

March reopen

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 29 (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS ATHENA'S CANTINA - Food ^{Mobile} TELEPHONE 207-319-5372
_{truck.}

FREEPORT PHYSICAL ADDRESS 497 US Rt 1 #10 BUSINESS MAILING ADDRESS 497 US Rt 1 #10

PRINCIPAL OWNER LEGAL NAME ADAM DE LOS REYES DATE OF BIRTH _____

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 304 US Rt 1 TOWN/STATE FREEPORT/ME ZIP CODE 04832 EMAIL: CRAZYCOCORNI@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 STRANDERFER

TELEPHONE 207-710-9885 EMAIL: TSTRAND1@GMAIL.COM

MAILING ADDRESS 304 US Rt 1 TOWN/STATE FREEPORT/ME ZIP CODE 04832

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

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 06 FEB 2022

PRINT NAME/TITLE ADAM DE LOS REYES / OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED \$ 135.00 FEE PAID 2/22/22

REAL ESTATE TAXES N/A

PERSONAL PROPERTY TAXES \$ 358.41 due as of 3/7/2022

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____


COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

Christine Wolfe

From: Nate Goodman
Sent: Thursday, February 24, 2022 1:58 PM
To: Christine Wolfe
Subject: Victualers license

Hey Chris,

Here are two latest licenses;

 Athenas Cantina

Thanks,

Nate

Freeport Police Department
Chief Nathaniel Goodman
16 Main St.
Freeport, Maine 04032
207-865-4800 Ext. 202
ngoodman@freeportmaine.com



State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 28374

EATING PLACE - MOBILE

ATHENA'S CANTINA MOBILE
304 US ROUTE 1
FREEPORT ME 04032

EXPIRES: 07/26/2022

FEE: \$200.00

ATTN ADAM DE LOS REYES
CRAZY LOCO CORN LLC
ATHENA'S CANTINA MOBILE
304 US ROUTE 1
FREEPORT ME 04032



Jeanne A. Lombardi

Commissioner

NON-TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW: DATE OF OPENING March 26th

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) Food truck

NAME OF BUSINESS Crepe & Karak TELEPHONE 2074829816

FREEPORT PHYSICAL ADDRESS Mobile BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Ghazwan Alqayyar DATE OF BIRTH _____

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) HOME ADDRESS 154 Brackett st TOWN/STATE Westbrook/ ME ZIP CODE 04092 EMAIL: Ghazwan.alqayyar@maine.edu

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) _____

TELEPHONE 207 482 9816 EMAIL: Ghazwan.alqayyar@maine.edu

MAILING ADDRESS 154 Brackett st TOWN/STATE Westbrook/ME ZIP CODE 04092

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

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 3/8/2022

PRINT NAME/TITLE Ghazwan Alqayyar / Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/9/2022 FEE PAID \$135.00 CK#103

