

TOWN OF FREEPORT SPECIAL AMUSEMENT PERMIT APPLICATION

RENEWAL NEW: DATE OF OPENING _____ FEES: NEW OR RENEWAL - \$125.00

NAME OF BUSINESS Harraseeket Inn

BUSINESS ADDRESS (physical location) 162 Main Street, Freeport

MAILING ADDRESS (if different) 2300 Crown Colony Dr., Suite 203, Quincy MA 02169

BUSINESS MAP/LOT # OR BUILDING OWNER _____

APPLICANT'S NAME Giri Harraseeket LLC

APPLICANT'S TITLE (with the business) Megha Sangani - Treasurer

APPLICANT'S RESIDENCE ADDRESS 2300 Crown Colony Dr., Suite 203, Quincy MA 02169

APPLICANT'S DATE OF BIRTH 7/6/1980 PHONE NUMBER 917-974-3301 EMAIL: MSangani@girihotels.com

LIST types of entertainment the business will provide during the coming year (example: live musicians and dancing):

Live musicians, DJs, Magicians.

DESCRIBE in detail the room(s) in the business that will be used for this entertainment (example: downstairs bar area):

Downstairs meeting space (Merry meeting room), Casco Bay Room, Dmry Room.

Is any **outdoor** entertainment intended? YES NO If you answered yes to providing outdoor entertainment, please describe in detail what type of outdoor entertainment is intended, describe the exact location the entertainment will be provided outdoors, and the time of night you intend to cease activity outdoors:

By signing below, I agree that the business will comply with all relevant Town Codes and Ordinances, including but not limited to: Chapter 21, Section 515 (Noise Regulation), Chapter 39 (Loitering, Curfew and Noise), and Chapter 50 (Special Amusement). These codes and ordinances may be viewed on the Town's website at www.freeportmaine.com or viewed at the Town Clerk's Office during regular business hours.

APPLICANT'S SIGNATURE [Signature] DATE 5/8/2023

PRINT NAME/TITLE Megha Sangani / Treasurer

(Applicant's Section is Now Completed. Please Do Not Write Below This Line.)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 5/9/23 Fee Paid \$125.00 License # _____ Expiration Date _____
REAL ESTATE & PERSONAL PROPERTY TAXES PAID: RE paid to date PP paid in full
FIRE DEPT APPROVAL _____ CEO APPROVAL _____
COUNCIL APPROVAL DATE TC meeting: 6/6/23 COUNCIL ITEM # _____
TOWN CLERK'S SIGNATURE _____