Denso

O RENEWAL

O NEW: DATE OF OPENING

TTEM # 182-20 VICTUALER

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED LICENSES

FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLËR/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	O RESTAURANT (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	NOTHER FOOD BUSINESS (DESCRIBE) CONVENIENCE STORE
NAME OF BUSINESS	Doherty's N. Freeport Store TELEPHONE 865-4429
FREEPORT PHYSICAL	LADDRESS BOWArdtown Road Business MAILING ADDRESS SAME
PRINCIPAL OWNER L	LEGAL NAME RYANT DO HEYZYY DATE OF BIRTH 8 122/9/67
HOME ADDRESS 2	S Charles Of Town/STATE Drunswickzipcode EMAIL:
ADDITIONAL OWNER	LEGAL NAME DATE OF BIRTH
	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNER	LEGAL NAMEDATE OF BIRTH
	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(PE	PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) SAME AS ABOUT
TELEPHONE	EMAIL:
4	
MAILING ADDRESS_	TOWN/STATEZIP CODE
BUSINESS MAP/LOT #	# OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER O	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDG	GE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDG	GE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
	RE 11-Z-2020
APPLICANT SIGNATUL	DATE DATE
PRINT NAME/TITLE	KYANT DOHERTY OWNER
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	cash
DATE APPLICATION R	RECEIVED 1116/2020 FEE PAID \$135-00
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PERSONAL PROPERT	TY TAXES PUF
FIRE DEPARTMENT A	APPROVAL NIX POLICE CHIEF APPROVAL MYAND, MUSE
CODE ENFORCEMENT	IT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL	DATELICENSE NUMBEREXPIRATION DATE

RENEWAL

O NEW: DATE OF OPENING\_

CHECK ONE: PEDDLER/PRIVATE PROPERTY  (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)  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 TELEPHONE 415 2679
(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)   V. G. J. F.O. L. J. T. D. J. G. G. H. J.
(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)   V. G. J. F.O. L. J. T. D. J. G. G. H. J.
O RESTAURANT (NUMBER OF SEATS)  O BED AND BREAKFAST (NUMBER OF ROOMS)  O OTHER FOOD BUSINESS (DESCRIBE)  V G 1 FW HATT DUGG 415 2679
O BED AND BREAKFAST (NUMBER OF ROOMS)  O OTHER FOOD BUSINESS (DESCRIBE)   V G 1 FW H.T. Ducks
O OTHER FOOD BUSINESS (DESCRIBE)  VELLEN LICE DUCE  4.5 3579
VELLEN HIT DUCE 415 2579
NAME OF BUSINESS KELLEY HOT DUGS TELEPHONE 415 05/1
FREEPORT PHYSICAL ADDRESS TO MAIN ST BUSINESS MAILING ADDRESS
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HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
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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 WIN COLLEY DATE 11/5/DU
APPLICANI SIGNATURE DATE
PRINT NAME/TITLE /CEUIN VEGLEY, CEU
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RECEIVED 11/9/2020 FEE PAID \$ 135.00 1/# 5561
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FIRE DEPARTMENT APPROVAL POLICE CHIEF APPROVAL MONTHS IN WHITE
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DATELICENSE NUMBEREXPIRATION DATE

O RENEWAL

O NEW: DATE OF OPENING \_\_\_\_

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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  PRINT NAME/TITLE  AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE  DATE APPLICATION RECEIVED  AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE  PERSONAL PROPERTY TAXES  PIF  FIRE DEPARTMENT APPROVAL  CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)  N/W	BUSINESS MAPILOT	F# OR BUILDING OWNER (Required for tax verification purposes) 013 - 005 - 000 - 000
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DATE APPLICATION RECEIVED 11 12-12-02-0 FEE PAID \$ 135.00 \$3494  REAL ESTATE TAXES DIF  PERSONAL PROPERTY TAXES DIF  FIRE DEPARTMENT APPROVAL NEW ESTABLISHMENTS ONLY)  N/W	<del></del>	
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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

CHECK ONE	O PEDDLER/PRIVATE PROPERTY  (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	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 BUSINES	s Candlebay Inn TELEPHONE 865-1868
FREEPORT PHYSIC	CAL ADDRESS 8 Maple Ave BUSINESS MAILING ADDRESS
PRINCIPAL OWNER	R LEGAL NAME KOStanda Lay DATE OF BIRTH 8/4/58
	ipal stockholder if owneris) is a corporation of Superior Superior of Superior Superior of
HOME ADDRESS_	2 Trick to Ministale Free DOLT ZIPCODE V 103 S EMAIL: CONTINE
ADDITIONAL OWNE	ER LEGAL NAMEDATE OF BIRTH
	TONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS_	TOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNE	R LEGAL NAMEDATE OF BIRTH
	IONAL 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	CEC ABOVE EMAIL
MAILING ADDRESS	TOWN/STATEZIP CODE
BUSINESS MAP/LO	T # 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?
	DGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE? $N0$
TO TOUR KNOWLE	
APPLICANT SIGNAT	TURE Kostanda Jan DATE OC NOV 5, 2020
PRINT NAME/TITLE	Kostanda Lay Owner
B*************************************	
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	1161.00
DATE APPLICATION	RECEIVED 115 2020 FEE PAID 455
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FIRE DEPARTMENT	APPROVAL N 9 POLICE CHIEF APPROVAL MAJAVO / LOWSE
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COUNCIL APPROVA	
OUGHUL APPROVA	AL DATEEXPIRATION DATE

