

TOWN OF FREEPORT
Office of the Town Clerk
Municipal Offices
30 Main Street
Freeport ME 04032
(207) 865-4743 Ext 123 FAX (207) 865-0929

The following Victualer Licenses will be reviewed by the Town Council at its meeting on

Tuesday, July 21, 2020.

Freeport Donuts, LLC d/b/a Dunkin Donuts 200 Lower Main Street

Frozen Custard Treats, Inc. d/b/a Mainely Custard 150 Route #1

> FP Café, Inc. d/b/a Freeport Café 31 U. S. Route #1

The Orchard House & Café, LLC d/b/a The Orchard House & Café
1 Grey Barn Way

William & Mary Ann Hinko d/b/a The James Place Inn 11 Holbrook Street

Jeffrey & Laurel Harris d/b/a Freeport Country Club
2 Old County Road

Shiraz Mahmoud d/b/a Dash Café 20 Bow Street

FREEPORT VICTUALER LICENSE APPLICATION

DERENEWAL

NEW: DATE OF OPENING ____

July 20

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$135.00 - WILIQUOR LICENSE - \$150.00

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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)
	DOTHER FOOD BUSINESS (DESCRIBE) STEE SAID
	Control of Books (Describe)
NAME OF BUSINESS	FREQUET DONATS LC (DONATS) FELEPHONE 865-2157
FREEPORT PHYSICAL	ADDRESS 200 Liver Main St. Business Mailing ADDRESS 104 Abasans St. Suite 1
PRINCIPAL OWNER LE	EGAL NAME JUSEPH + MAR Dato82 DATE OF BIRTH 1/8/47 5/4/4
	L STOCKHOLDER IF OWNER(S) IS A CORROBATION
HOME ADDRESS	TRUPLE ST, TOWNISTATE BUNGACIONE ZIPCODECULI EMAIL DINGALUS COMICA
ADDITIONAL OWNER I	LEGAL NAME Michael Defosa DATE OF BIRTH 10/6/67
HOME ADDRESS	LANTE KAR HE TOWNISTATE SOND OLUGH, ME ZIP CODE MOTH EMAIL: MAGTOSTICA COM
ADDITIONAL OWNER (round David A Rose
	AL STOCKHOLDERIS IF OWNERS IS A CORPORATION A
HOME ADDRESS	Tamarack 4. TOWNISTATE BUNKING ME ZIP CODE OYULL EMAIL: atdaws Coma
CONTACT PERSON(PE	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) MIChael Dakes a
TELEPHONE GOS	-303-0490 EMAIL: MDarose 100 @ Gmail, com
MAILING ADDRESS	04 Pleasant St. Suite 1 TOWNSTATE BUNSWICK ME ZIP CODE CHOIL
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for lax verification purposes)
DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOW! EDGE	IS THIS BUSINESS IN VIOLATION OF ARMS AND
	E, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE?
APPLICANT SIGNATURE	DATE 5/30/20
PRINT NAME/TITLE	· · · // N D
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RE	CEIVED WIT FEE PAID 135
REAL ESTATE TAXES _	
PERSONAL PROPERTY	TAXES
	PROVALPOLICE CHIEF APPROVAL
	APPROVAL (NEW ESTABLISHMENTS ONLY)
SOUNDIE AFFROYAL DA	ATELICENSE NUMBEREXPIRATION DATE