REAL ESTATE TAXES N/A

PERSONAL PROPERTY TAXES N/A

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

Facility Name: *Crepe & Karaoke* As Authorized by 22 MRSA § 2496

License #: *29949* Owner Name: _____

Critical Violations: _____ Date: *3-7-22*

Non-Critical Violations: _____ Time In: _____

Certified Food Protection Manager: _____ Time Out: _____

Facility Street: _____ Facility City: _____

License Expiration: _____ License Posted: _____ License Type: *Mobile* Purpose of Inspection: *Pre-Op* Risk Category: _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		Compliance Status	
IN=in compliance	OUT=not in compliance	N/A=not applicable	COS=corrected on-site
		R=repeat violation	
Supervision			
1	PIC present, demonstrates knowledge, and performs duties		
Employee Health			
2	Management awareness; policy present		
3	Proper use of reporting, restriction and exclusion		
Good Hygienic Practices			
4	Proper eating, tasting, drinking, or tobacco use		
5	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
6	Hands clean and properly washed		
7	No bare hand contact with RTE foods or approved alternate method properly followed		
8	Adequate handwashing facilities supplied & accessible		
Approved Source			
9	Food obtained from approved source		
10	Food received at proper temperature		
11	Food in good condition, safe & unadulterated		
12	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
13	Food separated & protected		
14	Food-contact surfaces cleaned & sanitized		
15	Proper disposition of returned, previously served, reconditioned & unsafe food		
Potentially Hazardous Food Time/Temperature			
16	Proper cooking time & temperatures		
17	Proper reheating procedures for hot holding		
18	Proper cooling time & temperatures		
19	Proper hot holding temperatures		
20	Proper cold holding temperatures		
21	Proper date marking & disposition		
22	Time as a public health control: procedures & records		
Consumer Advisory			
23	Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
24	Pasteurized foods used; prohibited foods not offered		
Chemical			
25	Food additives: approved & properly used		
26	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
27	Compliance with variance, specialized process & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Compliance Status		Compliance Status	
IN=in compliance	OUT=not in compliance	N/A=not applicable	COS=corrected on-site
		R=repeat violation	
Safe Food and Water			
28	Pasteurized eggs used where required		
29	Water & ice from approved source		
30	Variance obtained for specialized processing methods		
Food Temperature Control			
31	Proper cooling methods used; adequate equipment for temperature control		
32	Plant food properly cooked for hot holding		
33	Approved thawing methods used		
34	Thermometers provided & accurate <i>Cal</i>		
Food Identification			
35	Food properly labeled; original container		
Prevention of Food Contamination			
36	Insects, rodents & animals not present		
37	Contamination prevented during food preparation, storage & display		
38	Personal cleanliness		
39	Wiping cloths properly used & stored		
40	Washing fruits & vegetables		
Proper Use of Utensils			
41	In-use utensils properly stored		
42	Utensils, equipment & linens properly stored, dried & handled		
43	Single-use & single-service articles properly stored & used		
44	Gloves used properly		
Utensils, Equipment and Vending			
45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
46	Warewashing facilities installed, maintained & used; test strips		
47	Non-food contact surfaces clean		
Physical Facilities			
48	Hot & cold water available; adequate pressure		
49	Plumbing installed; proper backflow devices		
50	Sewage & waste water properly disposed		
51	Toilet facilities properly constructed, supplied & cleaned		
52	Garbage & refuse properly disposed; facilities maintained		
53	Physical facilities installed, maintained & clean		
54	Adequate ventilation & lighting; designated areas used		

INSPECTION OBSERVATIONS AND NOTES

24) Fridge needs air thermostat

53) Air the core base

OK to issue a Dept License

TEMPERATURE OBSERVATIONS

Food Type	Location	Temp	Food Type	Location	Temp	Food Type	Location	Temp

Person in Charge (Signature): _____ Date: *3-7-22*

Health Inspector (Signature): _____

Follow-up: YES NO Date of Follow-up: _____

State of Maine
Maine Center for Disease Control and Prevention
Health Inspection Program
Mobile and Temporary Eating Establishments

Risk Factors

Good Retail Practices

Supervision

1. 2-101.11: Assignment, 2-102.11: Demonstration, 2-103.11: PIC Duties

Employee Health

2. 2-201.11: Responsibility of PIC, Conditional and food employees

3. 2-201.12: Exclusions & Restrictions, 2-201.13: Removal of E&R

Good Hygienic Practices

4. 2-401.11: Eating, Drinking or Tobacco Use

4. 3-301.12: Preventing Contamination when Tasting

5. 2-401.12: Discharges from Eyes, Nose and Mouth

Preventing Contamination by Hands

6. 2-301.11: Clean, 2-301.12: Cleaning Procedure, 2-301.12: How to Wash

6. 2-301.14: When to Wash, 2-301.15: Where to wash

7. 3-301.11: Preventing Contamination From Hands

8. 5-203.11: Handsinks (number) 5-204.11: (location)

8. 6-301.11: Soap, 6-301.12: Drying, 6-301.14: Signage

Approved Source

9. 3-201.11: Compliance with Food Law

9. 3-201.15: Molluscan Shellfish, 3-203.11: Original Container

11. 3-301.11: Safe, Unadulterated & Honestly Presented

11. 3-202.15: Package Integrity

12. 3-202.18: Shellstock ID, 3-203.12 Shellstock Tags Maintained

Protection From Contamination

13. 3-302.11: Separation, Packaging, & Segregation

13. 3-304.11: Food Contact with Equipment and Utensils

13. 3-304.15(A): Single use gloves, damaged, not clean, not properly used.

