Last) Gulbano, Nuruddin, Meghani		Title Sole member / Owner		% of ownership or # of shares 100%	
b. Name (First, Middle, Last) —		Title —		% of ownership or # of shares —	
c. Name (First, Middle, Last) —		Title —		% of ownership or # of shares —	
d. Name (First, Middle, Last) —		Title —		% of ownership or # of shares —	

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

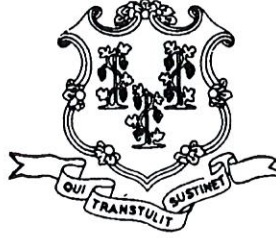
This section applies to the permittee applicant, and to each backer who is a sole proprietor, partner or a member of a partnership organization, corporation, and members of a limited liability organization or unincorporated associations. Attach a separate sheet if needed.

24a. Does any Permittee or Backer currently hold a liquor permit? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
24b. 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>			
25a. Type of liquor permit (e.g., cafe) N/A	Liquor permit # N/A	State in which issued N/A	Name of business N/A
Name of backer or permittee for the permit N/A		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held N/A
25b. Type of liquor permit (e.g., cafe) N/A	Liquor permit # N/A	State in which issued N/A	Name of business N/A
Name of backer or permittee for the permit N/A		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held N/A
25c. Type of liquor permit (e.g., cafe) N/A	Liquor permit # N/A	State in which issued N/A	Name of business N/A
Name of backer or permittee for the permit N/A		Were/Are you a backer or permittee of the permit? <input type="checkbox"/> Backer <input type="checkbox"/> Permittee	Dates held N/A
26. 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

27. Permittee Certification (To be signed by permittee applicant, identified in "Section A" of this application) I certify that the information provided in this application is true to the best of my knowledge.	Signed by Permittee Applicant Town of Berlin Received OCT 05 2020 Planning & Zoning Department Berlin, Connecticut		Date 10-01-2020
	X <u><i>Gul</i></u>		
28. 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 <u><i>Gul</i></u>		Date 10-01-2020
	Print name of Backer or Representative Gulbano Nuruddin Meghani		Title of Backer or Representative Sole Member/Owner

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



Town of Berlin
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 OCT 05 2020

Planning & Zoning Department
 Berlin, Connecticut

PROVISIONAL PERMIT AGREEMENT FORM

A. PERSONAL/BUSINESS INFORMATION:

Permittee/Authorized Representative of the Backer Gulbano Nuruddin Meghani		Trade Name of Proposed Premises Berlin Food Mart	
Proposed Premises Street Address 164 New Britain Road	City Berlin	State CT	Zip Code 06037
Backer Legal Entity Name: Berlin Food Mart, 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.

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.

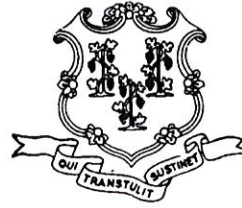
/ Gulbano Nuruddin Meghani 10-01-2020
 Signature of Applicant, Permittee, Backer, Backer Print Name Date
 Member or Partner completing this statement

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



Town of Berlin
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OCT 05 2020

Planning & Zoning Department
Berlin, Connecticut

**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 Meghani		First Name Gulbano		Middle Name Nuruddin	
Business Title Sole member / owner	Relationship to Liquor Permit <input checked="" type="checkbox"/> Permittee <input type="checkbox"/> Backer	% Interest / # of Shares 100%		Aliases, Other names known by, Maiden name	
Residence Street Address (no P.O. Boxes): 69 Main Street, Apt. # 3C		City or Town: Woodbury		State: CT	Zip Code: 06798
Telephone Number (Home): —	Telephone Number (Cell): (203) 446-1591	Fax Number: N/A		E-mail Address: nuruddinmeghani@gmail.com	
Motor Vehicle Driver's License Number 158638581		State of Issue: CT		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Date of Birth 03-15-1982	Place of Birth Pakistan	Are you a US Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, Alien Reg Number: 096-371-282	Date & Place of Naturalization N/A	

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
N/A	N/A	N/A	N/A

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:

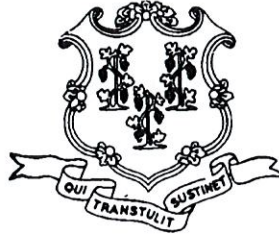
- I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments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

