

**BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS  
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT  
8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008 (Regular Mail)  
10 WATER STREET, HALLOWELL, ME 04347 (Overnight Mail)  
TEL: (207) 624-7220 FAX: (207) 287-3434  
EMAIL INQUIRIES: [MAINELIQUOR@MAINE.GOV](mailto:MAINELIQUOR@MAINE.GOV)**

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	
Good SOS & DBA:	YES <input type="checkbox"/> NO <input type="checkbox"/>

PRESENT LICENSE EXPIRES: \_\_\_\_\_

NEW application:  Yes  No

If business is NEW or under new ownership, indicate starting date: \_\_\_\_\_

Requested inspection (New Licensees/ Ownership Changes Only) Date : \_\_\_\_\_ Business hours: \_\_\_\_\_

INDICATE TYPE OF PRIVILEGE:  MALT  VINOUS  SPIRITUOUS

**INDICATE TYPE OF LICENSE:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> RESTAURANT (Class I,II,III,IV)       | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI)     | <input type="checkbox"/> CLASS A LOUNGE (Class X)  |
| <input type="checkbox"/> HOTEL (Class I,II,III,IV)            | <input type="checkbox"/> HOTEL, FOOD OPTIONAL (Class I-A) | <input type="checkbox"/> BED & BREAKFAST (Class V) |
| <input type="checkbox"/> GOLF COURSE (Class I,II,III,IV)      | <input type="checkbox"/> TAVERN (Class IV)                | <input type="checkbox"/> QUALIFIED CATERING        |
| <input checked="" type="checkbox"/> OTHER: <u>EVENT VENUE</u> |   | <input type="checkbox"/> SELF-SPONSORED EVENTS     |

(QUALIFIED CATERERS ONLY)

REFER TO PAGE 3 FOR FEE SCHEDULE

HAROLD

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

Corporation Name: <u>FREEPORT VENUE LLC</u>		Business Name (D/B/A) <u>CADENZA</u>	
APPLICANT(S) --(Sole Proprietor) DOB: <u>H. ALAN MOONEY P.E.</u>		Physical Location: <u>5 DEPOT STREET</u>	
DOB: <u>7.29.47</u>		City/Town <u>FREEPORT</u>	State <u>ME</u>
Address <u>5 DEPOT STREET</u>		Zip Code <u>04032</u>	Mailing Address Same As Above? <input checked="" type="checkbox"/>
City/Town <u>FREEPORT</u>	State <u>ME</u>	Zip Code <u>04032</u>	City/Town State Zip Code
Telephone Number <u>207.831.4311</u>	Fax Number	Business Telephone Number <u>207.831.</u>	Fax Number
Federal I.D. # <u>83-3481317</u>	Seller Certificate #: or Sales Tax #:		
Email Address: <u>HALANMOONEY@GMAIL.COM</u>	Website: <u>WWW.CADENZAFREEPORT.COM</u>		

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: NA

2. State amount of gross income from period of last license:  
ROOMS \$ \_\_\_\_\_ FOOD \$ \_\_\_\_\_ LIQUOR \$ \_\_\_\_\_

3. Is applicant a corporation, limited liability company or limited partnership? YES  NO   
If Yes, please complete the Corporate Information required for Business Entities who are licensees.

4. Do you permit dancing or entertainment on the licensed premises? YES  NO



5. Do you own or have any interest in any another Maine Liquor License?  Yes  No (Use an additional sheet(s) if necessary.) If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License # \_\_\_\_\_ Name of Business \_\_\_\_\_

Physical Location \_\_\_\_\_ City / Town \_\_\_\_\_

6. If manager is to be employed, give name: TBD  
 7. Business records are located at: 5 DEPOT STREET, SUITE 12, FREEPORT, ME

