

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

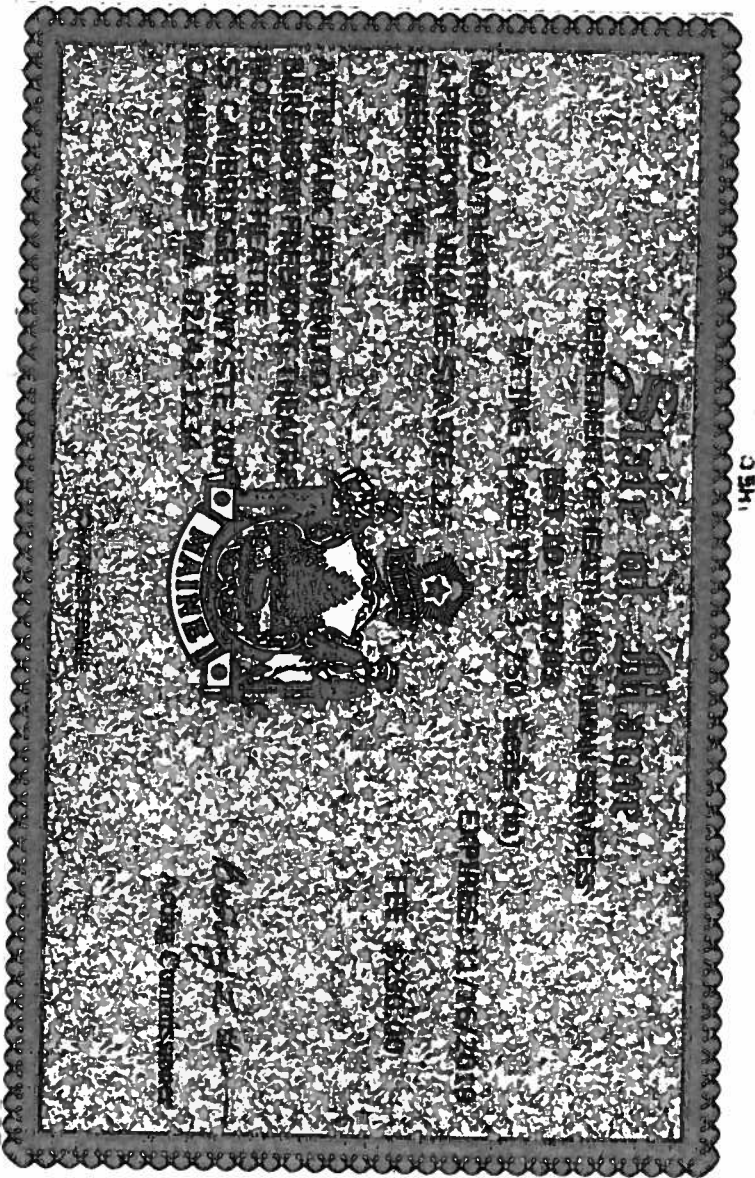
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☐ RESTAURANT _____ (NUMBER OF SEATS) _____☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS) _____☒ OTHER FOOD BUSINESS (DESCRIBE) MOVIE THEATERNAME OF BUSINESS NORDICA THEATER TELEPHONE 207-865-9000FREEPORT PHYSICAL ADDRESS 1 FREEPORT VILLAGES STATION
SUITE 130S BUSINESS MAILING ADDRESS _____PRINCIPAL OWNER LEGAL NAME BERENSON FREEPORT ASSOCIATES, LLC DATE OF BIRTH _____(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 55 CAMBRIDGE PKWY TOWN/STATE CAMBRIDGE MA ZIP CODE 02142 EMAIL nordicaeyntheatre.com
SUITE 200ADDITIONAL OWNER LEGAL NAME MICHAEL MURPHY DATE OF BIRTH 2/25/59(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 2 SHIMMARD DRIVE TOWN/STATE CHELSEA, MA ZIP CODE 02124 EMAIL mmurphy@berensonllc.comADDITIONAL OWNER LEGAL NAME ALFRED YEBBA DATE OF BIRTH 2/7/54(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 19 PROSPECT ST TOWN/STATE WAKEFIELD, MA ZIP CODE 02880 EMAIL ayebba@yebbarrally.comCONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) MARK BENVENUTOTELEPHONE 617-844-1713 EMAIL mbenvenuto@belmontllc.comMAILING ADDRESS 55 CAMBRIDGE PKWY #200 TOWN/STATE CAMBRIDGE MA ZIP CODE 02142BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) BERENSON ASSOCIATESDOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NOTO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NOTO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NOAPPLICANT SIGNATURE Mark Benvenuto DATE 8/5/19PRINT NAME/TITLE MARK BENVENUTO - PRESIDENT OF OPERATIONS

