

FREEPORT VICTUALER LICENSE APPLICATION

Dec 20

RENEWAL NEW: DATE OF OPENING _____

ITEM # 182-20 VICTUALER LICENSES

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEE: 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) CONVENIENCE STORE

NAME OF BUSINESS Doherty's N. Freeport Store TELEPHONE 865-4429

FREEPORT PHYSICAL ADDRESS 30 Wardtown Road BUSINESS MAILING ADDRESS SAME

PRINCIPAL OWNER LEGAL NAME Ryan T. Doherty DATE OF BIRTH 8/22/1967

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 23 Cheer Up Lane TOWN/STATE Brunswick ME 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: _____

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) SAME AS ABOVE

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? None

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 11-2-2020

PRINT NAME/TITLE RYAN T. DOHERTY OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/16/2020 FEE PAID \$135.00 cash

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) N/A

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW: DATE OF OPENING _____

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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) _____

NAME OF BUSINESS KELLEY HOT DOGS TELEPHONE 415 2579

FREEPORT PHYSICAL ADDRESS 710 MAIN ST BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Paul & Kevin Kelley / R.E. Management, Inc. DATE OF BIRTH 9/18/44 / 9/24/48

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS PO Box 189 TOWN/STATE BRUNSWICK ZIP CODE 0401 EMAIL remgmt@kelleyder.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) Jay Yilmaz

TELEPHONE 415 2579 EMAIL _____

MAILING ADDRESS 10 R.E. Management, Inc TOWN/STATE BRUNSWICK ZIP CODE 0401
PO Box 189

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? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE Kevin Kelley DATE 11/5/20

PRINT NAME/TITLE KEVIN KELLEY, CEO

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/9/2020 FEE PAID \$135.00 # 5561

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

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 _____ (NUMBER OF SEATS)

BED AND BREAKFAST 7 (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS WHITE CEDAR INN TELEPHONE 865-9099

FREEPORT PHYSICAL ADDRESS 178 MAIN ST BUSINESS MAILING ADDRESS 178 MAIN ST 04032

PRINCIPAL OWNER LEGAL NAME ROCK NADEAN DATE OF BIRTH 10-11-54

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

HOME ADDRESS 178 MAIN ST TOWN/STATE FREEPORT, ME ZIP CODE 04032 EMAIL INFO@WHITECEDARINN.COM

ADDITIONAL OWNER LEGAL NAME MONICA KISSANE DATE OF BIRTH 11-28-58

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

HOME ADDRESS 178 MAIN ST TOWN/STATE FREEPORT ME ZIP CODE 04032 EMAIL INFO@WHITECEDARINN.COM

ADDITIONAL OWNER LEGAL NAME N/A 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) ROCK NADEAN

TELEPHONE 865-9099 EMAIL: ROCKNADEAN@YAHOO.COM

MAILING ADDRESS 178 MAIN ST TOWN/STATE FREEPORT ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 013-005-000-000

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 Rock Nadean DATE 11/7/2020

PRINT NAME/TITLE ROCK NADEAN (CO-OWNER)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/12/2020 FEE PAID \$ 135.00 ✓ # 3494

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) N/A

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

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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 6 (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Candlebay Inn TELEPHONE 865-1868

FREEPORT PHYSICAL ADDRESS 8 Maple Ave BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Kostanda Lay DATE OF BIRTH 8/4/58
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 8 Maple Ave TOWN/STATE Freeport ZIP CODE 04032 EMAIL: Connie@candlebaymaine.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) _____

TELEPHONE See Above 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 Kostanda Lay DATE Nov 5, 2020

PRINT NAME/TITLE Kostanda Lay owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/5/2020 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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

RESTAURANT 35 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS 1912 CAFE TELEPHONE 207-865-6660

FREEPORT PHYSICAL ADDRESS 95 MAW STREET BUSINESS MAILING ADDRESS 12 Fieldstone Lane, Falmouth, ME 04105

PRINCIPAL OWNER LEGAL NAME RENAE ROY DATE OF BIRTH 03/03/77
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 12 Fieldstone Ln TOWN/STATE Falmouth ZIPCODE 04105 EMAIL: 1912cafeMOOSE@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) RENAE ROY

TELEPHONE 207-210-5176 EMAIL: SAME AS ABOVE

MAILING ADDRESS SAME AS ABOVE TOWN/STATE _____ ZIP CODE _____

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

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 11/9/20

PRINT NAME/TITLE RENAE ROY / OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 12/3/20 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

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
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT 99 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS CONVINDRUM LLC/EL JEFE TELEPHONE 207 865 0344

FREEPORT PHYSICAL ADDRESS 117 U.S. RT 1 BUSINESS MAILING ADDRESS 4 VINMAR LANE Freeport ME 04032

PRINCIPAL OWNER LEGAL NAME MARGUERITE MIGLIACCIO DATE OF BIRTH 5/15/43

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

HOME ADDRESS 4 VINMAR LN TOWN/STATE FREEPORT ME ZIP CODE 04032 EMAIL: MIGLIACCIO@AOL.COM

ADDITIONAL OWNER LEGAL NAME VINCENT MIGLIACCIO DATE OF BIRTH 03/14/1971

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

HOME ADDRESS 4 VINMAR LN TOWN/STATE FREEPORT ME ZIP CODE 04032 EMAIL: VINMIG3@AOL.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) VINCENT MIGLIACCIO

TELEPHONE 207-776-0810 EMAIL: VINMIG3@AOL.COM

MAILING ADDRESS 4 VINMAR LN 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? _____

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

APPLICANT SIGNATURE [Signature] DATE 11/30/2020

PRINT NAME/TITLE VINCENT MIGLIACCIO MANAGER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/30/2020 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 _____

FREEPORT VICTUALER LICENSE APPLICATION

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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 40 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Petrillos TELEPHONE 207 865 6035

FREEPORT PHYSICAL ADDRESS 15 depot st BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Dominic Petrillo DATE OF BIRTH 10-24-74

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

HOME ADDRESS 8 uppermost landing rd TOWN/STATE Freeport 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: _____

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) Dominic Petrillo

TELEPHONE 207 756 2533 EMAIL: _____

MAILING ADDRESS _____ TOWN/STATE _____ ZIP CODE _____

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

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 11-23-20

PRINT NAME/TITLE Dominic Petrillo

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/30/20 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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 75 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS China Rose TELEPHONE 207-865-6886

FREEPORT PHYSICAL ADDRESS 23 main st BUSINESS MAILING ADDRESS 23 main st

PRINCIPAL OWNER LEGAL NAME Huil Xu Hui Lin Xu DATE OF BIRTH 11/24/81
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 23 main st TOWN/STATE Freeport ZIP CODE 04032 EMAIL Hanxu6886@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) Han

TELEPHONE 680-0198 EMAIL Hanxu6886@gmail.com

MAILING ADDRESS 23 main st TOWN/STATE Freeport ZIP CODE 04032

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

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 11/3/2020

PRINT NAME/TITLE Huil Xu (owner)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/10/20 FEE PAID \$150.00

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

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

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____