8. Is/are applicant(s) citizens of the United States? YES  NO

9. Is/are applicant(s) residents of the State of Maine? YES  NO

10. List name, date of birth, and place of birth for all applicants, managers, and bar managers.

Full Name (Please Print)	DOB	Place of Birth
<u>H. ALAN MOONEY</u>	<u>7.29.47</u>	<u>Somersville, NJ</u>
<u>HAROLD</u>		

11. Residence address on all of the above for previous 5 years (Limit answer to city & state)

Name: <u>H. ALAN MOONEY</u>	City: <u>TOPSHAM</u>	State: <u>ME</u>
Name: _____	City: _____	State: _____
Name: _____	City: _____	State: _____

12. Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States? YES  NO

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_ (use additional sheet(s) if necessary)

13. Will any law enforcement official benefit directly in your license, if issued?

Yes  No  If Yes, give name: \_\_\_\_\_

14. Has/have applicant(s) formerly held a Maine liquor license? YES  NO

15. Does/do applicant(s) own the premises? Yes  No  If No give name and address of owner: \_\_\_\_\_

16. Describe in detail the premises to be licensed: (On Premise Diagram Required) \_\_\_\_\_

SEE ATTACHED

17. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

YES  NO  Applied for: PENDING

18. What is the distance from the premises to the NEAREST school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel? 1/4 MILE

Which of the above is nearest? CHURCH

**UNORGANIZED TERRITORIES \$10.00 filing fee shall be paid directly to County Treasurer. All applicants in unorganized territories shall submit along with their application evidence of payment to the County Treasurer. All applications for NEW or RENEWAL liquor licenses must contact their Municipal Officials or the County Commissioners in unincorporated places for approval and signatures for liquor licenses prior to submitting them to the bureau.**

**All fees must accompany application, make check payable to the Treasurer, State of Maine.**

**This application must be completed and signed by the Town or City and mailed to:  
Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing and Enforcement  
8 State House Station, Augusta, ME 04333-0008 (Regular address)  
10 Water Street, Hallowell, ME 04347 (Overnight address)  
Payments by check subject to penalty provided by Title 28A, MRS, Section 3-B.**

**TO STATE OF MAINE MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:  
Hereby certify that we have complied with Section 653 of Title 28-A Maine Revised Statutes and hereby approve said application.**

**Dated at: \_\_\_\_\_, Maine \_\_\_\_\_**  
City/Town (County)

**On: \_\_\_\_\_**  
Date

**The undersigned being:       Municipal Officers       County Commissioners      of the**  
 City    Town    Plantation    Unincorporated Place   of: \_\_\_\_\_  
Maine

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS APPROVAL EXPIRES IN 60 DAYS**

**NOTICE – SPECIAL ATTENTION**

**§653. Hearings; bureau review; appeal**

**1. Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

**A.** The bureau shall prepare and supply application forms. [1993, c. 730, §27 (AMD).]

**B.** The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located. [1995, c. 140, §4 (AMD).]

**C.** If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending



**Bureau of Alcoholic Beverages and Lottery Operations**  
**Division of Liquor Licensing & Enforcement**  
**8 State House Station, Augusta, ME 04333-0008**  
**10 Water Street, Hallowell, ME 04347 (overnight)**  
**Tel: (207) 624-7220 Fax: (207) 287-3434**  
**Email Inquiries: MaineLiquor@maine.gov**



**ON PREMISE DIAGRAM**  
**(Facility Drawing/ Floor Plan)**

**In an effort to clearly define your license premise and the area that consumption and storage of liquor is allowed. The Division requires all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.**

**Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas with the following: • Entrances • Office area • Kitchen • Storage Areas • Dining Rooms • Lounges • Function Rooms • Restrooms • Decks • All Inside and Outside areas that you are requesting approval.**

SEE ATTACHED

8. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?  Yes  No
9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_


Offense: \_\_\_\_\_

Location of Conviction: \_\_\_\_\_

Disposition: \_\_\_\_\_

Signature:

PLEASE SIGN IN BLUE INK

  
Signature of Owner or Corporate Officer

April 30, 2019  
Date

H. ALAN MOONEY  
Print Name of Owner or Corporate Officer

Submit Completed Forms to:

Bureau of Alcoholic Beverages  
Division of Liquor Licensing and Enforcement  
8 State House Station, Augusta, Me 04333-0008 (Regular address)  
10 Water Street, Hallowell, ME 04347 (Overnight address)  
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434  
Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

**AMENDED  
SCHEDULE A**  
to Amended and Restated Operating Agreement  
of  
**THE FREEPORT VENUE, LLC**

**CLASS A MEMBERS (VOTING)**

<u>Names &amp; Addresses</u>	<u>Membership Interests</u>	<u>Capital Contributions</u>
H. Alan Mooney 17 Twin Pond Road Topsham, ME 04086	15%	\$100,000.00
Susan E. Mooney 17 Twin Pond Road Topsham, ME 04086	15%	\$100,000.00
Matthew C. Fogg at 45 Pine Hill Drive Bath, Maine 04530	30%	Non Cash equipment and services valued \$50,000.00
	60%	

**CLASS B MEMBERS (NON-VOTING)**

<u>Names &amp; Addresses</u>	<u>Membership Interests</u>	<u>Capital Contributions</u>
Stephen Poulos _____ _____	10%	\$ 50,000.00
Dan Skwire _____ _____	10%	\$ 50,000.00
	20%	

**CLASS B MEMBERS (NON-VOTING) – Unallocated 20%**

<u>Names &amp; Addresses</u>	<u>Membership Interests</u>	<u>Capital Contributions</u>
Unallocated	20%	
<b>TOTAL:</b>	<b>100%</b>	



# Town of Freeport, Maine

## Code Enforcement Department

### Certificate of Occupancy

Location: 5 DEPOT STREET

Parcel ID: 010024000000

Issued To: 22 MONUMENT SQUARE LLC

Date Issued: April 25, 2019

This is to certify that the building, premises, or part thereof, at the above location, built-altered-changed as to use under Building Permit No. BP-19-184, has had a final inspection, and appears to comply with the Building Code and the Zoning Ordinance of the Town of Freeport, and is hereby approved for occupancy.

POSITION OF BUILDING OR PREMISES

Suite 5 (Cadenza)

