

FREEPORT VICTUALER LICENSE APPLICATION

Apr 19

RENEWAL NEW: DATE OF OPENING _____

ITEM # 66-19
VICTUALER

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 n/a (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Mediterranean Grill TELEPHONE 207-865-1688

FREEPORT PHYSICAL ADDRESS 10 School St. BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Kemal Cigsi DATE OF BIRTH _____
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 13 cottage St. TOWN/STATE Freeport ZIP CODE 04037 EMAIL: Tina Cigsi@yahoo.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) Kemal Cigsi

TELEPHONE 650-0337 EMAIL: Kcigsi@yahoo.com

MAILING ADDRESS Same 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? _____

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? _____

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? _____

APPLICANT SIGNATURE _____ DATE 3/11/19

PRINT NAME/TITLE Kemal Cigsi

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/11/19 FEE PAID \$150

REAL ESTATE TAXES n/a

PERSONAL PROPERTY TAXES n/a

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

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: 691

EATING PLACE TIER 3 100 Seats (In)

MEDITERRANEAN GRILL
10 SCHOOL ST
FREEPORT ME 04032-1337

EXPIRES: 03/01/2020

FEE: \$230.00

ATTN ERKAN CIGRI
MEDITERRANEAN GRILL LLC
MEDITERRANEAN GRILL
20 CURTIS RD
FREEPORT ME 04032-6809



Jeanne A. Lamboni
Acting Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

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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) baked goods + soups

NAME OF BUSINESS Bessies Farm Goods TELEPHONE 865-9840

FREEPORT PHYSICAL ADDRESS 33 Hitchfield Rd BUSINESS MAILING ADDRESS 33 Hitchfield Rd. Freeport, Me 04032

PRINCIPAL OWNER LEGAL NAME Katherine L. Hege DATE OF BIRTH 8.22.1950
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 33 Hitchfield Rd TOWN/STATE Freeport, Me ZIP CODE 04032 EMAIL bessiesfarmgoods@gmail.com

ADDITIONAL OWNER LEGAL NAME Elisabeth R. Montgomery DATE OF BIRTH 7.25.1950
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 78 South St TOWN/STATE Freeport, Me ZIP CODE 04032 EMAIL bessiesfarmgoods@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 _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Kathy Hege

TELEPHONE 865-3747 EMAIL bessiesfarmgoods@gmail.com

MAILING ADDRESS 33 Hitchfield Rd TOWN/STATE Freeport, Me ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Katherine L. Hege

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 Elisabeth R. Montgomery DATE 3.7.19

PRINT NAME/TITLE Elisabeth R. Montgomery / co-owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/11/19 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES n/a

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

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

State of Maine

SERIAL NUMBER

Department of Agriculture, Conservation & Forestry
Division of Quality Assurance & Regulations
28 State House Station, Augusta, ME 04333-0028
(207) 287-3841

2-25617

June 5, 2018

May 7, 2019

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certificate is valid only between the date issued and expiration date appearing hereon. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or oil or other weighing and measuring devices as permitted by law for the intended use.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

VEGETABLE STAND

This certifies that
Bessie's Farm Goods
Bessie's Farm Goods LLC
33 Litchfield RD

Freeport, ME 04032

Location: 33 Litchfield RD, Freeport

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEES

License Type	Authorizations	Fee
Mobile Vendor 0 to 10	Baked Goods (produced on site) Unbaked Goods (prepared on site) Cold Foods (prepared on site) Frozen Foods Hot Foods (prepared on site) Prepackaged Food Produce (fresh)	20.00
Special Food Establishment 0 to 10		20.00
Commercial Food Processor	Breads, Rolls Cakes, Pies Fruits, Vegetables	50.00
TOTAL:		90.00



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

Walter White

Christy Rain

Commissioner

Director

FREEPORT VICTUALER LICENSE APPLICATION

Apr '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) Coffee house

NAME OF BUSINESS Coffee By Design, Inc TELEPHONE 207-865-2735

FREEPORT PHYSICAL ADDRESS 95 Meun St BUSINESS MAILING ADDRESS 1 Diamond St Portland, ME 04101

