

Date Entered:

Application ID #

Town of Guilford  
Guilford Planning and Zoning Commission  
Application for **Special Permit**

**REQUIREMENTS:**

Submit six (6) copies (**original and 5 copies**) of application and attachments with 6 copies of a site plan along with a **DIGITAL PDF OF THE PLANS TO planning.zoning@ci.guilford.ct.us**

DATE: 8/18

In accordance with Article X and § 273-99 of the Zoning Code of the Town of Guilford, application is hereby made for the approval of a Special Permit Use as shown on a site plan entitled: \_\_\_\_\_

LOCATION OF PROPERTY: 1355 Boston Post Rd

Assessor's Map: 52 Lot: 7 Zone: PV

**APPLICANT:**

Name: BW Bishop + Sons, Inc dba Bishop's Orchards Winery

Address: 1355 Boston Post Rd  
Guilford CT

Telephone: 203 453-2338 email keith.bishop@bishopsorchards.com

**PROPERTY OWNER (if different)**

Name: same

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ email \_\_\_\_\_

Type of Use:

Assessorly Structures over 750 sq ft § 273-36A

Bed and Breakfast § 273-94

Home Handicraft Industry § 273-38B

Offices in a dwelling § 273-38A

Other Entertainment in commercial zone tied in with "restaurant" use  
aka Farm Winery

Project includes exterior work  No  Yes, if yes please complete LID checklist on page 7.

Statement of proposed use: Add ability to have entertainment on site in conjunction with our Farm Winery permits and Craft Cafe permit. Depending on season, entertainment will be primarily outdoors on our patios, or in the Littlehed barn. See attached Craft Cafe application for types of potential entertainment.

Registered Professional who prepared Site Plan:

Name: John Matthews AIA Title \_\_\_\_\_

Address: 817 Boston Post Rd Madison CT

Telephone: 203-245-0110

Fax: 203-245-0162

e-mail: dsimmons.jma@snet.net

**NOTE:** Under certain circumstances the Commission may waive the requirement that the site plan be prepared by a professional § 273-99A (2)

If waiver of any of the requirements of § 273-97B or §273-99A(2) is requested, submit request in separate letter to the Guilford Planning and Zoning Commission.

If a letter is submitted please indicate by checking here: \_\_\_\_\_

Fee: \_\_\_\_\_ Paid

Sign: \$5.00 Paid

Application for Site Plan attached: \_\_\_\_\_

Signed: [Signature] CEO  
Applicant

Signed: [Signature] CEO  
Owner BW Bishop + Sons, Inc.  
dba Bishop's Orchards Winery

Note: Notification of Public Hearing date and of Commission action shall be sent to the applicant who shall be responsible for satisfactory completion of an approved Special Permit, including any conditions that may be imposed.

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 CONNECTICUT CRAFT CAFÉ LIQUOR PERMIT

Please print clearly or type the information entered on this application. **An application and permit fee is required. Please submit the required fee of \$400.00.** 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. Trade Name (DBA Name) <b>Bishop's Orchards Winery LLC</b>		2. Are you requesting a Provisional Permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. Business Address <b>1355 Boston Post Rd</b>		City <b>Gulford</b>	Zip Code <b>06437</b>
4. Business Telephone Number <b>203-453-2338</b>	5. Business Fax Number <b>203-458-7125</b>	6. Business Email Address <b>Winery@bishopsorchards.com</b>	
7. Is there currently a liquor permit at the proposed premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. Patio? (If yes, complete attached patio request form) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. Type of Live Entertainment: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please check (✓) all that apply below)		If yes, current permit number <b>LPW-57 LMAC-12</b>	
<input checked="" 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"/> Exotic Dancers
<input type="checkbox"/> Concerts	<input checked="" 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

**10. 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**11. 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 **Jim Conditino** Print Name **Jim Conditino**  
 Title of Official **Fire Marshal** Date **7 / 30 / 20**

**12. 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 \_\_\_\_/\_\_\_\_/\_\_\_\_