



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

July '20

RENEWAL

NEW: DATE OF OPENING _____

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEE: 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) Office Shop

NAME OF BUSINESS Freeport Donuts LLC (Dunkin Donuts) TELEPHONE 865-2157

FREEPORT PHYSICAL ADDRESS 200 Lower Main St. BUSINESS MAILING ADDRESS 104 Pleasant St. Suite 1 Brunswick ME

PRINCIPAL OWNER LEGAL NAME Joseph + Mary Derosa DATE OF BIRTH 1/8/47 5/4/47

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

HOME ADDRESS 8 Jewell St. TOWN/STATE Brunswick, ME ZIP CODE 04011 EMAIL: Jmdawson@comcast.net

ADDITIONAL OWNER LEGAL NAME Michael Derosa DATE OF BIRTH 10/6/67

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

HOME ADDRESS 5 Laurel Ridge Rd TOWN/STATE Scarborough, ME ZIP CODE 04074 EMAIL: mdaros10@gmail.com

ADDITIONAL OWNER LEGAL NAME David Derosa DATE OF BIRTH 11/4/70

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

HOME ADDRESS 26 Tamarack Dr. TOWN/STATE Brunswick, ME ZIP CODE 04011 EMAIL: dkdawson@comcast.net

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Michael Derosa

TELEPHONE 603-303-0490 EMAIL: mdaros100@gmail.com

MAILING ADDRESS 104 Pleasant St. Suite 1 TOWN/STATE Brunswick, ME ZIP CODE 04011

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 [Signature] DATE 5/30/20

PRINT NAME/TITLE Michael Derosa Co-owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/17 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 _____

FREEPORT VICTUALER LICENSE APPLICATION

July '20

RENEWAL NEW: DATE OF OPENING 6/24/20

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

(10 days)

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

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

RESTAURANT 1-29 (NUMBER OF SEATS)
 BED AND BREAKFAST (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE)

NAME OF BUSINESS Dash Cafe TELEPHONE 207 576-8832

FREEPORT PHYSICAL ADDRESS 20 Bow St BUSINESS MAILING ADDRESS 17 Big Sky Ln
(Mahmoud)

PRINCIPAL OWNER LEGAL NAME Shiraz Mahmoud DATE OF BIRTH 07-19-95
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) Durham ME

HOME ADDRESS 17 Big Sky Ln TOWN/STATE Durham ZIP CODE 04222 EMAIL: Dash Cafe Freeport@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) _____
TELEPHONE _____ EMAIL: _____

MAILING ADDRESS _____ TOWN/STATE _____ ZIP CODE _____

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 20 Bow Street
Frank Grordin

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 [Signature] DATE 6/16/20

PRINT NAME/TITLE owner.

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/16/20 FEE PAID \$135.00

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 _____

FREEPORT VICTUALER LICENSE APPLICATION

July '20

RENEWAL NEW: DATE OF OPENING _____

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 7 (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS James Place Inn TELEPHONE 207 865 4486

FREEPORT PHYSICAL ADDRESS 11 Holbrook Street BUSINESS MAILING ADDRESS 11 Holbrook Street

PRINCIPAL OWNER LEGAL NAME William Hinko DATE OF BIRTH 8/15/1964

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 11 Holbrook Street TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: billandmaryann@AOL.com

ADDITIONAL OWNER LEGAL NAME Mary Ann Hinko DATE OF BIRTH 5/31/1962

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 11 Holbrook Street TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: innkeeper@jamesplaceinn.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) Bill Hinko

TELEPHONE 703 927 4564 EMAIL: billandmaryann@AOL.com

MAILING ADDRESS 11 Holbrook Street TOWN/STATE Freeport ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 011-011-000-600

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 William Hinko DATE 6/6/2020

PRINT NAME/TITLE William Hinko, President + Inn Keeper + Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/8/2020 FEE PAID \$135.00 # 269

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 _____

FREEPORT VICTUALER LICENSE APPLICATION

July '20

RENEWAL NEW: DATE OF OPENING _____

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 5 (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS THE ORCHARD HOUSE & CAFE TELEPHONE 207 869 5195

FREEPORT PHYSICAL ADDRESS 1 GREY BARN WAY BUSINESS MAILING ADDRESS SAME

PRINCIPAL OWNER LEGAL NAME WILLIAM HAMLIN JR. DATE OF BIRTH 07051978

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

HOME ADDRESS 1 GREY BARN WAY TOWN/STATE FREEPORT ME ZIP CODE 04030 EMAIL: INFO@THEORCHARDHOUSEANDCAFE.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) WILLIAM HAMLIN JR.

TELEPHONE SAME AS ABOVE 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 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 [Signature] DATE 6/14/2020

PRINT NAME/TITLE WILLIAM HAMLIN JR.

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/17/20 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 _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL

NEW: DATE OF OPENING _____

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 65 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Freeport Cafe TELEPHONE 207 869 5113

FREEPORT PHYSICAL ADDRESS 29 US RT 1 BUSINESS MAILING ADDRESS Freeport, Me 04032

PRINCIPAL OWNER LEGAL NAME Peter Mercer DATE OF BIRTH 1/22/1944

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

HOME ADDRESS 33 Hillside Rd TOWN/STATE Cumberland ZIP CODE 04021 EMAIL jackmercer2019@gmail.com

ADDITIONAL OWNER LEGAL NAME Jeffrey Mercer DATE OF BIRTH 10/3/1979

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

HOME ADDRESS 33 Hillside Ave TOWN/STATE Cumberland ZIP CODE 04021 EMAIL jmercer2424@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) Jeff Mercer

TELEPHONE 207-742-8731 EMAIL jmercer2424@gmail.com

MAILING ADDRESS 33 Hillside Ave TOWN/STATE Cumberland ZIP CODE 04021

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

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 [Signature] DATE 7/13/20

PRINT NAME/TITLE Jeffrey Mercer Minority owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/15/2020 FEE PAID \$150.00

REAL ESTATE TAXES due (Nov 19 & June 20)

PERSONAL PROPERTY TAXES paid in full

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____