14. 4-601.11(A): Sight & Touch, 4-602.11: Frequency

14. 4-702.11: Before Use After Cleaning, 4-703.11: Chemical or Hot Water

Potentially Hazardous Food (PHF)

17. 3-403.11: Reheating for Hot Holding

18. 3-501.14: Cooling

19. 3-501.16(A): Hot Holding

20. 3-501.16(A).2 (41°F) and B: (Shell Eggs) Cold Holding

21. 3-501.17: Ready to Eat PHF Date Marking

22. 3-501.19: Time as a Public Health Control

Consumer Advisory

23. 3-603.11: Consumer Advisory for Raw/Undercooked Food

Chemical

26. 7-101.11: Identifying Information

26. 7-102.11: Common Name, Working Containers

26. 7-201.11: Separation, Storage, 7-202.12: Conditions of Use

26. 7-203.11: Poisonous or Toxic Material Containers

26. 7-204.11: Sanitizers, Criteria

26. 7-206.11: Restricted Use Pesticides

26. 7-207.11: Restrictions & Storage, Medicines

26. 7-207.12: Refrigerated Medicines, Storage

26. 7-208.11: Storage - First Aid Supplies

26. 7-209.11: Storage - Personal Care Items

Document Retention and Posting

Pursuant to the Maine Food Code, the current license and a copy of the CFPM certification for this unit must be posted in a location visible to consumers. In addition, a sign or placard must be posted in a conspicuous location stating that a copy of the most recent inspection report is available and can be viewed upon request.