Signature of Applicant, Permittee, Backer, Backer Member or Partner completing this statement: *Gul* / **Gulbano Nuruddin Meghani** / **10-01-2020**
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

Town of Berlin
Received

OCT 05 2020

Planning & Zoning Department
Berlin, Connecticut

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: Berlin Food Mart, LLC			
2. Address of Backer Business Entity: (street & number) 164 New Britain Road	City: Berlin	State: CT	Zip code: 06037
3. Name of Authorized Representative: (last, first, middle) Meghani, Gulbano, Nuruddin		4. Business Title of Representative: Sole Member / Owner	
5. Address of Authorized Representative: (street & number) 69 Main Street, Apt. #3C	City: Woodbury	State: CT	Zip code: 06798
6. Telephone Number of Authorized Representative: (203) 446-1591	7. Fax Number: N/A	8. Email Address nuruddinmeghani@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.

Gul

Signature of duly authorized representative of the backer

10-01-2020

Date

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



BACKER'S FINANCIAL STATEMENT

Name of Backer or Authorized Representative of the Backer:

Berlin Food Mart, LLC

Street Address:

164 New Britain Road

City:

Berlin

State:

CT

Zip Code:

06037

****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:	\$	45,434.00
2. COST OF BUILDING: (If real estate is being transferred)	\$	0
3. LEASEHOLD/SECURITY DEPOSIT:	\$	8,800.00
4. RENOVATIONS/ALTERATIONS:	\$	0
5. EXISTING BEER, WINE, AND/OR LIQUOR INVENTORY:	\$	3,020.00
6. FURNITURE, FIXTURES, EQUIPMENT, ETC:	\$	0
7. OTHER EXPENSES: (Please Specify)	\$	0
TOTAL FUNDS FOR ALL COSTS/EXPENSES: (add 1-7 above)	\$	57,254.00

Section B - Sources of Funds:

8. PERSONAL ACCOUNTS: (Savings, Checking, Certificate of Deposit-CD's)	\$	57,254.00
9. CASH ON HAND:	\$	
10. PROMISSORY NOTES & LOANS: (Specify Other Source Types)	\$	
TOTAL FUNDS FOR ALL SOURCES: (add 8-10 above)	\$	57,254.00

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

Gul

Date: **10-01-2020**

Printed Name of Backer or Authorized Representative:

Gulbano Nuruddin Meghani

Title:

Sole Member / Owner

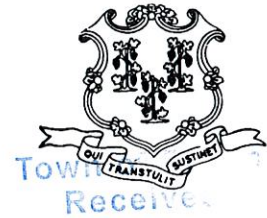
**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

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OCT 05 2020

Planning & Zoning Department
Berlin, Connecticut

**Grocery Store Beer Permit
Breakdown of Sales**

➔ This form must be completed if applying for a grocery beer permit in accordance with CGS Section 30-20(c)

Name of Permittee (First Name, Middle Initial, Last Name) <i>Gulbano Nuruddin Meghani</i>			
Name of Business <i>Berlin Food Mart</i>			
Business Street Address <i>164 New Britain Road</i>	City <i>Berlin</i>	State <i>CT</i>	Zip <i>06037</i>

In order to determine your eligibility to obtain a grocery beer permit you must provide the following sales data for the most recent month of business operation. This information should reflect monetary sales for that month in each of the categories noted below. Please use whole dollar values. (Estimate Figures are NOT Acceptable)

Date of Sales - Beginning Date: _____		Ending Date: _____	
1. Dairy products: (i.e. butter, cheese, milk, cream, ice cream and other milk products)	Month's sales in dollars:	For Liquor Control Use	
2. Eggs & Poultry:	Month's sales in dollars:		
3. Fruits & Vegetables:	Month's sales in dollars:		
4. Seafood:	Month's sales in dollars:		
5. Bakery products:	Month's sales in dollars:		
6. Grocery items: (all edible items other than those noted above including, but not limited to, canned goods, dry goods, meats, tea, coffee, spices, sugar, flour, cereal, juices & drinks, frozen food)	Month's sales in dollars:		
7. Candies, Nuts and Confectioneries (Sweets):	Month's sales in dollars:		
8. Food items consumed on premises:	Month's sales in dollars:		
9. Take-out foods: (i.e. sandwiches, salads, coffee & rolls)	Month's sales in dollars:		
10. Non-edible items: (i.e. tobacco, health/beauty aids, paper products, magazines, newspapers)	Month's sales in dollars:		
11. Gasoline:	Month's sales in dollars:		
12. Beer: (If grocery beer permit is active on premises)	Month's sales in dollars:		