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CHECK ONE: O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED) O PEDDLER/TOWN PROPERTY (A COPY OF INSURANCE POLICY MUST BE ATTACHED) PRESTAURANT 1-29 (NUMBER OF SEATS) O BED AND BREAKFAST (NUMBER OF ROOMS) O OTHER FOOD BUSINESS (DESCRIBE) NAME OF BUSINESS DASK (ALC MANDERS DATE OF BUSINESS MAILING ADDRESS PREEPORT PHYSICAL ADDRESS DATE OF BUSINESS MAILING ADDRESS DATE OF BIRTH PRINCIPAL OWNER LEGAL NAME SWYAZ MANDAMAN DATE OF BIRTH (PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) HOME ADDRESS TOWNER LEGAL NAME (ADDITIONAL OWNER LEGAL NAME DATE OF BIRTH (ADDITIONAL OWNER LEGAL NAME TOWNISTATE DATE OF BIRTH ADDITIONAL OWNER LEGAL NAME ADDITIONAL OWNER LEGAL NAME TOWNISTATE ADDITIONAL OWNER LEGAL NAME ADDITIONAL OWNER LEGAL NAME TOWNISTATE ADDITIONAL OWNER LEGAL NAME ADDITIONAL OWNER LEGAL NAME TOWNISTATE ADDITIONAL OWNER LEGAL NAME TOWNISTATE ADDITIONAL OWNER LEGAL NAME TOWNISTATE ADDITIONAL OWNER LEGAL NAME
(A COPY OF INSURANCE POLICY MUST BE ATTACHED) RESTAURANT 1-29 (NUMBER OF SEATS) O BED AND BREAKFAST (NUMBER OF ROOMS) O OTHER FOOD BUSINESS (DESCRIBE) NAME OF BUSINESS DASK COLE TELEPHONE DO 50 - 8632 FREEPORT PHYSICAL ADDRESS DO 60 St BUSINESS MAILING ADDRESS 17 Big Sking CA PRINCIPAL OWNER LEGAL NAME 5 hraz Mahmoud DATE OF BIRTH (PRINCIPAL STOCKHOLDER IF OWNERIS) IS A CORPORATION) HOME ADDRESS 17 Big Sking Cole Townstate Durks m ZIPCODE 1422 MAIL: DATE OF BIRTH ADDITIONAL OWNER LEGAL NAME DATE OWNERIS) IS A CORPORATION) HOME ADDRESS TOWNSTATE ZIPCODE EMAIL:
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O BED AND BREAKFAST (NUMBER OF SEATS) O OTHER FOOD BUSINESS (DESCRIBE) NAME OF BUSINESS DASK (Cafe TELEPHONE 200 50 4 - 8632 FREEPORT PHYSICAL ADDRESS 20 BOW ST BUSINESS MAILING ADDRESS 17 Big Skye (America) is a corporation) PRINCIPAL OWNER LEGAL NAME 5 HYGZ Mahmaul DATE OF BIRTH (PRINCIPAL STOCKHOLDER IF OWNER'S) IS A CORPORATION) HOME ADDRESS 17 Big 5 Kg Townstate Durne zipcode 422 Amail: DATE OF BIRTH (ADDITIONAL OWNER LEGAL NAME DATE OF BIRTH (ADDITIONAL STOCKHOLDER'S) IF OWNER'S) IS A CORPORATION) HOME ADDRESS TOWNSTATE ZIP CODE EMAIL:
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NAME OF BUSINESS DASK COLE TELEPHONE 30 50 50 50 50 50 50 50 50 50 50 50 50 50
NAME OF BUSINESS DASK (CLE TELEPHONE 200 50 10 - 8832) FREEPORT PHYSICAL ADDRESS DO BOW ST BUSINESS MAILING ADDRESS 17 Big Shape (Inches) PRINCIPAL OWNER LEGAL NAME 5 hiraz Mahmoud (Mahmoud) PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) HOME ADDRESS 17 Big 5 kg Yownstate Durnom zipcode 5422 Demail: DOSK CAFE Free your Additional Stockholder(S) IF OWNER(S) IS A CORPORATION TOWNSTATE ZIPCODE EMAIL:
PRINCIPAL OWNER LEGAL NAME PRINCIPAL OWNER LEGAL NAME (PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) HOME ADDRESS ADDITIONAL OWNER LEGAL NAME (ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) HOME ADDRESS TOWNISTATE ZIP CODE EMAIL: ADDITIONAL OWNER LEGAL NAME (ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) HOME ADDRESS TOWNISTATE ZIP CODE EMAIL:
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ADDITIONAL CHAPTER LEGAL NAME TOWN/STATE TOWN/STATE TOWN/STATE ZIPCODE TOWN/STATE ZIPCODE TOWN/STATE ZIPCODE EMAIL:
ADDITIONAL OWNER LEGAL NAME
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(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) HOME ADDRESS
ADDITIONAL OWNER LEGAL NAME
ADDITIONAL OWNER LEGAL NAME
ADDITIONAL OWNER LEGAL NAME
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) DATE OF BIRTH
HOME ADDRESS TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
TELEPHONEEMAIL:
MAILING ADDRESSTOWNSTATEZIP CODE
OUR DAY OF A STATE OF THE STATE
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 20 Bow Street
DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATURE DATE C/16/20
DATEDATE
PRINT NAME/TITLE 6 WILL.
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
1-11:120 2125 00
DATE APPLICATION RECEIVED 6/16/20 FEE PAID \$135.00
REAL ESTATE TAXES
PERSONAL PROPERTY TAXES
FIRE DEPARTMENT APPROVALPOLICE CHIEF APPROVAL
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DATELICENSE NUMBEREXPIRATION DATE