PRINCIPAL OWNER LEGAL NAME Mary Allen Lindemann DATE OF BIRTH 03/04/1960

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

HOME ADDRESS 9 Richardson St TOWN/STATE Portland, ME ZIP CODE 04103 EMAIL mal@coffeebydesign.com

ADDITIONAL OWNER LEGAL NAME Alan G. Spear DATE OF BIRTH 07/18/1961

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

HOME ADDRESS 106 Davis St TOWN/STATE South Portland ME ZIP CODE _____ EMAIL coffeebydesign.com

ADDITIONAL OWNER LEGAL NAME N/A 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) Mary Allen Lindeman

TELEPHONE 207-831-7051 EMAIL mal@coffeebydesign.com

MAILING ADDRESS Diamond Street TOWN/STATE Portland ME ZIP CODE 04101

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 4 Bean

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 3/7/19

PRINT NAME/TITLE Mary Allen Lindeman

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/11/19 FEE PAID \$135

REAL ESTATE TAXES AF

PERSONAL PROPERTY TAXES AF

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

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: 20066
EATING PLACE 0-29 SEATS

EXPIRES: 05/08/2019

FEE: \$160.00

COFFEE BY DESIGN
95 MAIN ST
FREEPORT ME 04032

COFFEE BY DESIGN INC
COFFEE BY DESIGN
1 DIAMOND ST
PORTLAND ME 04101



NON-TRANSFERABLE

J. Lee Howland
COMMISSIONER

▽ DETACH HERE ▽

received
3.21.19
①

The Maine Public Smoking Act, 22 M.R.S.A. §1642, prohibits smoking in any enclosed public place, including eating establishments. Pursuant to 22 M.R.S.A. §1650, smoking is also prohibited in all outdoor eating areas which are available for dining or beverage service, including self-service. Smoking by employees of any eating establishment is governed by the Workplace Smoking Act, 22 M.R.S.A. §1690-A, which requires employers to establish and post written policies concerning smoking or non-smoking by employees. In the event workplace smoking is allowed, employees may only smoke in designated smoking areas at least 20 feet from any entryway, vent or doorway, and in no event may environmental tobacco smoke be permitted to circulate into enclosed areas of the eating establishment. For free guidance regarding smoking policy and to receive smoke-free signage, please contact the Maine Center for Disease Control and Prevention's Partnership For A Tobacco-Free Maine at www.tobaccofreemaine.org or call 207-287-4627.

VICTUALER'S LICENSE CERTIFICATE

08-042018

DATE: APRIL 24, 2018

To all whom these presents may concern:

COFFEE BY DESIGN, INC. DBA :
COFFEE BY DESIGN,

HAS BEEN DULY LICENSED AS A VICTUALER AT
98 MAIN STREET
IN THE MUNICIPALITY OF FREEPORT BY THE LICENSING BOARD OF
SAID MUNICIPALITY UNTIL APRIL 30, 2019
AND HAS BEEN PAID TO THE MUNICIPAL TREASURER THE FEE OF
ONE HUNDRED AND THIRTY FIVE DOLLARS.

THIS LICENSE MAY BE REVOKED BY THE BOARD IF IN THEIR
OPINION THERE IS SUFFICIENT CAUSE.