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 8/14/19 FEE PAID \$135 CK # 5518REAL ESTATE TAXES PIFPERSONAL PROPERTY TAXES PIFFIRE DEPARTMENT APPROVAL MA POLICE CHIEF APPROVAL _____CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) MA

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____



▽ DETACH HERE ▽

The Maine Public Smoking Act, 22 M.R.S.A. §1542, prohibits smoking in any enclosed public place, including eating establishments. Pursuant to 22 M.R.S.A. §1550, smoking is also prohibited in all outdoor eating areas which are available for dining or beverage service, including self-service. Smoking by employees of any eating establishment is governed by the Workplace Smoking Act, 22 M.R.S.A. §1580-A, which requires employers to establish and post written policies concerning smoking or non-smoking by employees. In the event workplace smoking is allowed, employees may only smoke in designated smoking areas at least 20 feet from any entryway, vent or doorway, and in no event may environmental tobacco smoke be permitted to circulate into enclosed areas of the eating establishment. For free guidance regarding smoking policy and to receive smoke-free signage, please contact the Maine Center for Disease Control and Prevention's Partnership For A Tobacco-Free Maine at www.tobaccofreemaine.org or call 207-287-4627.

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(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☐ RESTAURANT _____ (NUMBER OF SEATS) _____

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS) _____

☒ OTHER FOOD BUSINESS (DESCRIBE) CAFES

NAME OF BUSINESS

STARBUCKS COFFEE #7549

TELEPHONE

207 865 3221

FREEPORT PHYSICAL ADDRESS

49 MAIN ST

BUSINESS MAILING ADDRESS

PO BOX 34442 S-TAX 2
SEATTLE, WA 98124

PRINCIPAL OWNER LEGAL NAME

STARBUCKS CORPORATION

DATE OF BIRTH _____

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

HOME ADDRESS

2401 UTAH AVE S.

TOWN/STATE

SEATTLE, WA

ZIP CODE

98134

EMAIL

license@starbucks.com

STARBUCKS

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)

JANET GAMBOR

TELEPHONE

206 318 8705

EMAIL

license@starbucks.com

MAILING ADDRESS

PO BOX 34442 S-TAX 2

TOWN/STATE

SEATTLE, WA

ZIP CODE

98124

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

KAMIN REALTY CO.

