

FREEPORT VICTUALER LICENSE APPLICATION

Feb '20

RENEWAL  NEW: DATE OF OPENING \_\_\_\_\_

ITEM # 35-20  
VICTUALERS

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) 44 Room hotel/lounge, restaurant & Banquet facility

NAME OF BUSINESS Hilton Garden Inn Freeport TELEPHONE 207-865-1433

FREEPORT PHYSICAL ADDRESS 5 Park St. Freeport, Me. BUSINESS MAILING ADDRESS (same)

PRINCIPAL OWNER LEGAL NAME David Masse DATE OF BIRTH 1/16/1963

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 6 Chapin Hill Rd. TOWN/STATE Georgetown, MA ZIP CODE 01833 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) Adrienne Patenaude

TELEPHONE 207-869-3019 EMAIL: Adrienne.Patenaude@hilton.com

MAILING ADDRESS 222 Ward Road TOWN/STATE Topsham, ME ZIP CODE 04084

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

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 Adrienne Patenaude DATE 12/31/19

PRINT NAME/TITLE Adrienne Patenaude  
General Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 1/7/2020 FEE PAID \$ 150.00

REAL ESTATE TAXES pd

PERSONAL PROPERTY TAXES pd

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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RENEWAL  NEW: DATE OF OPENING \_\_\_\_\_

CASCO STREET

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

RESTAURANT 15 (NUMBER OF SEATS)  
 BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)  
 OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Un:die TELEPHONE 617-470-7813

FREEPORT PHYSICAL ADDRESS 15 CASCO ST. Freeport BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Richard Schenkle DATE OF BIRTH 3/11/55

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 1000 WASHINGTON TOWN/STATE Boston, MA ZIP CODE 02118 EMAIL: PZATONE@UN.DIE.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) Sosh Montalto

TELEPHONE 617-470-7813 EMAIL: smontalto@un.die.com

MAILING ADDRESS 15 CASCO ST. TOWN/STATE Freeport, ME ZIP CODE 04033

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 15 CASCO ST. Freeport, ME

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 1/21/2020

PRINT NAME/TITLE Sosh Montalto Dining Service Director

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 1/21/2020 FEE PAID \$135.00

REAL ESTATE TAXES n/a

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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Campus Drive

CHECK ONE  PEDDLER/PRIVATE PROPERTY  
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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 Unidine TELEPHONE 617-430-7813

FREEPORT PHYSICAL ADDRESS 5 Campus Drive Freeport, ME BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Richard Schenkle DATE OF BIRTH 3/11/55  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 1000 Washington St TOWN/STATE Boston, MA ZIP CODE 02118 EMAIL PZALYDR@Unidine.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) Sosh Montalto

TELEPHONE 617-430-7813 EMAIL smontalto@Unidine.com

MAILING ADDRESS 15 Casco St TOWN/STATE Freeport, ME ZIP CODE 04033

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 5 Campus Dr, Freeport, ME 04033

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 1/21/2020

PRINT NAME/TITLE Sosh Montalto Dining Service Director

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 1/21/2020 FEE PAID \$135 - CC

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 \_\_\_\_\_