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O NEW: DATE OF OPENING

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY  (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY  (A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT 35 (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	1912 CAFE TELEPHONE 207-865-6660
FREEPORT PHYSIC	AL ADDRESS 95 MAIN STREET BUSINESS MAILING ADDRESS 12 Freld Store LANE, FO
PRINCIPAL OWNER	LEGAL NAME RENAE ROY DATE OF BIRTH 03/03/17
HOME ADDRESS	2 FCKStor TOWNISTATE FALMANT ZIPCODE 04105 EMAIL: 1912 (ate MOUSE @
	LN
ADDITIONAL OWNER	
HOME ADDRESS	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNER	R LEGAL NAMEDATE OF BIRTH
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(	PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) RENAE ROM
TELEPHONE 20	07-210-5176 EMAIL: SAME as above
MAILING ADDRESS_	Some as above TOWN/STATE ZIP CODE
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes). L L Beau
DOES THE OWNER	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLED	OGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLED	GE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNAT	URE LEMON /60 DATE 11/9/20
PRINT NAME/TITLE	RENAE ROY / OWNER
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	to 1 = 1 0 =
DATE APPLICATION	2.5
REAL ESTATE TAXE	1.01
PERSONAL PROPER	RTY TAXES P ( T
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CODE ENFORCEMEN	NT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL	L DATELICENSE NUMBEREXPIRATION DATE

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#### FREEPORT VICTUALER LICENSE APPLICATION

O RENEWAL

O NEW: DATE OF OPENING

CHECK ONE: O PEDDLER/PRIVATE PROPERTY  (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
O PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
RESTAURANT 99 (NUMBER OF SEATS)
O BED AND BREAKFAST (NUMBER OF ROOMS)
O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS CONUNDRUM UC/EL JEFE TELEPHONE 207 865 0344
FREEPORT PHYSICAL ADDRESS 117 U.S. RTI BUSINESS MAILING ADDRESS 4 VINMAR LANCE FREEPORT
PRINCIPAL OWNER LEGAL NAME MARGUERITE MIGLIACCIO DATE OF BIRTH 5/15/43
HOME ADDRESS Y VINMAR LN TOWNSTATE FREEPORT ME ZIPCODE 04052 EMAIL MIZLIACCIO & AOL CO
ADDITIONAL OWNER LEGAL NAME WINCENT MIGCIACCIO DATE OF BIRTH 03/14/1974
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 4 WINNER LN TOWNISTATE FREEPORT ME ZIP CODE 04032 EMAIL: VINTING 3 @ POL. COM
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)  LIGHE ADDRESS.
HOME ADDRESSTOWN/STATE ZIP CODEEMAIL:
CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) MAN VINCENT MIGHT MIGHT
TELEPHONE 207-776-0810 EMAIL: VIN mig3@ AOL. Cam
MAILING ADDRESS Y VINMAR LW TOWNISTATE FREEZORT MEZIP 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?
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE?
APPLICANT SIGNATURE DATE 11/30/2020
PRINT NAME/TITLE VINCENT MILLIACIO MANAGEN
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RECEIVED 11 36 2000 FEE PAID \$150
REAL ESTATE TAXES
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FIRE DEPARTMENT APPROVALPOLICE CHIEF APPROVAL
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
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	(RESTAURANT
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
	Data'llas
NAME OF BUSINES	TELEPHONE 207 865 6855
FREEPORT PHYSIC	CAL ADDRESS 15 depot St BUSINESS MAILING ADDRESS 59ME
PRINCIPAL OWNER	
HOME ADDRESS X	- has all
HOME ADDRESS O	CODE:MOST TOWN/STATE   VEEV ZIPCODE EMAIL:
ADDITIONAL OWNE	R LEGAL NAME DATE OF BIRTH
(ADDITI	IONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNE	R LEGAL NAME DATE OF BIRTH
	IONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
	Donata Patalla
CONTACT PERSON	(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
TELEPHONE 2	0 ( 1562533 EMAIL:
MAILING ADDRESS	TOWN/STATEZIP CODE
	Charter Maine Properties
BUSINESS MAP/LOT	T # 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?
	DGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLE	DGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNAT	DATE 11.23.20
AFFEIGANT SIGNAT	2 - 0 1 - 11
PRINT NAME/TITLE	DOMINIC PETVILLO
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	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
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A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY	
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)	
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	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)	
	O RESTAURANT 575 (NUMBER OF SEATS)	
	O 8ED AND BREAKFAST (NUMBER OF ROOMS)	
	O OTHER FOOD BUSINESS (DESCRIBE)	
NAME OF BUSINESS		TELEPHONE 207-865-6886
FREEPORT PHYSICA	AL ADDRESS 23 moun St BUSINESS	
PRINCIPAL OWNER	LEGAL NAME HUIL XU HU Lin	Xu DATE OF BIRTH 01/24/81
	PAL STOCKHOLDER IF OWNER(S) IS A CORPORATION	ZIPCODE OUO32 EMAIL Han Xu 6886 @ gmai
NOME ADDRESS	TOWNSHIE TOWNSHIE	ZIPCOUE O SO DE EMAIL J MILITAR O B O D ES J
ADDITIONAL OWNER	R LEGAL NAME	DATE OF BIRTH
(ADDITIO	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)  TOWNISTATE	7/D CODE FAMIL.
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ADDITIONAL OWNER		DATE OF BIRTH
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FIGURE FLOOR LEGG		
CONTACT PERSON(F	PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)HAY	
TELEPHONE 68	30-0198 EMAIL: Hanxu 6886	@gmail-com
MAILING ADDRESS_	23 main st TOWNS	STATE Trapat ZIP CODE 04032
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes)	Xu
	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES	No
	GE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE? GE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> STATE OR FEDERAL LAW?	110
THE STATE OF THE S	Ans	DATE 11/3/2020
APPLICANT SIGNATU		DATE MINISTER
PRINT NAME/TITLE	Huil xu (owner)	
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DATE APPLICATION I	RECEIVED FEE PAID FEE PAID	\$ 150.00
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