AUTHORIZED MUNICIPAL OFFICER
Lynn Horr, Deputy Town Clerk

Alt # 40740
#150
March 2019

FREEPORT VICTUALER LICENSE APPLICATION

Apr '19

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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) Hotel with 77 guest rooms

NAME OF BUSINESS Hampton Inn Freeport TELEPHONE (207) 865-1400

FREEPORT PHYSICAL ADDRESS 194 Lower main st BUSINESS MAILING ADDRESS 15 main st suite 210 Freeport, ME 04032

PRINCIPAL OWNER LEGAL NAME Pendleton Point Hotel's Freeport LLC DATE OF BIRTH n/a
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 15 main st suite 210 TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL Gordon.clark@hilton.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) Gordon Clark

TELEPHONE (207) 865-1400 EMAIL Gordon.clark@hilton.com

MAILING ADDRESS 194 Lower main st TOWN/STATE Freeport ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 007-003-000-000

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 Beth Peters DATE 3/14/19

PRINT NAME/TITLE Beth Peters
Controller

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/25/19 FEE PAID \$150

REAL ESTATE TAXES pd

PERSONAL PROPERTY TAXES pd

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

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

Pandolfin Point Hotels Freeport, LLC

<u>Ownership:</u>	%	Tax ID	Address
Pandolfin Point, LLC	100.000%	04-3382141	<i>see ownership below</i> F/K/A Falmouth Plaza, LLC, P.O. Box 100, York Harbor, ME 03911

Pandolfin Point, LLC

Ownership:

MDA, LLC	76.837%	01-0460765	<i>see ownership below</i> P.O. Box 77904, York Harbor, ME 03911
GL Rogers and Co., Inc.	9.840%	01-0477904	P.O. Box 100, York Harbor, ME 03911
Cambridge Hospitality, LLC	1.787%	86-1175686	15 Main Street, Suite #210, Freeport, ME 04032
Maine Course Management Company, LLC	1.787%	35-2227174	15 Main Street, Suite #210, Freeport, ME 04032
Edward & Jeanne Hayes	1.531%	003-40-2342	105 Bartlett Street, Portsmouth, NH 03801
Valley Cove Capital, LLC	1.531%	032-48-1443	P. O. Box 121, Newcastle, ME 03854
Stephen F. Roth	1.531%	486-68-0356	219 NW 53rd, Seattle, WA 98107
P. Diamantis/M. Goodman	0.817%	002-48-7994	17 Nantucket Place, Greenland, NH 03840
Proprietors of Linwood Cemetery	0.817%	04-1548430	41 John Ward Avenue, Haverhill, MA 01832
Holly Malloy	0.766%	040-58-1280	7 Portwalk Place, #1506, Portsmouth, NH 03801
Anita Szulc Rogers	0.766%	537-57-1378	579 Sagamore Ave, #8, Portsmouth, NH 03801
Janet Veasey Spaine	0.766%	032-48-1660	24 Way to the River, West Newbury, MA 01985
Roaring Rock, LLC	0.459%	43-3783040	P.O. Box 100, York Harbor, ME 03911
Decca V. Spaine	0.383%	020-72-9734	24 Way to the River, West Newbury, MA 01985
Ruth W.S. Randlett	0.383%	034-68-4747	24 Way to the River, West Newbury, MA 01985
	<u>100.001%</u>		

MDA, LLC

Ownership:

MDA Holdings LP	39.230%	<i>see ownership below</i>	P.O. Box 100, York Harbor, ME 03911
Schauco, Inc.	36.540%	<i>see ownership below</i>	P.O. Box 100, York Harbor, ME 03911
GL Rogers and Co., Inc.	1.150%		P.O. Box 100, York Harbor, ME 03911
OY Mohert AB	15.580%		P.O. Box 100, York Harbor, ME 03911
Constance C. Bingham	4.250%		19 Brook Road, Cumberland, ME 04021
Steven H. Purdy	2.500%		1776 Pinnacle Place, The Villages, FL 32162
Tamara Burrell	0.750%		51 Rani Drive, North Yarmouth, ME 04097
	<u>100.000%</u>		

MDA Holdings LP

Ownership:

GLR DE LLC	36.320%		P.O. Box 100, York Harbor, ME 03911
The Phillip W. Marsh Revocable Trust	15.540%		1616 East 31st Street, Tulsa, OK 74105
The Audrey M. Lewis Revocable Trust	15.540%		26 Kettle Cove Road, Cape Elizabeth, ME 04107
Sven-Erik Krogius	5.950%		Simmarstigen 10C 18, Helsinki 00330, Helsinki, FINLAND
Nina A. Krogius	5.950%		Simmarstigen 10C 18, Helsinki 00330, Helsinki, FINLAND
The Muriel A Rogers Revocable Trust	5.160%		P.O. Box 100, York Harbor, ME 03911
Katherine Jackson	3.885%		9809 Stephen Thompson Lane, Charlotte, NC 28213
The Michael D. Trollinger Revocable Trust	3.885%		7957 S. Algonquin Circle, Aurora, CO 80016
Paul D. Trollinger	3.885%		7411 S. Catawba Way, Aurora, CO 80016
William V. Trollinger, Jr. Revocable Trust	3.885%		1319 Devereaux Drive, Dayton, OH 45419-3014
	<u>100.000%</u>		

Schauco, Inc.

Ownership:

Nina A. Krogius	50.000%		Simmarstigen 10C 18, Helsinki 00330, Helsinki, FINLAND
The Muriel A Rogers Revocable Trust	50.000%		P.O. Box 100, York Harbor, ME 03911
	<u>100.000%</u>		

Pendleton Point LLC

(Officers identical to Pendleton Point Hotels Waterville, LLC)

Owners:

MDA LLC	01-0480763	77004 York Harbor ME 05803	01-0517500	PO Box 100 York Harbor ME 05803	Cambridge Hospitality LLC 26-1175036	15 Main St, Suite 210 Freeport ME 04032	Maine Course Mgmt Group LLC 35-2227174	15 Main St, Suite 210 Freeport ME 04032	105 Barbour Street Portsmouth NH 03801	PO Box 121 New Castle RI 02884	215 NW 58th Seattle WA 98107	Valley Cove Capital LLC 082-49-1443	406-60-0256	215 NW 58th Seattle WA 98107	17 Northcrest Place Greenland NH 03040

94,076.50	12,047.18	2,167.45	2,167.45	1,575.00	1,575.00	1,574.94	1,580.00
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76.857%	9.240%	1.767%	1.767%	1.581%	1.581%	1.581%	0.007%
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Proprietors of Unseed Cemetery	(10) Holly Malloy	(11) Anita Sauls Rogers	(12) Janet Vessey Splaine	(13) Roaring Rock LLC	(14) Dede V. Splaine	(15) Ruth WS Barnhart	TOTAL
04-454290 41 John Ward Avenue Marshall MA 00252	040-50-1200 261 Old Fields Road South Berwick ME 03903	537-57-1379 579 Sagamore Ave, 03 Portsmouth NH 03801	083-48-1650 24 Way to the River West Newbury MA 01985	49-578040 PO Box 100 York Harbor ME 05601	800-72-5794 24 Way to the River West Newbury MA 01985	094-83-4747 24 Way to the River West Newbury MA 01985	
1,000.00	667.47	557.47	967.47	560.170	468.785	468.785	122,489,570
0.817%	0.766%	0.766%	0.766%	0.465%	0.303%	0.303%	100.000%

MDA, LLC

**MDA Holdings LLC
Membership Roster**

Members:

MDA HOLDINGS LP PO Box 100 York Harbor, ME 03911	39.230%
Schauco Inc PO Box 100 York Harbor, ME 03911	38.540%
GL Rogers and Co., Inc. PO Box 100 York Harbor, ME 03911	1.150%
OY Mohert AB PO Box 100 York Harbor, ME 03911	15.580%
Constance C Bingham 19 Brook Road Cumberland ME 04021	4.250%
Steven H Purdy 1778 Pinnacle Place The Villages, FL 32162	2.500%
Tamora Burrell 51 Rani Drive North Yarmouth, ME 04097	0.750%
	100.000%

**MDA Holdings LLC
Membership Roster**

Members:

GLR DE LLC 48-8129865 PO Box 100 York Harbor, ME 03911	38.320%
The Phillip W. Marsh Revocable Trust 1616 East 31st Street Tulsa, OK 74105	15.540%
The Audrey M. Lewis Revocable Trust u/a dated 8/24/2008 28 Kettle Cove Road Cape Elizabeth, ME	15.540%
Sven-Erik Krogius Simmarstigen 10C 18 Helsinki 00330 Helsinki, FINLAND	5.950%
Nina A. Krogius Simmarstigen 10C 18 Helsinki 00330 Helsinki, FINLAND	5.950%
The Muriel A Rogers Revocable Trust PO Box 100 York Harbor, ME 03911	5.160%
Katherine Jackson 9809 Stephen Thompson Lane Charlotte, NC 28213	3.885%
The Michael D. Trollinger Revocable Trust u/a dated 8/25/2008 7957 S. Algonquian Circle Aurora, CO 80016	3.885%
Paul D. Trollinger 7411 S. Catawba Way Aurora, CO 80016	3.885%
William V. Trollinger, Jr. Revocable Trust, dated March 31 2008 1319 Devereaux Drive Dayton, OH 45419-3014	3.885%
	100.000%

**Schauco Inc
Shareholder Roster**

Nina A. Kroglus Simmarstigen 10C 18 Helsinki 00330 Helsinki, FINLAND	50.000%
The Muriel A Rogers Revocable Trust PO Box 100 York Harbor, ME 03911	50.000%

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 8973

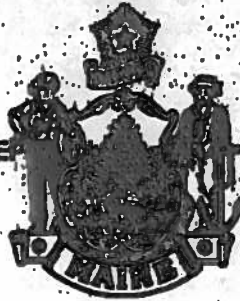
EATING AND LODGING 77 Rooms 24 Seats (In)

LAMPTON INN
94 LOWER MAIN ST
FREEPORT ME 04032-1001

EXPIRES: 04/15/2020

FEE: \$275.00

WENDELTON POINT HOTEL FREE
LAMPION INN
5 MAIN ST STE 210
FREEPORT ME 04032



Jeanne A. Lombard

Commissioner

NON-TRANSFERABLE

DETACH HERE

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 or call 207-287-4627.

FREEPORT VICTUALER LICENSE APPLICATION

Apr 19

RENEWAL NEW: DATE OF OPENING _____

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED
FEES: NEW OR RENEWAL - \$135.00 - W/ALCOHOL 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 100 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS McDonalds TELEPHONE 207-582-0855

FREEPORT PHYSICAL ADDRESS 11 Mallett Drive BUSINESS MAILING ADDRESS P.O. Box 8 Gardiner, Me 04345

PRINCIPAL OWNER LEGAL NAME Ronald Lydick DATE OF BIRTH _____
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 32 Field Rd TOWN/STATE Falmouth Me ZIP CODE 04845 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 Harry Maregus

TELEPHONE 207-590-9569 EMAIL: _____

MAILING ADDRESS RC Management, P.O. Box 8 TOWN/STATE Gardiner Me ZIP CODE 04345

BUSINESS MAPLOT # OR BUILDING OWNER (Required for tax verification purposes) 012-030-000-000

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 Ronald A Lydick DATE 4-1-2019

PRINT NAME/TITLE _____

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/8/19 FEE PAID \$135.00

REAL ESTATE TAXES PIF thru 5/15

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 _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 703

EATING PLACE TIER 3 100 Seats (In)

MCDONALDS
11 MALLETT DR
FREEPORT ME 04032-1313

EXPIRES: 03/23/2020

FEE: \$230.00



ATTN STEPHEN GOBLE
CDC MANAGEMENT LLC
MCDONALDS
PO BOX 8
GARDINER ME 04345

Jeanne A. Lombardi
Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

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.dhs@maine.gov or call 207-287-4627.