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

8/6/19

PRINT NAME/TITLE

JANET GAMBOR, LICENSE ANALYST

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED

8/12/2019

FEE PAID

\$135.00

REAL ESTATE TAXES

P/F

PERSONAL PROPERTY TAXES

P/F

FIRE DEPARTMENT APPROVAL

N/A

POLICE CHIEF APPROVAL

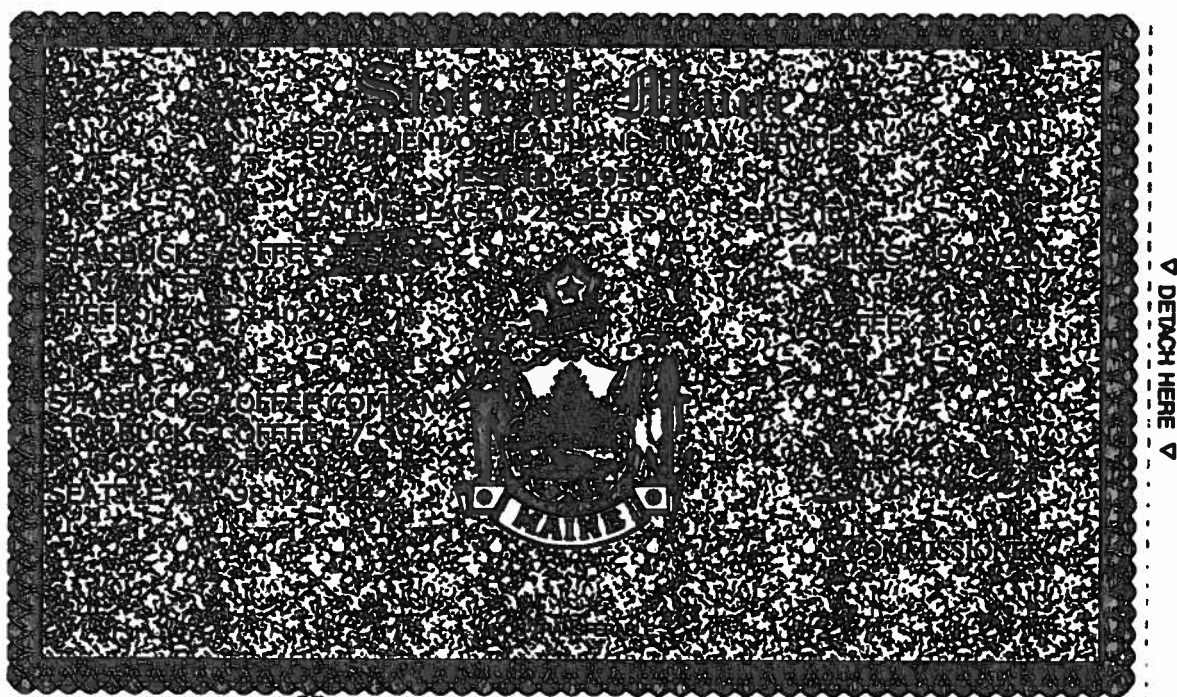
N/A

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)

COUNCIL APPROVAL DATE

LICENSE NUMBER

EXPIRATION DATE



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FREEPORT VIRTUALER LICENSE APPLICATION

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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) Brewery / Artisan

NAME OF BUSINESS Stars & Stripes Brewing TELEPHONE 207-317-1115

FREEPORT PHYSICAL ADDRESS 8 VARNEY RD BUSINESS MAILING ADDRESS 23 WILSON RD, Cumberland, 04021

PRINCIPAL OWNER LEGAL NAME BRUCE M. NADEAN III DATE OF BIRTH 11/28/80

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

HOME ADDRESS 23 Wilson Rd TOWN/STATE Cumberland, ME ZIP CODE 04021 EMAIL: StarsStripesBrewing@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: _____

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 Bruce (Brad) Nadeau

TELEPHONE 207 274-3866 EMAIL: StarsStripesBrewing@gmail.com

MAILING ADDRESS 23 Wilson Rd TOWN/STATE Cumberland ZIP CODE 04021

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 Bruce Nadeau DATE 8/15/19

PRINT NAME/TITLE Bruce Nadeau, Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 8/15/19 FEE PAID \$135

REAL ESTATE TAXES NA - not owner

PERSONAL PROPERTY TAXES NA

FIRE DEPARTMENT APPROVAL NA POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) NA

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
8 STATE HOUSE STATION
ALBANY, MAINE 04333-0008



License for the Sale of Liquor

License Number
SMB-2018-11274

Issue Date
11/15/2018

Expiration Date
11/14/2019

This License is valid only between the Issue Date and the Expiration Date appearing on this document. This License is used only for the Named Holder at the Location for which the License was issued. The person or business named on this License is authorized to sell or serve liquor with liquor content as permitted by Maine law for the license type designating this License.

All licensees shall make available for inspection their licenses at the premises to which those licenses apply. This License is subject to fine, suspension or revocation pursuant to Title 28-A of the Maine Revised Statutes. License fee is non-refundable and the License is non-transferable unless approved by the Bureau.

Legal Name of Licensee: STARS AND STRIPES BREWING COMPANY
Business Name of Licensee: STARS AND STRIPES BREWING COMPANY
Address of Licensee: 8 VARNEY ROAD
FREEPORT, ME

CODE	License Type and Description
SMB	SMALL MAINE BREWERY
FF	FILING FEE

Total Fees:

\$

Timothy R. Poulin

STARS AND STRIPES BREWING COMPANY
23 WILSON ROAD

Timothy R. Poulin, Deputy Director
Bureau of Alcoholic Beverages and Lottery Operations

FREEPORT VICTUALER LICENSE APPLICATION

Sept 19

☐ RENEWAL

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☐ PEDDLER/TOWN PROPERTY

(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☒ RESTAURANT 20 (NUMBER OF SEATS)

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Frosky's Donuts

TELEPHONE 729-4258

FREEPORT PHYSICAL ADDRESS 45 Main St.

BUSINESS MAILING ADDRESS 54 main St Brunswick, ME

PRINCIPAL OWNER LEGAL NAME Shelby J Omdal

DATE OF BIRTH 8/20/78

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

HOME ADDRESS 61 Friend St TOWN/STATE Brunswick, ME

ZIP CODE 04011 EMAIL shelbystanre@gmail.com

ADDITIONAL OWNER LEGAL NAME Nels Omdal

DATE OF BIRTH 4/28/78

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

HOME ADDRESS Friendship St TOWN/STATE Brunswick, ME

ZIP CODE 04011 EMAIL shelbystanre@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) _____

TELEPHONE _____

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 Shelby Omdal

DATE _____

PRINT NAME/TITLE Shelby Omdal, owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 9/12/19

FEE PAID \$135 mck

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES overdue

FIRE DEPARTMENT APPROVAL n/a

POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____

LICENSE NUMBER _____

EXPIRATION DATE _____