

FREEPORT VICTUALER LICENSE APPLICATION

☒ RENEWAL

☐ NEW: DATE OF OPENING _____

ITEM # 132-19 VICTUALER
LICENSES

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 149 (NUMBER OF SEATS)

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Gertty McDuffs TELEPHONE 865-2115

FREEPORT PHYSICAL ADDRESS 187 Lower Main St BUSINESS MAILING ADDRESS PO Box 328

PRINCIPAL OWNER LEGAL NAME Jonathan Soule DATE OF BIRTH 12/17/62

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

HOME ADDRESS 152 50 Freeport Rd TOWN/STATE Freeport ZIP CODE 04032 EMAIL: jon@Gertty.com

ADDITIONAL OWNER LEGAL NAME William Stebbins DATE OF BIRTH 7/22/63

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

HOME ADDRESS 41 Sherwood Dr TOWN/STATE Freeport Me ZIP CODE 04032 EMAIL: Billy@Gertty.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) Jonathan Soule

TELEPHONE 865-2115 EMAIL: jon@Gertty.com

MAILING ADDRESS PO Box 328 TOWN/STATE Freeport Me ZIP CODE 04032

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

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 7/29/19

PRINT NAME/TITLE Jonathan P. Soule

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/29/18 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 7459

EATING AND CATERING 149 Seats (In)

GRITTY MCDUFFS
187 LOWER MAIN ST
FREEPORT ME 04032

EXPIRES: 07/31/2020

FEE: \$275.00

CENTER-COTTON INC
GRITTY MCDUFFS
PO BOX 328
FREEPORT ME 04032-0328



Jeanne A. Lombard

Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at tsup.dhhs@maine.gov or call 207-287-4627.

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Aug '19

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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) _____

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS) _____

☒ OTHER FOOD BUSINESS (DESCRIBE) Retail Bakery

NAME OF BUSINESS Isamax Snacks TELEPHONE 207-865-3100

FREEPORT PHYSICAL ADDRESS 100 Main St BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Amy Bouchard DATE OF BIRTH 3/7/67

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

HOME ADDRESS 188 Augusta Rd TOWN/STATE Maine ZIP CODE 04963 EMAIL amy@wickedwhoopies.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) Amy Bouchard

TELEPHONE 207-582-0125 EMAIL amy@wickedwhoopies.com

MAILING ADDRESS 1 Commonwealth Ave TOWN/STATE Gardiner, ME ZIP CODE 04345

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 Amy Bouchard DATE 7/12/2019

PRINT NAME/TITLE Amy Bouchard, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/17/19 FEE PAID \$135.00 ✓ # 06872

REAL ESTATE TAXES N/A

PERSONAL PROPERTY TAXES P/F

FIRE DEPARTMENT APPROVAL N/A

POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____

LICENSE NUMBER _____

EXPIRATION DATE _____



State of Maine

Department of Agriculture, Conservation & Forestry
Division of Quality Assurance & Regulations
28 State House Station, Augusta, ME 04333-0028
(207) 287-3841

SERIAL NUMBER

123421

2-31543

LICENSE NUMBER

April 18, 2019

DATE OF ISSUE

April 30, 2020

DATE OF EXPIRATION

This certifies that

Isamax Snacks Bake Shop

Amy Bouchard

1 Common Wealth ST

Gardiner, ME 04345-

BAKERY

Location: 100 Main ST, Freeport

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or oil or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

Licence Type	Authorizations	Fee
Retail Bakery	0 to 10 Coffee/Tea (prepared on site) Prepackaged Food	20.00
TOTAL:		20.00



Department of Agriculture, Conservation &
Forestry

Amanda Beal

Commissioner

Division of Quality Assurance

Christy J. Rankin

Director

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

☒ RESTAURANT 50 (NUMBER OF SEATS)
☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)
☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Thai Garden Restaurant TELEPHONE (207) 865-6005
FREEPORT PHYSICAL ADDRESS 491 US Rt. 1 Freeport Me. 04302 BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Kay Bone Senasy DATE OF BIRTH 11/16/71
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 18 Katana Dr. TOWN/STATE Portland ME ZIP CODE 04106 EMAIL: _____

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) Priya Khanthasy
TELEPHONE _____ EMAIL: Thaigarden@Comcast.net

MAILING ADDRESS 105 Frances St TOWN/STATE Portland ME ZIP CODE 04102

BUSINESS MAPLOT # OR BUILDING OWNER (Required for tax verification purposes) Storage Realty

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 7-18-19

PRINT NAME/TITLE Priya Khanthasy / Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/18/19 FEE PAID \$ 150.00

REAL ESTATE TAXES N/A

PERSONAL PROPERTY TAXES \$ PIF

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 7428

EATING PLACE TIER 2 50 Seats (in)

EXPIRES: 02/22/2020

THAI GARDEN
491 US RTE 1
FREEPORT ME 04032-7021

FEE: \$195.00

ATTN PRISA KHANTHASY
THAI GARDEN
THAI GARDEN
491 US RTE 1
FREEPORT ME 04032-7021



NON-TRANSFERABLE

Bethany L. Star
Acting Commissioner

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

☐ RESTAURANT _____ (NUMBER OF SEATS) _____

☐ BED AND BREAKFAST 3 (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Nicholson Inn TELEPHONE 807. 257-6404