FREEPORT VICTUALER LICENSE APPLICATION

Apr 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)

campground / Veggie Take out, pizza, example, no cream

NAME OF BUSINESS Cedar Haven Family Campground TELEPHONE (207) 809-5026

FREEPORT PHYSICAL ADDRESS 39 Baker Road BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Throdge Crooker DATE OF BIRTH 5/

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

HOME ADDRESS 44 Storer Rd TOWN/STATE Brunswick, Me ZIP CODE 04011 EMAIL: Ted@crooker.com

ADDITIONAL OWNER LEGAL NAME Faith Crooker DATE OF BIRTH 10/

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

HOME ADDRESS 44 Storer Rd TOWN/STATE Brunswick, Me ZIP CODE 04011 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) Bodney C. Johnson

TELEPHONE (207) 809-5026 EMAIL: rcj@cedarhavenllc.com

MAILING ADDRESS 39 Baker Road TOWN/STATE Freeport, Me ZIP CODE 04032

BUSINESS MAPLOT # 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 Bodney C. Johnson DATE 4/12/19

PRINT NAME/TITLE Bodney C. Johnson / manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4-16-19 FEE PAID \$135.00

REAL ESTATE TAXES PIF thru 5/15

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 _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 676

EATING AND CAMPGROUND 2 Cottages 10 Seats (In) 10 Seats (out) 75 T&T sites

CEDAR HAVEN FAMILY CAMPGROUND

39 BAKER RD
FREEPORT ME 04032-6626

EXPIRES: 07/19/2019

FEE: \$275.00

ATTN SARA HUSTON
CEDAR HAVEN LLC
CEDAR HAVEN FAMILY CAMPGROU
39 BAKER RD
FREEPORT ME 04032



S. Hamilton

COMMISSIONER

NON-TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

Apr '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 12 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Li's Place TELEPHONE 347-323-5341

FREEPORT PHYSICAL ADDRESS 51 West St BUSINESS MAILING ADDRESS 51 West St

PRINCIPAL OWNER LEGAL NAME Li Jin DATE OF BIRTH 2/6/69
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 51 West St TOWN/STATE Freeport ZIP CODE ME 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: Li Jin

TELEPHONE 347-323-5341 EMAIL _____

MAILING ADDRESS 51 West St TOWN/STATE Freeport, ME ZIP CODE 04032

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 3-28-19

PRINT NAME/TITLE LI JIN

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/28/19 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES —

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 25738

EATING PLACE 0-29 SEATS 8 Seats (In)

LI'S PLACE
51 WEST ST
FREEPORT ME 04032

JIN, LI
LI'S PLACE
51 WEST ST
FREEPORT ME 04032



EXPIRES: 11/25/2019

FEE: \$160.00

Bethany L. Han
Acting Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

The Maine Public Smoking Act, 22 M.R.S.A. §1542, prohibits smoking in any enclosed public place, including eating establishments. Pursuant to 22 M.R.S.A. §1550, smoking is also prohibited in all outdoor eating areas which are available for dining or beverage service, including self-service. Smoking by employees of any eating establishment is governed by the Workplace Smoking Act, 22 M.R.S.A. §1580-A, which requires employers to establish and post written policies concerning smoking or non-smoking by employees. In the event workplace smoking is allowed, employees may only smoke in designated smoking areas at least 20 feet from any entryway, vent or doorway, and in no event may environmental tobacco smoke be permitted to circulate into enclosed areas of the eating establishment. For free guidance regarding smoking policy and to receive smoke-free signage, please contact the Maine Center for Disease Control and Prevention's Partnership For A Tobacco-Free Maine at www.tobaccofreemaine.org or call 207-287-4627.

FREEPORT VICTUALER LICENSE APPLICATION

Apr 19

RENEWAL NEW: DATE OF OPENING 5.13.19

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

NAME OF BUSINESS BRICKYARD HOLLOW BREWING COMPANY TELEPHONE 207-891-6190

FREEPORT PHYSICAL ADDRESS 20 Bow Street BUSINESS MAILING ADDRESS SAME

PRINCIPAL OWNER LEGAL NAME BRAD MOLL DATE OF BIRTH 7/4/1972
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 267 HILLSIDE RD TOWN/STATE YARMOUTH, ME ZIP CODE 04096 EMAIL: bradmoll@brickyardhollow.com

ADDITIONAL OWNER LEGAL NAME FRANK GRANDIN DATE OF BIRTH 3/6/1972
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 65 W MAIN ST TOWN/STATE YARMOUTH, ME ZIP CODE 04096 EMAIL: fdgrandin@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: _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) BRENDON MEDEIROS

TELEPHONE 207.747.8065 EMAIL: BMEDO291@GMAIL.COM

MAILING ADDRESS 20 Bow ST TOWN/STATE FREEPORT, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 11/116/ETC.

