

Sept '19

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW: DATE OF OPENING _____

ITEM # 143-19 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 15 (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Bon Bon Crepes TELEPHONE _____

FREEPORT PHYSICAL ADDRESS 20 Bow st BUSINESS MAILING ADDRESS 17 Big Skye Ln Durham

PRINCIPAL OWNER LEGAL NAME Shiraz Mahmoud DATE OF BIRTH 07/19/95

HOME ADDRESS 17 Big Skye Ln TOWN/STATE Durham ME ZIP CODE 04222 MAIL: Shiraz Mahmoud@gmail.com

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

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

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

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

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) _____

TELEPHONE 671-9573 EMAIL: ~~Arshad Sistani~~ bowcrepes@gmail.com

MAILING ADDRESS 17 Big Skye Ln TOWN/STATE Durham ME ZIP CODE 04222

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 08/21/19

PRINT NAME/TITLE Shiraz Mahmoud

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 8/21/19 FEE PAID \$135

REAL ESTATE TAXES PF

PERSONAL PROPERTY TAXES PF

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

State of Maine Health Inspection Report

Page 1 of 1

Establishment Name

Bon Bon Coney

As Authorized by 22 MRSA § 2496

Pre-OP

Date

8-29-19

License/EST. ID #

29814

Address

City/State

Portland

Zip Code

Telephone

OBSERVATIONS AND CORRECTIVE ACTIONS

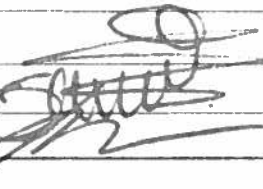
Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.

Item Number

- Review PTC responsibilities in regards to Employee Health

OK to Issue a
People License

Person in Charge (Signature)



Date

Health Inspector (Signature)

Date

8-29-19

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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) _____

NAME OF BUSINESS CRAZY LOG CORN TELEPHONE 207-319-5372

FREEPORT PHYSICAL ADDRESS 304 US ROUTE 1 BUSINESS MAILING ADDRESS 304 US ROUTE 1

PRINCIPAL OWNER LEGAL NAME ADAM DE LOS REYES DATE OF BIRTH 08/16/88

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

HOME ADDRESS 304 US ROUTE 1 TOWN/STATE FREEPORT, ME ZIP CODE 04032 EMAIL CRAZYLOGCORN16@GMAIL.COM

ADDITIONAL OWNER LEGAL NAME TAB STRANDERFER DATE OF BIRTH 08/16/84

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

HOME ADDRESS 304 US ROUTE 1 TOWN/STATE FREEPORT, ME ZIP CODE 04032 EMAIL CRAZYLOGCORN16@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) TAB STRANDERFER

CELL: 215-775-9080
PHONE: 207-319-5372 EMAIL: CRAZYLOGCORN16@GMAIL.COM

MAILING ADDRESS 304 US ROUTE 1 TOWN/STATE FREEPORT, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) AWANDA & NICK KENT

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 27 AUG 2019

PRINT NAME/TITLE ADAM DE LOS REYES TAB STRANDERFER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 8/27/19 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 _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 28374

EATING PLACE - MOBILE

CRAZY LOCO CORN
304 US ROUTE 1
FREEPORT ME 04032

ATTN ADAM DE LOS REYES
CRAZY LOCO CORN LLC
CRAZY LOCO CORN
304 US ROUTE 1
FREEPORT ME 04032



EXPIRES: 07/26/2020

FEE: \$200.00

Jeanne A. Lombard
Commissioner

NON-TRANSFERABLE