

FREEPORT VICTUALER LICENSE APPLICATION

July '21

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

A

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 same

PRINCIPAL OWNER LEGAL NAME William Hinko DATE OF BIRTH \_\_\_\_\_  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

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

ADDITIONAL OWNER LEGAL NAME Mary Ann Hinko DATE OF BIRTH \_\_\_\_\_  
(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) William Hinko

TELEPHONE 207 865 4486 EMAIL: billandmaryann@16l.com

MAILING ADDRESS same TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

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 4/30/2021

PRINT NAME/TITLE William Hinko - Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/3 FEE PAID \$135.00

REAL ESTATE TAXES P.I.F

PERSONAL PROPERTY TAXES P.I.F

FIRE DEPARTMENT APPROVAL w/a POLICE CHIEF APPROVAL ok per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) w/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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CHECK ONE  PEDDLER/PRIVATE PROPERTY  
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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) Coffee/Baked Goods store with Drive Thru

NAME OF BUSINESS Dunkin Donuts TELEPHONE 207-865-2157

FREEPORT PHYSICAL ADDRESS 200 Lower Main St BUSINESS MAILING ADDRESS 104 Pleasant St  
Brunswick

PRINCIPAL OWNER LEGAL NAME Joseph + Mary DeRosa DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS 8 Jewell St TOWN/STATE Brunswick, ME ZIP CODE 04011 EMAIL \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME Michael DeRosa DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS 5 Laurel Ridge Rd TOWN/STATE Scarborough ZIP CODE ME 04074 EMAIL: mdr

ADDITIONAL OWNER LEGAL NAME David DeRosa DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS 26 Tamarack Dr TOWN/STATE Brunswick ZIP CODE 04011 EMAIL: okdeRosa @ Comcast.net

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

TELEPHONE 603-303-0490 EMAIL: mdaross100@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) WS Development

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 5/17/21

PRINT NAME/TITLE Michael J. DeRosa - Co-owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/24/2020 FEE PAID \$135.00

REAL ESTATE TAXES \_\_\_\_\_

PERSONAL PROPERTY TAXES \_\_\_\_\_

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_



FREEPORT VICTUALER LICENSE APPLICATION

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cafe

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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

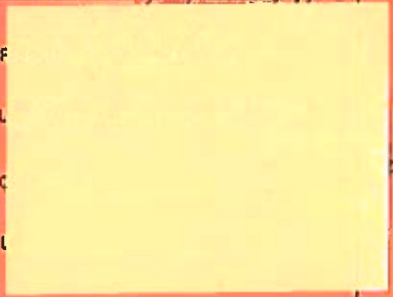
PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT 60 (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 Freeport, Me 04032 BUSINESS MAILING ADDRESS 33 Hillside Ave, Cumberland, Me

PRINCIPAL OWNER LEGAL NAME Peter J Mercier DATE OF BIRTH 

HOME ADDRESS 33 Hillside Ave TOWN/STATE Cumberland, Me ZIP CODE 04021 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) Jeff Mercier

TELEPHONE 207-749-8731 EMAIL: imercier2424@gmail.com

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

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

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 Peter J. Mercier DATE 5/19/2021

PRINT NAME/TITLE PETER J. MERCIER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/2/21 FEE PAID \$150

REAL ESTATE TAXES \_\_\_\_\_  
PERSONAL PROPERTY TAXES \_\_\_\_\_

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per (mar)

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a  
COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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**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  
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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 1 Grey Barn Way

PRINCIPAL OWNER LEGAL NAME William Hamlen Jr.      DATE OF BIRTH \_\_\_\_\_  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 1 Grey Barn Way TOWN/STATE Freeport ME      ZIP CODE 04032      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) William Hamlen Jr.

TELEPHONE 207 869 5195      EMAIL wb@theorchardhouseandcafe.com

MAILING ADDRESS 1 Grey Barn Way      TOWN/STATE Freeport 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 [Signature]      DATE 14 JUN 2021

PRINT NAME/TITLE WILLIAM HAMLEN JR. / OWNER

**AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE**

DATE APPLICATION RECEIVED 6-14-21      FEE PAID \$135.00 ✓ # 1315

REAL ESTATE TAXES \_\_\_\_\_

PERSONAL PROPERTY TAXES \_\_\_\_\_

FIRE DEPARTMENT APPROVAL n/a      POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_      LICENSE NUMBER \_\_\_\_\_      EXPIRATION DATE \_\_\_\_\_



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PEDDLER/TOWN PROPERTY  
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RESTAURANT 8-10 (NUMBER OF SEATS)

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

OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Frozen Custard Treats Inc TELEPHONE 207-776-1387

FREEPORT PHYSICAL ADDRESS 150 US Route 1 BUSINESS MAILING ADDRESS Sum

PRINCIPAL OWNER LEGAL NAME Rebecca Gagnon DATE OF  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) 04039

HOME ADDRESS 9A Juniper Ln TOWN/STATE Gray, ME ZIP CODE ME EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME James Gagnon DATE OF  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) ME

HOME ADDRESS 5 Canebrook Dr TOWN/STATE Kennebunk ZIP CODE 04042 EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME Lisa Gagnon DATE OF  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS Same as James TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Rebecca Gagnon

TELEPHONE 207-776-1387 EMAIL: \_\_\_\_\_

MAILING ADDRESS 9A Juniper Ln TOWN/STATE Gray ME ZIP CODE 04039

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 6/23/21

PRINT NAME/TITLE Rebecca E Gagnon Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/23/21 FEE PAID \$135 cash

REAL ESTATE TAXES \_\_\_\_\_

PERSONAL PROPERTY TAXES \_\_\_\_\_

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL ok per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
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PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

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

NAME OF BUSINESS Harris Management inc TELEPHONE 207 442 8725

FREEPORT PHYSICAL ADDRESS 2 Old Conty Rd BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Jeff Harris DATE OF BIRTH \_\_\_\_\_  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 823 Popham Rd TOWN/STATE Phillipsburg, ME ZIP CODE 14 EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME Laurel Harris DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS Po Box 600 TOWN/STATE Bath, ME ZIP CODE 04530 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) Jason Harris

TELEPHONE 207 442 8725 EMAIL: Jason@FreeportCountryClub.net

MAILING ADDRESS Po Box 600 TOWN/STATE Bath, ME ZIP CODE 04530

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?

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?

APPLICANT SIGNATURE [Signature] DATE 7/7/21

PRINT NAME/TITLE \_\_\_\_\_

**AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE**

DATE APPLICATION RECEIVED 7/7/21 FEE PAID \$150

REAL ESTATE TAXES \_\_\_\_\_

PERSONAL PROPERTY TAXES \_\_\_\_\_

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_