July 20

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

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	(Claim I Now Codes Enforcement most be ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED) O RESTAURANT(NUMBER OF SEATS)
	SED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	5 01 +
FREEPORT PHYSICA	AL ADDRESS 11 Holbrook Street BUSINESS MAILING ADDRESS 11 Holbrook Street
PRINCIPAL OWNER L	LEGAL NAME William Hin Ke DATE OF BIRTH 8/15/1964
HOME ADDRESS	AL STOCKHOLDER IF OHNER(S) IS A CORPORATION FREE POST ME ZIPCODE 04032 EMAIL: billand wary and Add
- B	
ADDITIONAL OWNER	LEGAL NAME No. 4nn Hin Ko DATE OF BIRTH 5/3//1962
HOME ADDRESS	HOLDROOK Street TOWNISTATE FREPORT ME ZIP CODE 04632 EMAIL: 1 NA Kepper & Jumes plan
ADDITIONAL OWNER	LEGAL NAMEDATE OF BIRTH
HOME ADDRESS	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) SILL HINKG
TELEPHONE 703	927 4569 EMAIL: billand mary ann @ Hol.com
MAILING ADDRESS_	11 Holbrook Street TOWNISTATE Freeport ME ZIP CODE 04032
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes) 011 - 611 -606 -666
DOES THE OWNER O	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDG	SE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDG	E. IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATUR	DATE 6/6/2020
PRINT NAME/TITLE	William Hinke , President + Inn Keeper a Owner
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RE	ECEIVED 618/2020 FEE PAID \$135-00 V# 2109
REAL ESTATE TAXES	
PERSONAL PROPERTY	/ TAXES
FIRE DEPARTMENT AP	PROVALPOLICE CHIEF APPROVAL
CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL D	DATELICENSE NUMBEREXPIRATION DATE

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	PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT (NUMBER OF SEATS)
	SED AND BREAKFAST (NUMBER OF ROOMS)
	OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINES	STHE OKCHARD HOSES CAFE TELEPHONE 207 869 \$195
FREEPORT PHYSIC	AL ADDRESS GREY BAKN WAY BUSINESS MAILING ADDRESS . SAME
PRINCIPAL OWNER	LEGAL NAME WILLIAM HAMLEN OR. DATE OF BIRTH 2705197
HOME ADDRESS	PAL STOCKHOLDER IF OWNERIS) IS A CORPORATION! I GIVEY BAKIN WATGWN/STATE FLEEPINGT ME ZIPCODE 64030 EMAIL: THEORY HOLE
ADDITIONAL OWNER	DATE OF DIRTH
	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATEZIP CODE EMAIL;
	ZIF CODE EMAIL:
ADDITIONAL OWNER	DATE OF BIXTH
	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
	TOWNSTATE ZIP GODE EMAIL:
CONTACT PERSON	PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) WILLIAM HAMENCIK.
TELEPHONE S	WE AS AROVE EMAIL:
MAILING ADDRESS_	TOWN/STATE ZIP CODE
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER	OF THE BUSINESS OWE ANY OUTS ANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLED	GE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICUAL ORDINANCE?
TO YOUR KNOWLED	GE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATU	DATE (14/2080
PRINT NAME/TITLE	WILLIAM HAMLEN JR.
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION I	RECEIVED 120 FEE PAID 9 135
REAL ESTATE TAXES	
	TY TAXES
	APPROVALPOLICE CHIEF APPROVAL
	T APPROVAL (NEW ESTABLISHMENTS ONLY)
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A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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	CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	-	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
		A REPRISONAL PROPERTY
	*	O PEDDLER/TOWN PROPERTY (A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	N.	O RESTAURANT (S (NUMBER OF SEATS)
	No.	O BED AND BREAKFAST (NUMBER OF ROOMS)
2		O OTHER FOOD BUSINESS (DESCRIBE)
	NAME OF BUSINESS _	FruPort (afc TELEPHONE 2078695113
	FREEPORT PHYSICAL	ADDRESS JA VS RTI BUSINESS MAILING ADDRESS FRUPORT, ME 0403.
	/ A A	ADDRESS MAILING ADDRESS T FO. 1
	PRINCIPAL OWNER LE	GAL NAME DATE OF BIRTH 1/22/1947
	HOME ADDRESS 3	3 HILST de Ra TOWNISTATE (MOWIGED ZIPCODE 04021 EMAIL JON JCCKNECE)
	ADDITIONAL OWNER L	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION /
	HOME ADDRESS 7	3 Hills Lac TOWNISTATE Combulary ZIP CODE CHOST EMAIL: MAY GIV 2424 elg
	ADDITIONAL OWNER L	EGAL NAMEDATE OF BIRTH
		ML STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
	HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
	CONTACT PERSON(PER	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) JELL May Company
	TELEPHONE 20	7-7428731 EMAIL: j Mercu 2424 O gmail. 60m
	MAILING ADDRESS	33 Angleyer TOMONSTATE Combinand ZIP CODE 04021
	BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes) Person Mercia
	DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
		M/n
		E, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
	TO YOUR KNOWLEDGE	E, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
	APPLICANT SIGNATUR	DATE 7/13/20
	PRINT NAME/TITLE	O Defray Mucres Minerity owner
	<u> </u>	
		AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
		AUTHORIZED BIONATORES - TOWN CLERK TO COMPLETE
	DATE APPLICATION RE	CEIVED 7/15/2020 FEE PAID \$150.00
	REAL ESTATE TAXES	(Os ent = P (NON) subs X
6	PERSONAL PROPERTY	TAXES Pard in full
	FIRE DEPARTMENT AP	PROVALPOLICE CHIEF APPROVAL
	CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)

LICENSE NUMBER

COUNCIL APPROVAL DATE