

FREEMPORT VICTUALER LICENSE APPLICATION

June '21

RENEWAL NEW: DATE OF OPENING _____

ITEM # 110-21
VICTUALER LICENSE

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

CHECK ONE PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT _____ (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Guilin Goodies TELEPHONE 207 869 5942

FREEMPORT PHYSICAL ADDRESS 49 Main St (behind) BUSINESS MAILING ADDRESS 8 Porters Landing Road

PRINCIPAL OWNER LEGAL NAME Guiyu Perilla DATE _____
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 8 Porters Landing TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL lilyperilla@yahoo.com

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL _____

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Lily Perilla
TELEPHONE 207 607 1787 EMAIL Lilyperilla@yahoo.com
MAILING ADDRESS 8 Porters Landing Road TOWN/STATE Freeport ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) _____

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEMPORT? _____

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE Guiyu Perilla DATE 5/22/2021

PRINT NAME/TITLE Guiyu Perilla

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/27/21 FEE PAID \$135.00

REAL ESTATE TAXES N/A

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL ma POLICE CHIEF APPROVAL ok per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) ma

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

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PEDDLER/TOWN PROPERTY
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RESTAURANT 50 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Jameson Tavern TELEPHONE 207-865-4321

FREEPORT PHYSICAL ADDRESS 115 Main Street BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Christian Erdmann DATE _____
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 115 Main Street TOWN/STATE Freeport, ME ZIP CODE 04032

ADDITIONAL OWNER LEGAL NAME Tom Hincks
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 9 Bond Road TOWN/STATE Yarmouth, ME ZIP CODE 04096 EMAIL: tomhincks@gmail.com

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL: _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Christian Erdmann

TELEPHONE 305-951-1099 EMAIL: christianerdmann53@gmail.com

MAILING ADDRESS 115 Main Street TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Dominic Petrillo

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE Christian Erdmann DATE _____

PRINT NAME/TITLE [Signature]

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/14/21 FEE PAID \$150.00 w/ck

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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PEDDLER/TOWN PROPERTY
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RESTAURANT _____ (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Nighthawk's Kitchen TELEPHONE 5188103605

FREEPORT PHYSICAL ADDRESS 200 Lower Main St BUSINESS MAILING ADDRESS 381 E Main St, Yarmouth
NS 1096

PRINCIPAL OWNER LEGAL NAME Christian Noe 

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 381 E Main St TOWN/STATE Yarmouth ME ZIP CODE 04096 EMAIL: christian.noe@gmail.com

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL _____

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Christian Noe

TELEPHONE 5188103605 EMAIL christian.noe@gmail.com

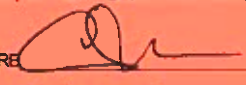
MAILING ADDRESS 381 E Main St TOWN/STATE Yarmouth ME ZIP CODE 04096

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) _____

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE  DATE 6/14/21

PRINT NAME/TITLE Christian Noe Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/14/21 FEE PAID \$135

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT 8 (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Wanderlust Juicery TELEPHONE 207-837-7082
(not 2)

FREEPORT PHYSICAL ADDRESS 4 Mechanic St. BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Michele Burkey DA _____

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 19 Pleasant Hill Rd TOWN/STATE Freeport ZIP CODE 04032

ADDITIONAL OWNER LEGAL NAME Jesse Lamon DA _____

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS same as Michele TOWN/STATE _____ ZIP CODE _____ EMAIL: _____

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL: _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) _____

TELEPHONE _____ EMAIL: _____

MAILING ADDRESS _____ TOWN/STATE _____ ZIP CODE _____

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Fineberg Companies

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? no

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? no

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? no

APPLICANT SIGNATURE Jesse Lamon DATE 6/5/21

PRINT NAME/TITLE Jesse Lamon, Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/17/2021 FEE PAID \$135.00

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____