FREEPORT PHYSICAL ADDRESS 25 Main St. BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Jane & Alden Grant DATE OF BIRTH 5/17/39
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) 2/11/39

HOME ADDRESS same 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: _____

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) Alden or Jane

TELEPHONE 865-6404 EMAIL: janeandalden@nicholsoninn.com

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 Jane Grant DATE 7/1/19

PRINT NAME/TITLE Jane C Grant

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/1/2019 FEE PAID \$ 135.00

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 7645

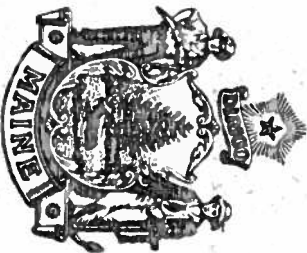
BED AND BREAKFAST 5 ROOMS OR LESS 3 Rooms6 Seats (in)

EXPIRES: 03/10/2020

THE NICHOLSON INN
25 MAIN ST
FREEPORT ME 04032

FEE: \$100.00

NICHOLSON INN INC
THE NICHOLSON INN
25 MAIN ST
FREEPORT ME 04032-1208



James A. Lankford
Acting Commissioner

NON-TRANSFERABLE

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Aug '19

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☐ PEDDLER/TOWN PROPERTY

(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☐ RESTAURANT 59 (NUMBER OF SEATS)

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Johnny Rockets TELEPHONE 207-865-6070

FREEPORT PHYSICAL ADDRESS 1 Freeport Village Station BUSINESS MAILING ADDRESS Suite 3003 Freeport, ME 04032

PRINCIPAL OWNER LEGAL NAME Kimberly Lewis DATE OF BIRTH 4/19/70

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 213 Conant St TOWN/STATE Westbrook ME ZIP CODE 04092 EMAIL: elliottk7@msn.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) Kimberly Lewis

TELEPHONE 207-650-0061 EMAIL: elliottk7@msn.com

MAILING ADDRESS 213 Conant St TOWN/STATE Westbrook 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 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 K Lewis DATE 6/22/19

PRINT NAME/TITLE Kimberly Lewis - owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/15/19 FEE PAID \$135.00 # 46012

REAL ESTATE TAXES N/A

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

"Freeport Rockets" - taxes under this name for 2019

VICTUALER'S LICENSE CERTIFICATE

08-082018


DATE: AUGUST 27, 2018


To all whom these presents may concern:

**JOHNNY ROCKETS D/B/A
JOHNNY ROCKETS**

HAS BEEN DULY LICENSED AS A VICTUALER AT
1 FREEPORT VILLAGE STATION
IN THE MUNICIPALITY OF FREEPORT BY THE LICENSING BOARD OF
SAID MUNICIPALITY UNTIL AUGUST 31, 2019
AND HAS BEEN PAID TO THE MUNICIPAL TREASURER THE FEE OF
ONE HUNDRED AND THIRTY FIVE DOLLARS.

THIS LICENSE MAY BE REVOKED BY THE BOARD IF IN THEIR
OPINION THERE IS SUFFICIENT CAUSE.


AUTHORIZED MUNICIPAL OFFICER
Lynn Horr, Deputy Town Clerk

State of Maine	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
EST ID: 21633	
EATING PLACE 30-75 SEATS 56 Seats n) 15 Seats (alt)	EXPIRES: 08/31/20
JOHNNY ROCKETS 1 FREEPORT VILLAGE STATION STE 300 FREEPORT ME 04032	FEE: \$195.00
ATTN: KIM LEWIS JOHNNY ROCKETS LLC 1 FREEPORT VILLAGE STATION FREEPORT ME 04032	 Bethany L. Harrington Acting Commissioner
NON-TRANSFERABLE	

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(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 62 (NUMBER OF ROOMS) _____

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Andhra Hospitality LLC TELEPHONE 207 865 3777

FREEPORT PHYSICAL ADDRESS 537 U.S. Route -1 BUSINESS MAILING ADDRESS Freeport

PRINCIPAL OWNER LEGAL NAME Virelkumar Patel DATE OF BIRTH 04/05/76

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

HOME ADDRESS 38 Harvest Ridge Rd TOWN/STATE Freeport ME ZIP CODE ME EMAIL: virekpatel@tdlgo.com

ADDITIONAL OWNER LEGAL NAME Rajendra Patel DATE OF BIRTH _____

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

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

ADDITIONAL OWNER LEGAL NAME Minel Patel DATE OF BIRTH _____

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

HOME ADDRESS 9111 Sepulveda Blvd TOWN/STATE CA ZIP CODE 91343 EMAIL: _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Virel Patel

TELEPHONE _____ 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? _____

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 Virel Patel DATE 7/29/19

PRINT NAME/TITLE Virelkumar A. Patel GM.

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/29/18 FEE PAID \$135

REAL ESTATE TAXES PF

PERSONAL PROPERTY TAXES PF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____