



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

**The following Victualer Licenses will be reviewed by the Town Council at its meeting on  
Tuesday, August 4, 2020.**

**Isamax Snacks, Inc. d/b/a Isamax Snacks Bake Shop (Wicked Whoopies)  
100 Main Street**

**Nicholson Inn, Inc. d/b/a The Nicholson Inn  
25 Main Street**

**Kaysone Senasy d/b/a Thai Garden Restaurant  
491 U S Route #1**

**James Stebbins & Richard Pfeffer d/b/a Gritty McDuffs  
187 Lower Main Street**

Aug '20

**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 \_\_\_\_\_ (NUMBER OF SEATS)

BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) Retail Bakery

NAME OF BUSINESS Isamax Snacks Bake Shop TELEPHONE 207-865-3100

FREEPORT PHYSICAL ADDRESS 100 Main St BUSINESS MAILING ADDRESS 1 Commonwealth St Gardiner, ME 04345

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 Rome ZIP CODE 04963 EMAIL: amyewickedwhoopsies.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@wickedwhoopsies.com

MAILING ADDRESS 1 Commonwealth St TOWN/STATE Gardiner 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 [Signature] DATE 7/29/2020

PRINT NAME/TITLE Amy Bouchard, President

**AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE**

DATE APPLICATION RECEIVED 7/29/20 FEE PAID sending check

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 \_\_\_\_\_

Aug '20

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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 207-565-6404

FREEPORT PHYSICAL ADDRESS 25 Main St. BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Jane & Alden Grant DATE OF BIRTH 8/17/39  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS same TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME Alden Grant DATE OF BIRTH 2/11/39  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

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: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) either of above

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 Alden Grant DATE 7/28/2020

PRINT NAME/TITLE ALDEN GRANT PRESIDENT

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/28/20 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 \_\_\_\_\_



Aug '20

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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 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 Route 1 Suite 12 BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Kaysone Senasy DATE OF BIRTH 11-16-1971

(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) Prisa Khanthasy

TELEPHONE (207) 749-6427 EMAIL: Thaigarden@comcast.net

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

BUSINESS MAP/LOT # 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 7-18-2020

PRINT NAME/TITLE Prisa Khanthasy - Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/22/20 FEE PAID \$ 150

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 \_\_\_\_\_

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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 149 IN (NUMBER OF SEATS)
- BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)
- OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS GRITTY MC DUFFS TELEPHONE 865.4321

FREEPORT PHYSICAL ADDRESS 187 LOWER MAIN PO 328 BUSINESS MAILING ADDRESS SAME

PRINCIPAL OWNER LEGAL NAME JAMES STUBBINS DATE OF BIRTH 5/27/62

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 6 HULIT WAY TOWN/STATE CUMBERLAND ZIP CODE 04021 EMAIL ED@GRITTY.S.COM

ADDITIONAL OWNER LEGAL NAME RICHARD PEPPER DATE OF BIRTH 6/10/64

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 46 SANDY TALK TOWN/STATE PORTLAND ZIP CODE 04102 EMAIL RICHARD@GRITTY.S.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) ROBERT HOWE

TELEPHONE 865.4321 EMAIL BOBBY@GRITTY.S.COM

MAILING ADDRESS 187 LOWER MAIN PO BOX 328 TOWN/STATE FREEPORT ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) SOULE FAMILY

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 7/24/20

PRINT NAME/TITLE ROBERT G. HOWE

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/27/20 FEE PAID \$150

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 \_\_\_\_\_