



**TOWN OF FREEPORT  
Office of the Town Clerk  
Municipal Offices  
30 Main Street  
Freeport, ME 04032  
(207) 885-4743 FAX (207) 885-0829**

**The following applications for Victualers' Licenses will be reviewed by the Town Council at its meeting on Tuesday, March 19, 2019.**

**Shaw's Supermarkets, Inc. d/b/a Shaw's Supermarket #7608  
200 Lower Main Street**

**Antonia and Sotiris Sotriopoulos d/b/a Antonia's Pizzeria Bar and Grill  
193 Lower Main Street**

**HF Enterprises, Inc. d/b/a Domino's Pizza  
8 School Street**

Mar '19

FREEPORT VICTUALER LICENSE APPLICATION

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

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED  
FEES: NEW OR RENEWAL - \$135.00 - W/ALCOHOL LICENSE - \$197.00

Business license  
\$150.00  
\$197.00

CHECK ONE  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODED ENFORCEMENT MUST BE ATTACHED)

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

RESTAURANT 130 (NUMBER OF SEATS)

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

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

NAME OF BUSINESS Antonia's Pizzeria Bar & Grille TELEPHONE 207-865-6863

FREEPORT PHYSICAL ADDRESS 193 Lower Main Street BUSINESS MAILING ADDRESS 193 Lower Main Street

PRINCIPAL OWNER LEGAL NAME Antonia Sotiropoulos DATE OF BIRTH 03/12/1954

(PRINCIPAL STOCKHOLDER IF OWNER IS A CORPORATION)

HOME ADDRESS 44 Stapleford Drive TO ADJUST STATE Falmouth ZIP CODE 04105 EMAIL \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(ADDITIONAL STOCKHOLDER IF OWNER IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(ADDITIONAL STOCKHOLDER IF OWNER IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Lee Sotiropoulos

TELEPHONE 207-865-6863 EMAIL Antoniaspizzeria@outlook.com

MAILING ADDRESS 193 Lower Main Street TOWN/STATE Freeport ZIP CODE 04032

BUSINESS MAPLOT # OR BUILDING OWNER (Required for tax verification purposes) A&S Properties - Antonia Sotiropoulos

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 Lee Sotiropoulos DATE 2/24/19

PRINT NAME/TITLE Lee Sotiropoulos - Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/27/18 FEE PAID \$150.00 w/ck

REAL ESTATE TAXES P/F

PERSONAL PROPERTY TAXES overdue

FIRE DEPARTMENT APPROVAL w/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) w/a

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



FREEPORT VICTUALER LICENSE APPLICATION

March 19

RENEWAL  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  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) \_\_\_\_\_

NAME OF BUSINESS DOMINOS PIZZA TELEPHONE 207 8696000

FREEPORT PHYSICAL ADDRESS 8 SCHOOL ST BUSINESS MAILING ADDRESS 4 OAK GROVE AV

PRINCIPAL OWNER LEGAL NAME HF ENTERPRISES INC / FERNANDO STELSEN DATE OF BIRTH 7/7/78

HOME ADDRESS 7 BALSAM AV TOWN/STATE BAUNSWICK/ME ZIP CODE 04011 EMAIL HFDOMINOS@GMAIL.COM

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT PERSON: PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS FERNANDO J. STELSEN

TELEPHONE 978 771 7991 EMAIL HFDOMINOS@GMAIL.COM

MAILING ADDRESS 4 OAK GROVE AV TOWN/STATE BAUNSWICK/ME ZIP CODE 04030

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) HF FREEPORT REALTY LLC

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 2/14/19

PRINT NAME/TITLE FERNANDO STELSEN / OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/19/19 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 \_\_\_\_\_

March '19

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL  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
- 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) Retail Grocery Store

NAME OF BUSINESS Shaw's Supermarkets, Inc. DBA Shaw's #608 TELEPHONE 207-865-0094  
 FREEPORT PHYSICAL ADDRESS 200 Lower Main St. Freeport, ME 04032 BUSINESS MAILING ADDRESS SHAW'S SUPERMARKETS, INC. P.O. Box 29096 MS#6531 Phoenix, AZ 85038-9096

PRINCIPAL OWNER LEGAL NAME Shaw's Supermarkets, Inc. DATE OF BIRTH n/a  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
 HOME ADDRESS 250 Park Center Blvd TOWN/STATE Boise, ID ZIP CODE 83706 EMAIL Nasc.tax@safeway.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) Vernon Ross  
 TELEPHONE 207-865-0094 EMAIL 50608c90@shaw's.com  
 MAILING ADDRESS 200 Lower Main St. TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) W/S Freeport Properties, LLC

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 2/20/19  
 PRINT NAME/TITLE Steve Barna  
Manager Tax

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/25/19 FEE PAID \$150 ck# 64-1278  
 REAL ESTATE TAXES PF  
 PERSONAL PROPERTY TAXES PF  
 FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_  
 CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a  
 COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_