

TOWN OF FREEPORT

SPECIAL AMUSEMENT PERMIT APPLICATION

RENEWAL NEW: DATE OF OPENING _____ FEES: NEW OR RENEWAL - \$125.00

NAME OF BUSINESS Harraseeket Inn

BUSINESS ADDRESS (physical location) 1162 main st. Freeport, ME, 04032

MAILING ADDRESS (if different) _____

BUSINESS MAP/LOT # OR BUILDING OWNER Harraseeket Inn Inc.

APPLICANT'S NAME Joshua Cushing/John Jacobs

APPLICANT'S TITLE (with the business) General manager/Business Office

APPLICANT'S RESIDENCE ADDRESS 1162 main st.

APPLICANT'S DATE OF BIRTH 3/11/52 PHONE NUMBER 865-9377 EMAIL: john@harraseeketinn.ca

LIST types of entertainment the business will provide during the coming year (example: live musicians and dancing):

live musician, D.J.s, magicians,

DESCRIBE in detail the room(s) in the business that will be used for this entertainment (example: downstairs bar area):

downstairs meeting space (near meeting room) Casco Bay Room, Dining Room

Is any **outdoor** entertainment intended? YES NO If you answered yes to providing outdoor entertainment, please describe in detail what type of outdoor entertainment is intended, describe the exact location the entertainment will be provided outdoors, and the time of night you intend to cease activity outdoors:

By signing below, I agree that the business will comply with all relevant Town Codes and Ordinances, including but not limited to: Chapter 21, Section 515 (Noise Regulation), Chapter 39 (Loitering, Curfew and Noise), and Chapter 50 (Special Amusement). These codes and ordinances may be viewed on the Town's website at www.freeportmaine.com or viewed at the Town Clerk's Office during regular business hours.

APPLICANT'S SIGNATURE John P. Jacobs DATE 7-27-22

PRINT NAME/TITLE John P. Jacobs

(Applicant's Section is Now Completed. Please Do Not Write Below This Line.)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 7/27/22 Fee Paid \$25.00 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? PIF

FIRE DEPT APPROVAL _____ CEO APPROVAL _____

COUNCIL APPROVAL DATE _____ COUNCIL ITEM # _____

TOWN CLERK'S SIGNATURE _____

TOWN OF FREEPORT SPECIAL AMUSEMENT PERMIT APPLICATION

RENEWAL NEW: DATE OF OPENING _____ FEES: NEW OR RENEWAL - \$125.00

NAME OF BUSINESS Hilton Garden Inn Freeport Downtown

BUSINESS ADDRESS (physical location) 5 Park St. Freeport, Maine 04032

MAILING ADDRESS (if different) (same)

BUSINESS MAP/LOT # OR BUILDING OWNER David Masse

APPLICANT'S NAME Adrienne Patenaude

APPLICANT'S TITLE (with the business) General Manager

APPLICANT'S RESIDENCE ADDRESS Ward Rd. Topsham, Maine 04086

APPLICANT'S DATE OF BIRTH 8/22/82 PHONE NUMBER 865-1433 EMAIL: Adrienne.Patenaude@hilton.com

LIST types of entertainment the business will provide during the coming year (example: live musicians and dancing):
DJ's, bands, comedians, etc.

DESCRIBE in detail the room(s) in the business that will be used for this entertainment (example: downstairs bar area):
Lounge, Restaurant, Ballroom, all meeting spaces & patio

Is any **outdoor** entertainment intended? YES NO If you answered yes to providing outdoor entertainment, please describe in detail what type of outdoor entertainment is intended, describe the exact location the entertainment will be provided outdoors, and the time of night you intend to cease activity outdoors:

Small bands for hotel wedding receptions, cocktail receptions, event hours are never scheduled later than 10pm.

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APPLICANT'S SIGNATURE [Signature] DATE 7/20/22

PRINT NAME/TITLE Adrienne Patenaude - General Manager

(Applicant's Section is Now Completed. Please Do Not Write Below This Line.)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 7/25/22 Fee Paid \$25.00 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? Paid in Full

FIRE DEPT APPROVAL _____ CEO APPROVAL _____

COUNCIL APPROVAL DATE _____ COUNCIL ITEM # _____

TOWN CLERK'S SIGNATURE _____

TOWN OF FREEPORT SPECIAL AMUSEMENT PERMIT APPLICATION

RENEWAL NEW: DATE OF OPENING _____ FEES: NEW OR RENEWAL - \$125.00

NAME OF BUSINESS CADENZA

BUSINESS ADDRESS (physical location) 5 DEPOT ST. SUITE 5

MAILING ADDRESS (if different) _____

BUSINESS MAP/LOT # OR BUILDING OWNER H. ALAN MOONEY

APPLICANT'S NAME H. ALAN MOONEY

APPLICANT'S TITLE (with the business) OWNER

APPLICANT'S RESIDENCE ADDRESS 17 TWIL POUD RD TOPSHAM ME 04086

APPLICANT'S DATE OF BIRTH 7/29/47 PHONE NUMBER (207) 831-4311 EMAIL: ALAN @ CADENZA FREEPORT.COM

LIST types of entertainment the business will provide during the coming year (example: live musicians and dancing):

LIVE MUSICIANS AND DANCING

DESCRIBE in detail the room(s) in the business that will be used for this entertainment (example: downstairs bar area):

FIRST FLOOR SUITE 5

Is any **outdoor** entertainment intended? YES NO If you answered yes to providing outdoor entertainment, please describe in detail what type of outdoor entertainment is intended, describe the exact location the entertainment will be provided outdoors, and the time of night you intend to cease activity outdoors:

By signing below, I agree that the business will comply with all relevant Town Codes and Ordinances, including but not limited to: Chapter 21, Section 515 (Noise Regulation), Chapter 39 (Loitering, Curfew and Noise), and Chapter 50 (Special Amusement). These codes and ordinances may be viewed on the Town's website at www.freeportmaine.com or viewed at the Town Clerk's Office during regular business hours.

APPLICANT'S SIGNATURE [Signature] DATE 7/19/22

PRINT NAME/TITLE PRESIDENT H. ALAN MOONEY

(Applicant's Section is Now Completed. Please Do Not Write Below This Line.)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

Date App Received 7/26/22 Fee Paid \$125.00 License # _____ Expiration Date _____

REAL ESTATE & PERSONAL PROPERTY TAXES PAID? Paid in full

FIRE DEPT APPROVAL [initials] CEO APPROVAL _____

COUNCIL APPROVAL DATE _____ COUNCIL ITEM # _____

TOWN CLERK'S SIGNATURE _____