## Sept 19

## FREEPORT VICTUALER LICENSE APPLICATION

O RENEWAL

O 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

ITEM # 143-19 Victualer Licenses

CHECK ONE:	O 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)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINES	ss And Volum Crepes TELEPHONE
FREEPORT PHYSIC	CAL ADDRESS 20 BOW St BUSINESS MAILING ADDRESS 17 Big Skye Ca Durl
	R LEGAL NAME SHITAZ Mahmoud DATE OF BIRTH 07/1958 04
PRINCIPAL OWNER	CIDAL STOCKHOK DED IS OWNER/S) IS A CORPORATION
HOME ADDRESS_	17 Big Skye in TOWNISTATE DUY NORM MEZIPCODE 04222 MAIL Shires Mahmoud
ADDITIONAL OWNE	ER LEGAL NAMEDATE OF BIRTH
	TIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS_	TOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNE	ED LECAL MAME
	TONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS_	TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON	RIPERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
(	2. 5572
TELEPHONE (	41-43+3 EMAIL ALCHARDY SINDER RICHMAN @ Grail Com
14411110 1000500	17 Big Skyp (n & TOWNSTATE Derham ZIP CODE 04 Sas
MAILING ADDRESS	OWNSTATE DOT VILLE ZIP CODE
BUSINESS MAP/LO	T # OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER	R OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLE	EDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLE	EDGE. IS THIS BUSINESS IN MOLATION OF ANY STATE OR FEDERAL LAW?
A DDI IOANIT GIGNA	TURE 541/19
APPLICANT SIGNA	DATE OUT OF THE
PRINT NAME/TITLE	Shira Mahmoud
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION	N RECEIVED 8 21 19
REAL ESTATE TAX	ES PIE
PERSONAL PROPE	W.C.
FIRE DEPARTMENT	
	ENT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVA	AL DATE LICENSE NUMBER EXPIRATION DATE

Establishm	St Name	ate of Main	e Health In	spection y 22 MRSA § 2496	Report	Page of
B~	Bon	(nega	Pre	-00		8.29-19
License/EST	1.1994	Address	Chyista	en+	Zip Code	Telephone
	fiolations cited in th	OBSERV	ATIONS AND COR	RECTIVE ACTION OF ASSISTED IN	ONS	and 8-408.11 of the Food Cod
Item Number	AUGUSTS CIES III UI	is report must be derrocas		or as stated in		
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Person in C	harge (Signature)	CHILL	·			Date
14.01	ector (Signature)	200			fie.	Date 8 29-19

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NEW: DATE OF OPENING

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	CHECK ONE:	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
		The state of the s
		O PEDDLER/TOWN PROPERTY  (A COPY OF INSURANCE POLICY MUST BE ATTACHED)
		O RESTAURANT (NUMBER OF SEATS)
		O BED AND BREAKFAST (NUMBER OF ROOMS)
		O OTHER FOOD BUSINESS (DESCRIBE)
	NAME OF BUSINESS	CRAPIL TORO CORN TELEPHONE 207-319-5372
	FREEPORT PHYSICAL	ADDRESS 304 US ROOTE 1 BUSINESS MAILING ADDRESS 304 US ROOTE 1
	PRINCIPAL OWNER LE	GAL NAME ADAM DE LOS REVES DATE OF BIRTH COL 16/88
	HOME ADDRESS	STOCKHOLDER IF OWNER(S) IS A CORPORATION) TOWN/STATE FREEPORT, HE ZIPCODE CHOSE EMAIL CRAPALCOCCENTS COMME
	ADDITIONAL OWNER L	L STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
	HOME ADDRESS	15 ROUTE 1 TOWN/STATE PREPERT, HE ZIP CODE CHOSZ EMAIL CRASH COCCONIL COMME
	ADDITIONAL OWNER L	EGAL NAME
	(ADDITIONAL HOME ADDRESS	L STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
	HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
	15-12	SON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) AS SPANDSREE
	TELEPHONE 1	319-5572 EMAIL CONFESTION CORNILL CON
	MAILING ADDRESS 3	DH US ROTE 1 TOWNSTATE TREPORT NE ZIP CODE CHOST
	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?
		, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
		IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
		ad INI
	APPLICANT SIGNATURE	The state of the s
	PRINT NAME/TITLE	DAM DE TON REMO TALS STRANDERTOR
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		AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
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	DATE APPLICATION REC	SEIVED \$ 135.00
1	REAL ESTATE TAXES	
1	PERSONAL PROPERTY	TAXES
1	FIRE DEPARTMENT APP	ROVALPOLICE CHIEF APPROVAL
(	CODE ENFORCEMENT A	PPROVAL (NEW ESTABLISHMENTS ONLY)
(	COUNCIL APPROVAL DA	TELICENSE NUMBEREXPIRATION DATE

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## 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 & Landon

Commissioner

NON-TRANSFERABLE