

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 89 (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, Freeport      BUSINESS MAILING ADDRESS 193 Lower Main Street, Freeport

PRINCIPAL OWNER LEGAL NAME Antonia Sotiropoulos      DATE OF BIRTH 3/12/1954

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

HOME ADDRESS 44 Stapleford Drive      TOWN/STATE Freeport      ZIP CODE 04032      EMAIL: Antoniaspizzeria@outlook.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) James Pyles

TELEPHONE 207-865-6863 OR 207 318 7536      EMAIL: Antoniaspizzeria@outlook.com

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

BUSINESS MAP/LOT # 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 [Signature]      DATE 1/21/21

PRINT NAME/TITLE James Pyles, General Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/1/21      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 \_\_\_\_\_

Mar '21

FREEPORT VICTUALER LICENSE APPLICATION

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

RESTAURANT 54 (NUMBER OF SEATS)

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

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

NAME OF BUSINESS DOMINO'S PIZZA TELEPHONE 2078699000

FREEPORT PHYSICAL ADDRESS 8 SCHOOL ST BUSINESS MAILING ADDRESS 4 Oak Grove Av, Farm ME 07530

PRINCIPAL OWNER LEGAL NAME Fernando Stelzer DATE OF BIRTH 07/07/78

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

HOME ADDRESS 7 Balsam Av TOWN/STATE OWENSMITH ZIP CODE 04011 EMAIL: HF01minos@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) PRINCIPAL OWNER

TELEPHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 02/9/21

PRINT NAME/TITLE FERNANDO STELZER - OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/4/21 FEE PAID \$135.00

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 \_\_\_\_\_

FREEPORT VICTUALER LICENSE APPLICATION

March 21

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. #608 TELEPHONE 207-865-0094

FREEPORT PHYSICAL ADDRESS 200 Lower Main St. Freeport, ME 04032 BUSINESS MAILING ADDRESS PO Box 29096, MS-6531 Phoenix, AZ 85038

PRINCIPAL OWNER LEGAL NAME Shaw's Supermarkets, Inc. DATE OF BIRTH n/a  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 250 Parkcenter 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) Brett Sawyer

TELEPHONE 207-865-0094 EMAIL: NASC.Tax@safeway.com

MAILING ADDRESS P.O. Box 29096, MS-6531 TOWN/STATE Phoenix, AZ ZIP CODE 85038-9096

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 SIGN. Tiffany Corcoran DATE 2/19/21

PRINT NAME/TITLE Tiffany Corcoran  
Supervisor Tax

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 2/18/21 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 \_\_\_\_\_