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 3/29/19

PRINT NAME/TITLE FRANK GRANDIN, VICE PRESIDENT

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/2/19 FEE PAID \$150 ck #11624

REAL ESTATE TAXES overdue

PERSONAL PROPERTY TAXES overdue

FIRE DEPARTMENT APPROVAL [Signature] POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

Apr 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) confectionary retail candy shop

NAME OF BUSINESS A. Wilbur's Candy Shoppe TELEPHONE _____

FREEPORT PHYSICAL ADDRESS 13 Bow St BUSINESS MAILING ADDRESS 174 Lower Main St
Sweet 11 Freeport, ME 04032

PRINCIPAL OWNER LEGAL NAME Andrew Wilbur DATE OF BIRTH 5/21/74
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 32 Independence Dr Ste 22 TOWN/STATE Freeport ZIP CODE ME EMAIL: 04032
andy@wilburs.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) Andrew Wilbur

TELEPHONE 207-449-6159 EMAIL: andy@wilburs.com

MAILING ADDRESS 32 Independence Dr Ste 22 TOWN/STATE Freeport, ME ZIP CODE 04032

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 March 8, 2019

PRINT NAME/TITLE Andrew Wilbur, owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/21/19 FEE PAID \$135

REAL ESTATE TAXES PIF thru 9/15

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 Agriculture, Conservation & Forestry
Division of Quality Assurance & Regulations
28 State House Station, Augusta, ME 04333-0028
(207) 287-3841

SERIAL NUMBER

121952

1-3019

January 25, 2019

January 31, 2020

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certifies that

A Wilbur's Candy Shoppe

Andrew Wilbur

174 Lower Main ST

Freeport, ME 04032-

CANDY SHOP

Location: 13 Bow ST, Freeport

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Retail Food Establishment	0 to 10	20.00
TOTAL:		20.00



Division of Quality Assurance

Director

FREEPORT VICTUALER LICENSE APPLICATION

Apr '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) confectionary sales and production retail

NAME OF BUSINESS Wilbur's of Maine Chocolate Confections TELEPHONE 207-865-4071

FREEPORT PHYSICAL ADDRESS 174 Lower Main St BUSINESS MAILING ADDRESS Same
Street 11, Freeport, ME 04032

PRINCIPAL OWNER LEGAL NAME Andrew Wilbur DATE OF BIRTH 5/21/74
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 32 Independence Dr. St 22 TOWN/STATE ME ZIP CODE 04032 EMAIL: andy@wilburs.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) Andrew Wilbur

TELEPHONE 207-449-6159 EMAIL: andy@wilburs.com

MAILING ADDRESS 32 Independence Dr St 22 TOWN/STATE Freeport ME ZIP CODE 04032

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 March 18, 2019

PRINT NAME/TITLE Andrew Wilbur, owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/21/19 FEE PAID \$135

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 Agriculture, Conservation & Forestry
Division of Quality Assurance & Regulations
28 State House Station, Augusta, ME 04333-0028
(207) 287-3841

SERIAL NUMBER

119155

2-23562

November 6, 2018

November 30, 2019

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certifies that
Wilbur's of Maine Chocolate Confections
Wilbur's of Maine Chocolate Confections
174 Lower Main ST, Suite 1
Freeport, ME 04032-1001

