

TOWN OF FREEPORT SPECIAL AMUSEMENT PERMIT APPLICATION

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

NAME OF BUSINESS Smoke This LLC, 2/16/19 Bucks Naked BBQ

BUSINESS ADDRESS (physical location) 568 US RT 1 Freeport

MAILING ADDRESS (if different) P.O. Box 209 Freeport, ME 04032

BUSINESS MAP/LOT # OR BUILDING OWNER Flying Frog, LLC

APPLICANT'S NAME Al Brown

APPLICANT'S TITLE (with the business) owner

APPLICANT'S RESIDENCE ADDRESS 6 Rocky Ave, Topsham, Me 04086

APPLICANT'S DATE OF BIRTH 11/13/55 PHONE NUMBER _____ EMAIL: _____

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

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

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  DATE 6/27/19

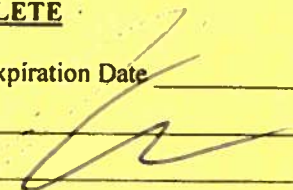
PRINT NAME/TITLE Albert Brown owner

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

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 6/27/19 Fee Paid \$125.00 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? PIF

FIRE DEPT APPROVAL _____ CEO APPROVAL 

COUNCIL APPROVAL DATE _____ COUNCIL ITEM # _____

TOWN CLERK'S SIGNATURE _____

TOWN OF FREEPORT SPECIAL AMUSEMENT PERMIT APPLICATION

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

NAME OF BUSINESS GRITY MCDUFFS BRON PUB

BUSINESS ADDRESS (physical location) 187 LOWER MAIN

MAILING ADDRESS (if different) 187 LOWER MAIN PO BOX 328

BUSINESS MAP/LOT # OR BUILDING OWNER _____

APPLICANT'S NAME JONATHAN SOULE

APPLICANT'S TITLE (with the business) OWNER

APPLICANT'S RESIDENCE ADDRESS _____

APPLICANT'S DATE OF BIRTH 12/17/62 PHONE NUMBER 865-4321 EMAIL: LON@GRITYS.COM

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

LIVE MUSIC

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

BAR AREA YARD

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:

COUPLE OUTSIDE EVENTS A YEAR

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APPLICANT'S SIGNATURE William B. Stebbins DATE 6/13/19

PRINT NAME/TITLE William B. Stebbins V. Pres

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

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 6/13/19 Fee Paid \$125.00 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? P.F.

FIRE DEPT APPROVAL _____ CEO APPROVAL _____

COUNCIL APPROVAL DATE _____ COUNCIL ITEM # _____

TOWN CLERK'S SIGNATURE _____

TOWN OF FREEPORT SPECIAL AMUSEMENT PERMIT APPLICATION

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

NAME OF BUSINESS Harrauxlet Inn

BUSINESS ADDRESS (physical location) 162 Main St

MAILING ADDRESS (if different) _____

BUSINESS MAP/LOT # OR BUILDING OWNER Harrauxlet Inn Inc

APPLICANT'S NAME Rodney Gray

APPLICANT'S TITLE (with the business) 162 Main St

APPLICANT'S RESIDENCE ADDRESS Pres.

APPLICANT'S DATE OF BIRTH 3-25-56 PHONE NUMBER 8659377 EMAIL: Harrauxlet@AOL.com

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

live bands, DJ,

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

usually the Casco Bay room, large Bg room in South wing

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:

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APPLICANT'S SIGNATURE _____ DATE 6-15-19

PRINT NAME/TITLE Rodney Gray

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

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 6/24/19 Fee Paid \$125.00 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? PIF

FIRE DEPT APPROVAL _____ CEO APPROVAL _____

COUNCIL APPROVAL DATE _____ COUNCIL ITEM # _____

TOWN CLERK'S SIGNATURE _____

TOWN OF FREEPORT SPECIAL AMUSEMENT PERMIT APPLICATION

o RENEWAL NEW: DATE OF OPENING April 1, 2019 FEES: NEW OR RENEWAL - \$125.00

NAME OF BUSINESS FREEPORT VENUUE LLC DBA CADENZA

BUSINESS ADDRESS (physical location) 5 DEPOT STREET, FREEPORT, ME 04032

MAILING ADDRESS (if different) SAME - SUITE 5

BUSINESS MAP/LOT # OR BUILDING OWNER 22 MONUMENT SQUARE LLC

APPLICANT'S NAME H. ALAN MOONEY

APPLICANT'S TITLE (with the business) MANAGING PARTNER

APPLICANT'S RESIDENCE ADDRESS 17 TWIN POND ROAD, TORHAM, ME 04086

APPLICANT'S DATE OF BIRTH 7-29-47 PHONE NUMBER (4) 373-1466 EMAIL: HAMOONEY@

LIST types of entertainment the business will provide during the coming year (example: live musicians and dancing):
(C) 831-4311 CRITERIUM-ENGINEERS.COM

LIVE MUSICIANS, OCCASIONAL DANCING

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

FIRST FLOOR SPACE - SEE ATTACHED AND WWW.CADENZA FREEPORT.COM

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:

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APPLICANT'S SIGNATURE [Signature] DATE June 10, 2019

PRINT NAME/TITLE H. ALAN MOONEY, MANAGING PARTNER

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

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 6/12/19 Fee Paid \$125 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? PIF

FIRE DEPT APPROVAL _____ CEO APPROVAL _____

COUNCIL APPROVAL DATE _____ COUNCIL ITEM # _____

TOWN CLERK'S SIGNATURE _____

TOWN OF FREEPORT
SPECIAL AMUSEMENT PERMIT APPLICATION

PD \$125
w/ cash

RENEWAL NEW: DATE OF OPENING N/A FEES: NEW OR RENEWAL - \$125.00

NAME OF BUSINESS The Lobster Cooker

BUSINESS ADDRESS (physical location) 39 Main St

MAILING ADDRESS (if different) _____

BUSINESS MAP/LOT # OR BUILDING OWNER _____

APPLICANT'S NAME Leslie Garey

APPLICANT'S TITLE (with the business) General Manager

APPLICANT'S RESIDENCE ADDRESS 38 Flanders St Auburn, Me

APPLICANT'S DATE OF BIRTH 12/5/42 PHONE NUMBER 207 754 0156 EMAIL: lobstercookerles@gmail.com

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

Live Music - Single Person

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

outside Patio

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:

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APPLICANT'S SIGNATURE Leslie Garey DATE 6/5/18

PRINT NAME/TITLE Leslie Garey General Manager

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

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 6/5/19 Fee Paid \$125 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? On payment plan for personal property

CEO APPROVAL _____

DATE _____ COUNCIL ITEM # _____

SIGNATURE _____

Conditional on code fire approval