

FREEPORT VICTUALER LICENSE APPLICATION

Feb '21

RENEWAL

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

ITEM # 36-21 VICTUALER LICENSES

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) 99 room hotel, lounge, restaurant + Banq. facility

NAME OF BUSINESS Hilton Garden Inn Freeport TELEPHONE 207-805-1433

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

PRINCIPAL OWNER LEGAL NAME David Masse DATE OF BIRTH 11/16/1963

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

HOME ADDRESS 6 Chapin Hill Rd. TOWN/STATE Georgetown, MA. ZIP CODE 01853 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 207-809-3019 EMAIL: Adrienne.Patenaude@hilton.com

MAILING ADDRESS 222 Ward Rd. TOWN/STATE Topsham, Me ZIP CODE 04086

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 1/20/2021

PRINT NAME/TITLE Adrienne Patenaude / General Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 1/25/20 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL ok per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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Campus Drive

- CHECK ONE:
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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) \_\_\_\_\_

NAME OF BUSINESS Unidine TELEPHONE 6074907513

FREEPORT PHYSICAL ADDRESS 5 CAMPUS DRIVE BUSINESS MAILING ADDRESS SAR

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: PZAJORE@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) Sasha Munkit

TELEPHONE 6074907513 EMAIL: smunkit@Unidine.com

MAILING ADDRESS 5 CASIO 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 2/11/2021

PRINT NAME/TITLE Sasha Munkit General Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/11/21 FEE PAID \$135.00

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 28 (NUMBER OF SEATS)

BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS ATHENA'S CANTINA TELEPHONE 207-319-5372

FREEPORT PHYSICAL ADDRESS 491 US ROUTE 1 UNIT 10 BUSINESS MAILING ADDRESS SAME AS PHYSICAL

PRINCIPAL OWNER LEGAL NAME ADAM DE LOS REYES DATE OF BIRTH 02/16/1988  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 304 US ROUTE 1 TOWN/STATE FREEPORT, ME ZIP CODE 04732 EMAIL FRANMCCORMICK@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) TAIS SPANDERFER

TELEPHONE 315-775-9080 EMAIL: FRANMCCORMICK@GMAIL.COM

MAILING ADDRESS 304 US ROUTE 1 TOWN/STATE FREEPORT, ME ZIP CODE 04732

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

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 \_\_\_\_\_

PRINT NAME/TITLE ADAM DE LOS REYES

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 1/27/21 FEE PAID \$150

REAL ESTATE TAXES N/A > NOT OWNED

PERSONAL PROPERTY TAXES N/A

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_