Safe Food and Water

29. 5-101.11: Water Approved Source, 5-102.14: Test Results Available

29. 3-202.16: Ice Made From Drinking Water

Food Temperature Control

31. 4-301.11: Hot/Cold Holding Adequate Equipment, 3-501.15: Cooling

32. 3-401.13: Plant Food Cooked for Hot Holding

33. 3-501.13: Thawing Methods

34. 4-302.12(A): Inadequate, 4-203.11: Accurate, 4-204.112(A): Located

Food Identification

35. 3-302.12: Containers Labeled, 3-602.11(A-B): Packaged Food Labeled

35. 3-601.12(D): MSG, 3-601.12(A): Honestly Presented/Misleading

Prevention of Food Contamination

36. 6-501.115: Live Animals, 6-501.111(C): Pests/Methods of Control

36. 6-501.111(B): Inspecting for Pests, 6-202.15: Outer Openings

37. 3-303.11: Coolant Ice as ingredient, 3-307.11: Other Contamination

37. 3-306.12: Condiments, 3-306.11: Displayed Food, 3-305.11: Storage

38. 2-402.11: Hair, 2-304.11: Clothing, 2-303.11: Jewelry, 2-302.11: Nails

39. 3-304.14(B)2: Wiping Cloths/Clean, 3-304.14(B)1: In Sanitizer

40. 3-302.15(A): Fruits/Vegetables Washed

Proper Use of Utensils

41. 3-304.12: In-Use Utensils - Storage

42. 4-903.11(D): Equipment, Utensils, Linens - 6" off floor storage

42. 4-903.11(B): Equipment, Utensils - Covered/Inverted/Self-Draining

42. 4-903.11(A): Equipment, Utensils - Clean/Dry location

43. 4-904.11(A-C): Single-Use/Service- Properly Handled/ Stored/Used

43. 4-502.13(A): Single Service items re-used

44. 3-304.15(D): Cloth Gloves/RTE Foods. See 13 for dirty/damaged gloves

Utensils and Equipment - Non-Food Surfaces

45. 4-501.11: Equipment in Disrepair

45. 4-204.16: Beverage Tubing and/or Cold Plate

45. 4-204.13(A-D): Dispensing Equipment - Designed/Constructed

45. 4-202.16: Non-Food Contact Surfaces - Designed/Constructed

45. 4-202.11: Multi-Use Food Contact Surfaces - Designed/Constructed

45. 4-102.11(B)(2): Single Service/Use Items Clean

46. 4-603.14: Correct Washing, 4-603.16: Correct Rinsing

46. 4-501.19: Correct Temperature

46. 4-501.116: Test Kit Used, 4-302.14 Test Kit Available

46. 4-301.12 (B-C): Sink Bays Sized, 4-301(A): 3-Bay Sink Provided

47. 4-602.13: Non-Food Surfaces Frequency, 4-601.11(C): Non-Food Clean

Physical Facilities

48. 5-103.12: Water Under Pressure

48. 5-103.11(B): Insufficient Hot Water, 5-103.11(A): Insufficient Water

49. 5-302.12: Mobile Water Tank Access Port Protected

49. 5-304.14(A): Drinking Water Hose Used for Other Purposes

49. 5-302.16(A): Drinking Water Hose Safe, 5-302.16(E): DWH Identified

49. 5-205.15: Plumbing in Good Repair, 5-203.14: Backflow Installed

50. 5-402.14: Sewage/Liquid Waste Removal

50. 5-401.11: Sewage Holding Tank Designed

51. 6-501.19: Door Closed, 6-202.14: Door Self-Closing/Room Enclosed

51. 6-501.18: Fixtures Clean, 6-302.11 Toilet Tissue Provided

52. 5-501.15(A): Outside Waste/ Tight Fitting Lid

53. 6-501.12: Clean, 6-501.11: Disrepair, 6-501.114: Littered/ Unnecessary

53. 6-101.11(A): Indoor Surfaces Properly Constructed

54. 6-501.14(A): Vent Clean, 6-304.11: Vent Insufficient

54. 6-202.12: Vent May Cause Contamination to Food

54. 6-303.11: Insufficient Light, 6-202.11: Lights Shielded

Carrie Weeman

From: Nate Goodman
Sent: Thursday, March 10, 2022 1:59 PM
To: Christine Wolfe; Carrie Weeman
Subject: Victualers licenses

Here are the two latest approvals;

- Antonias Pizzeria – Bar and grill
- Crepe and Karak – Food truck

Best,

Nate

Freeport Police Department
Chief Nathaniel Goodman
16 Main St.
Freeport, Maine 04032

207-865-4800 Ext. 202
ngoodman@freeportmaine.com



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, Maine 04032 BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Antonia Sotiropoulos DATE OF BIRTH _____

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 44 Stapleford Drive TOWN/STATE Falmouth ZIP CODE 04105 EMAIL: antoniapizzeria@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: antoniapizzeria@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

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  DATE 2/24/2022

PRINT NAME/TITLE James Pyles, General Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/9/2022 FEE PAID \$150.00 CK# 11291

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PF

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) MA

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 700

EATING PLACE TIER 3 89 Seats (in)

ANTONIAS PIZZARIA BAR & GRILL
193 LOWER MAIN ST
FREEPORT ME 04032-1005

EXPIRES: 05/16/2022

FEE: \$230.00

ATTN JAMES PYLES
SOTIROPOULOS, ANTONIA & SOTIROS
ANTONIAS PIZZARIA BAR & GRILL
193 LOWER MAIN ST
FREEPORT ME 04032-1005



Jeanne M. Lamborn

Commissioner

NON-TRANSFERABLE

Carrie Weeman

From: Nate Goodman
Sent: Thursday, March 10, 2022 1:59 PM
To: Christine Wolfe; Carrie Weeman
Subject: Victualers licenses

Here are the two latest approvals;

- Antonias Pizzeria – Bar and grill
- Crepe and Karak – Food truck

Best,

Nate

Freeport Police Department
Chief Nathaniel Goodman
16 Main St.
Freeport, Maine 04032
207-865-4800 Ext. 202
ngoodman@freeportmaine.com



FREEPORT VICTUALER LICENSE APPLICATION

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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 54 (NUMBER OF SEATS)
 - BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 - OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Domino's Pizza TELEPHONE 207-8696000

FREEPORT PHYSICAL ADDRESS 8 School st BUSINESS MAILING ADDRESS 4 Oak Grove ave, Bath, Maine, 04530

PRINCIPAL OWNER LEGAL NAME Fernando Stelser DATE OF BIRTH _____

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 608 Harpswell rd TOWN/STATE Brunswick-Maine ZIP CODE 04011 EMAIL: hfdominos@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) _____

TELEPHONE 9787717991 EMAIL: hfdominos@gmail.com

MAILING ADDRESS _____ TOWN/STATE _____ ZIP CODE _____

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

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  DATE 03/07/2022

PRINT NAME/TITLE Fernando J Stelser - Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/10/2022 FEE PAID \$135.00

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: 26044

EATING PLACE TIER 2 54 Seats (in)

EXPIRES: 07/05/2022

FEE: \$195.00

DOMINOS PIZZA
8 SCHOOL ST
FREEPORT ME 04032

ATTN FERNANDO STELSER
HF ENTERPRISES INC
DOMINOS PIZZA
4 OAK GROVE AVE
BATH ME 04530



James A. Kambax
Commissioner

NON-TRANSFERABLE