OANDY

Location: **174 Lower Main ST, Suite 11,**
Freeport

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type		Authorizations	Fee
Mobile Vendor	0 to 10	Bulk Sales (candy, fruit, nuts, popcorn) Coffee/Tea(prepared on site) Prepackaged Food	20.00
Retail Food Establishment	0 to 10		20.00
Commercial Food Processor		Other Type Candy	50.00
TOTAL:			90.00



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

Commissioner

Director

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL

NEW: DATE OF OPENING _____

Apr 19 '19

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEE: NEW OR RENEWAL - \$125.00 - WILQUOR LICENSE - \$100.00

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) CATERER

NAME OF BUSINESS Maine Shore Lobster Bakes TELEPHONE (207)869-5323

FREEPORT PHYSICAL ADDRESS 14 WARE Road BUSINESS MAILING ADDRESS 14 WARE Road

PRINCIPAL OWNER LEGAL NAME Sonya Day DATE OF BIRTH 5-17-71
(PRINCIPAL STOCKHOLDER IF OWNERS IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL: _____

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDERS IF OWNERS IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL: _____

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDERS IF OWNERS IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL: _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Sonya Day

TELEPHONE (207)869-5323 EMAIL: maine shore lobster bakes @gmail.com

MAILING ADDRESS 14 WARE Road TOWN/STATE Freeport ZIP CODE 04032

BUSINESS MAPLOT # OR BUILDING OWNER (Required for tax verification purposes) Sonya Day formerly Sonya Voutan

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 Sonya Day DATE 4-7-19

PRINT NAME/TITLE Sonya Day Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/8/19 FEE PAID \$150

REAL ESTATE TAXES PIF thru 5/15

PERSONAL PROPERTY TAXES n/a

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: 24209

CATERING

MAINE SHORE LOBSTER BAKES
14 WARE RD
FREEPORT ME 04032

EXPIRES: 04/24/2019

FEE: \$200.00

ATTN SONYA VOUTOUR
MAINE SHORE LOBSTER BAKE LLC
MAINE SHORE LOBSTER BAKES
14 WARE RD
FREEPORT ME 04032



COMMISSIONER

NON-TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

Apr '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 30 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Isabella's Cafe TELEPHONE 865-6635

FREEPORT PHYSICAL ADDRESS 2 School St BUSINESS MAILING ADDRESS 2 School St

PRINCIPAL OWNER LEGAL NAME Catherine Maynard DATE OF BIRTH 5/25/61

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

HOME ADDRESS 184 Cumberland Rd TOWN/STATE N.Yaimath ZIP CODE 04097 EMAIL isabellastfreeport@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) Catherine Maynard

TELEPHONE 865-6635 EMAIL isabellastfreeport@gmail.com

MAILING ADDRESS 2 School St. TOWN/STATE Freeport, Me ZIP CODE 04032

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 C. Maynard DATE 4/10/19

PRINT NAME/TITLE Catherine Maynard / owner-manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/10/19 FEE PAID \$135

REAL ESTATE TAXES PIF thru 5/15

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 _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL

NEW: DATE OF OPENING May 1st 19

Apr '19

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 Arabian sisters kitchen TELEPHONE 671-9573

FREEPORT PHYSICAL ADDRESS 20 Bow St BUSINESS MAILING ADDRESS 17 Big Skye Ln Durham

PRINCIPAL OWNER LEGAL NAME Shiraz Mahmoud DATE OF BIRTH 07/19/95

HOME ADDRESS 17 Big Skye Ln TOWN/STATE Durham ME ZIP CODE 04222 EMAIL: shirazmahmoud95@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) Shiraz Mahmoud

TELEPHONE (207) 671-9573 EMAIL: shirazmahmoud95@gmail.com

MAILING ADDRESS 17 Big Skye Ln TOWN/STATE Durham ME ZIP CODE 04222

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 04/2/19

PRINT NAME/TITLE Shiraz Mahmoud

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/2/19 FEE PAID \$135.00

REAL ESTATE TAXES [Signature]

PERSONAL PROPERTY TAXES [Signature]

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____