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

Signature of Permittee, Backer or Authorized Representative of the Backer:

X *Gul* Date: 10-01-2020

Letter of Authorization

Town of Berlin
Received

OCT 05 2020

Planning & Zoning Department
Berlin, Connecticut

Property Owner: Aakash Properties, LLC

Principal: Pankaj Kumar

Subject Address: 164 New Britain Road, Berlin, CT 06037

Applicant: Gulbano N. Meghani

I, Pankaj Kumar (Current Owner or Principal) hereby give consent to Gulbano N. Meghani (Applicant), to

apply to all relevant Town of Berlin land use Boards and Commissions for

Grocery Beer Permit
Alcohol Uses Location (Purpose of Application) at the property located at 164 New Britain Road (Address &/or Map Lot Block),

Berlin Connecticut.

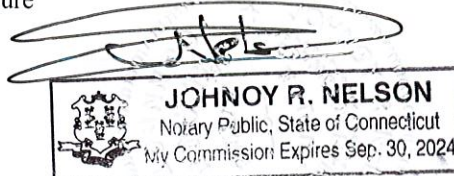
In addition I consent to allow any town official and/or employee that the town deems necessary the ability to enter said property to verify any information submitted with corresponding application.

Sincerely,

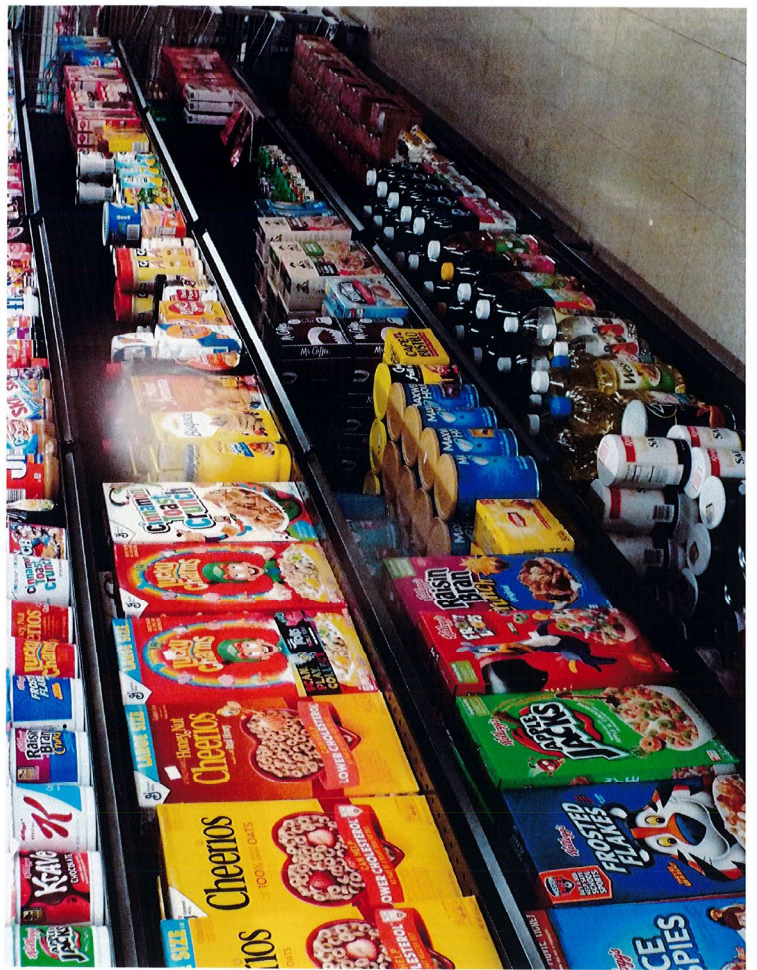
Pankaj Kumar
Signature

On this day, 29 day of Sept, 2020
the undersigned, PANKAJ KUMAR
personally appeared before me and
acknowledge that (he, she, they) executed
the same for the purposes therein contained.
In witness whereof, I here unto set my hand.

Sep. 29, 2020
Date













OCT 05 2020
Planning & Zoning Department
Berlin, Connecticut

