STATE OF MAINE



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

Application for an On-Premises License

All Questions Must Be Answered Completely. Please print legibly.

Divi	ision Use	Only	
License No:			
Class:	By:		
Deposit Date:			
Amt. Deposited	:		
Payment Type:			
OK with SOS:	Yes □	No □	

Section I:	Licensee/Applicant(s) Information
	Type of License and Status

Legal Business Entity Applicant Name (corporation, LLC):	Business Name (D/B/A):		
GOODFITZE BREWING GMPANY LLC	GOODFIRE TASTING ROOM+ KITCHEN		
Individual or Sole Proprietor Applicant Name(s):	Physical Location: 180 South FREEPORT Rd.		
DAVITI REDDING	FREEPORT ME 04032		
Individual or Sole Proprietor Applicant Name(s):	Mailing address, if different:		
Mailing address, if different from DBA address:	Email Address:		
	FREEPORT @GOODFIRE BREWING. COM		
Telephone # Fax #:	Business Telephone # Fax #:		
	207.869.5046		
Federal Tax Identification Number:	Maine Seller Certificate # or Sales Tax #:		
81-4001626			
Retail Beverage Alcohol Dealers Permit:	Website address:		
	WWW. GOODFIREBREWING.COM		
1. New license or renewal of existing license?	ew Expected Start date:		
X R	enewal Expiration Date: 12.14.23		
2. The dollar amount of gross income for the licensure perio	d that will end on the expiration date above:		
Food: \$ 931,714 Beer, Wine or Spirits:\$	859, 176 Guest Rooms: N/A		
3. Please indicate the type of alcoholic beverage to be sold:	(check all that apply)		
Malt Liquor (beer) M Wine M	Snirits		

10. Is the licensee or applicant for a licendorsement of commercial paper, entity within or without the State, if distribution, wholesale sale, storage	guarantee of credit or f the person or entity is	inancial assistance of engaged, directly or in	f any sort from any person or
□ Yes ½ ′ No			
If yes, please provide details:			
11. Do you own or have any interest in If yes, please list license number, b pages as needed using the same for	usiness name, and com		☐ Yes ☑ No on address: (attach additional
Name of Business	Business License Number Complete Physical Address		
12. List name, date of birth, place of licensee/applicant. Provide maider format)	f birth for all applica n name, if married. (at	tach additional page	es as needed using the same
Full Name		DOB 11.18.79	Place of Birth Silver Spanfi Mi)
Nevin Nerson			FT PIERCE, FL
Residence address on all the above for Name David Redding	Address: BA		EB2T ME 04032
Name KEVIN NELSON	-14877	cover Ridge h	JINDHAM ME 04062
Name	Address:		*
Name	Address:	= 1	

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the rooms available:	e number of guest
19. Please describe in detail the area(s) within the premises to be licensed. This description is diagram in Section VI. (Use additional pages as needed)	s in addition to the
90 seats of restaurant + bor, a 4,0	00 sq ft
Served in with a 4A cedar fence.	netely
Sencedia with a 4ft codar fence.	8 ballrer
Stells W ADA Compliance.	
20. What is the distance from the premises to the nearest school, school dormitory, church house, measured from the main entrance of the premises to the main entrance of the school church, chapel or parish house by the ordinary course of travel? Name: South Frequent Congregation Church Distance: French School - L'Eccle Franceise de	ol, school dormitory,
Section II: Signature of Applicant(s)	
By signing this application, the licensee/applicant understands that false statements made on punishable by law. Knowingly supplying false information on this application is a Class D Of Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2.00	fense under Maine's
Please sign and date in blue ink.	
Dated: 10.30.23 Signature of Duly Authorized Person Signature of Duly Authorized Person	erson
KEVIN C NELSON BEN CHRIST	IE .
Printed Name Duly Authorized Person Printed Name of Duly Authorized	

Section III: For use by Municipal Officers and County Commissioners only

approve this on-premises liquor license application.	
Dated: 12-5-2023	
Who is approving this application? A Municipal Offi	cers of Freeport
☐ County Commi	issioners of County
records of Local Option Votes have been	r County Commissioners must confirm that the verified that allows this type of establishment to alcohol to be sold for the appropriate days of the his verification was completed.
Signature of Officials	Printed Name and Title

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and

This Application will Expire 60 Days from the date of Municipal or County Approval unless submitted to the Bureau

Included below is the section of Maine's liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html

§653. Hearings; bureau review; appeal

1. Hearings. The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms.

Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

All Questions Must Be Answered Completely. Please print legibly.

1.	Exact legal name: GOODFIRE BREWING COMPANY LLC
2.	Doing Business As, if any: GOODFIRE TASTING FOOM + KITCHEN
3.	Date of filing with Secretary of State: 10.30.23 State in which you are formed:
4.	If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:
5.	List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
DAVID REDDING	1 BALSAM LANE FREEDORT ME 04032	11.18.79	OWNER	
DAVID REDDING Kevin Nerson	1 BALSAM LANE FREEPORT ME 04032 23 CORFER RIDGE WINDHAM ME 04062	06.27.86	MGMT	
				-
34000			s	-

(Ownership in non-publicly traded companies must add up to 100%.)