

FREEPORT VICTUALER LICENSE APPLICATION

Feb '19

RENEWAL

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

ITEM # 38-19 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 & 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 11/16/1963

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

HOME ADDRESS Le Chapin Hill 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 Rd. TOWN/STATE Topsham, ME ZIP CODE 04080

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 [Signature] DATE 1/2/19

PRINT NAME/TITLE Adrienne Patenaude / General Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 1/3/19 FEE PAID \$150 ck # 1511

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 \_\_\_\_\_

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 17554**

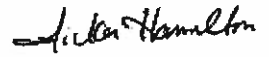
EATING AND LODGING 99 Rooms50 Seats (in)

HILTON GARDEN INN  
5 PARK ST  
FREEPORT ME 04032-1533

EXPIRES: 02/07/2019

FEE: \$275.00

ATTN ANDRIENNE PATENDAUDE  
AAM FREEPORT SERVERS LLC  
HILTON GARDEN INN  
78 BLANCHARD RD STE100  
BURLINGTON MA 04803



COMMISSIONER

NON-TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

Feb '19

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

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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 617-490-7513

FREEPORT PHYSICAL ADDRESS 5 CAMPUS DRIVE FREEPORT, ME 04033 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 Pzaylor@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) Josh Montalto

TELEPHONE 617-490-7513 EMAIL jmontalto@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) SLAMPUS 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 2/6/19

PRINT NAME/TITLE Josh Montalto PINUS Service Director

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/6/19 FEE PAID \_\_\_\_\_

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 \_\_\_\_\_

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 7221**

EATING PLACE TIER 3 150 Seats (in)

LL BEAN SUMMIT ORDER FULLFILLMENT CENTER  
5 CAMPUS DR  
FREEPORT ME 04032

EXPIRES: 02/07/2020

FEE: \$230.00

ATTN JOSH MONTALTO  
UNIDINE CORP  
LL BEAN SUMMIT ORDER FULLFILLMENT CENTER  
15 CASCO ST  
FREEPORT ME 04033



*Jeanne A. Lamborn*  
Acting Commissioner

▽ DETACH HERE ▽

NON-TRANSFERABLE

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at [tsup.dhhs@maine.gov](mailto:tsup.dhhs@maine.gov) or call 207-287-4627.

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Feb 19

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CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
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PEDDLER/TOWN PROPERTY  
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RESTAURANT 75 (NUMBER OF SEATS)  
 BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)  
 OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Unidine TELEPHONE 607-470-7513  
617-490-7513

FREEPORT PHYSICAL ADDRESS 15 CASCO ST. FREEPORT, ME 04033 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 PZAYLOR@UNIDINE.COM

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
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HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

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CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) SOSH MONTALTO

TELEPHONE 617-470-7513 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) 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 2/6/19

PRINT NAME/TITLE SOSH MONTALTO Dining Service Director

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/6/19 FEE PAID \_\_\_\_\_

REAL ESTATE TAXES n/a

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 \_\_\_\_\_

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 688**

EATING PLACE TIER 3 60 Seats (in)

THE BEANERY @ LL BEAN  
15 CASCO ST  
FREEPORT ME 04033

EXPIRES: 02/07/2020

FEE: \$230.00

ATTN JOSH MONTALTO  
UNIDINE CORP  
THE BEANERY @ LL BEAN  
15 CASCO ST  
FREEPORT ME 04033



*Jeanne A. Lambrini*  
Acting Commissioner

NON-TRANSFERABLE

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