APPROVED OCCUPANCY

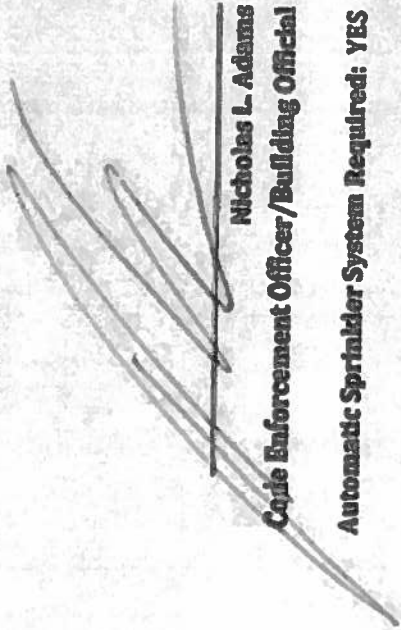
Indoor Arts Center

Use Group A-3

TYPE 5B

IEBC 2015

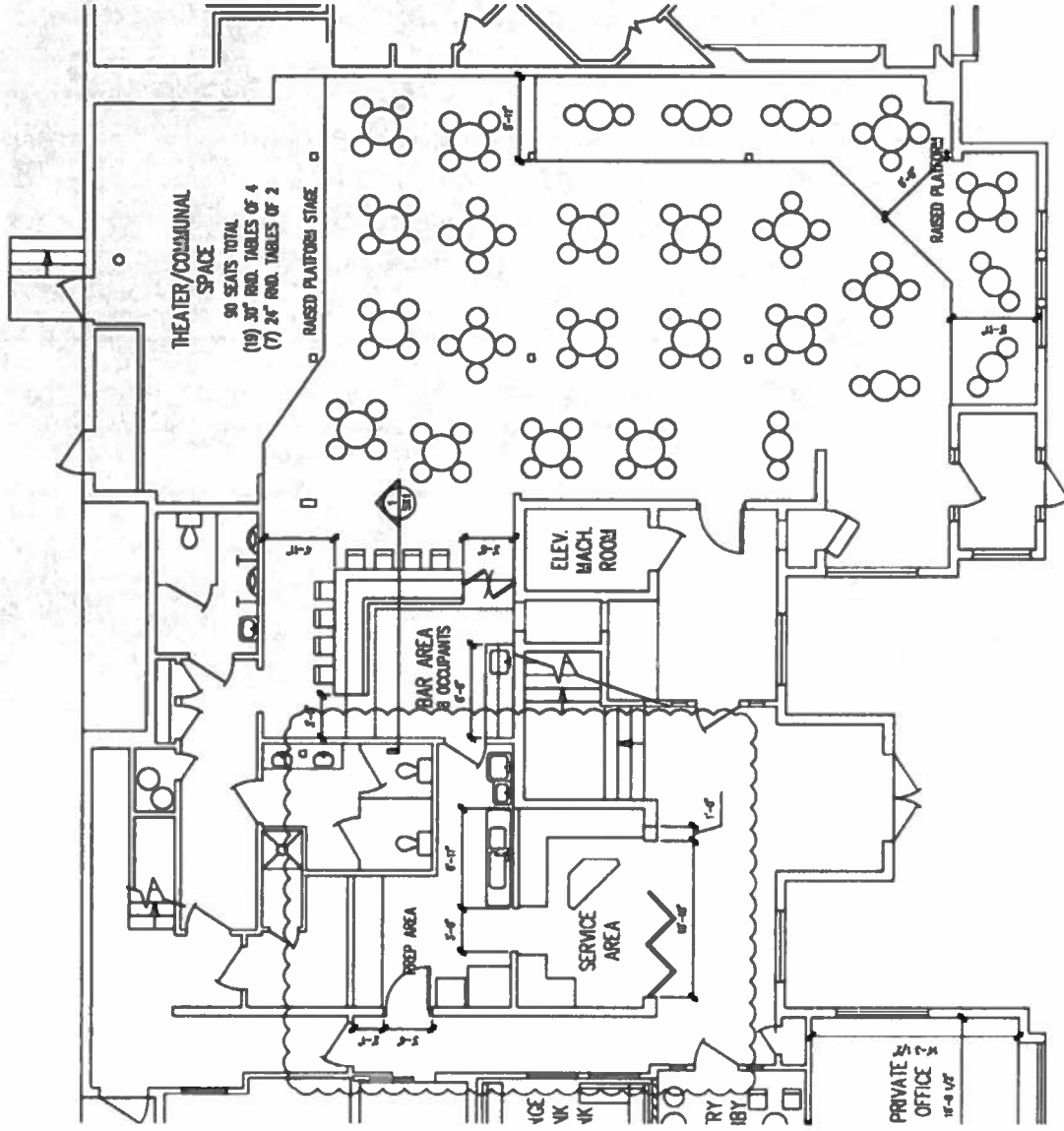
SPECIAL CONDITIONS: None

  
Nicholas L. Adams  
Code Enforcement Officer/Building Official

Automatic Sprinkler System Installed: YES

Automatic Sprinkler System Required: YES





<b>CRITERION</b> ARCHITECTS 5 DEPOT STREET FREEPORT, MAINE TEL. 857-859-0888 FAX 857-859-0888	SHEET NO. 1 <b>FIRST FLOOR PLAN</b> <b>SUITE 3</b> <b>PLAN</b>	SCALE 1/4" = 1'-0" PROJECT NUMBER 020 DECISION OF ISSUED 020 PROJECT NO.	DATE REVISIONS SHEET NO. <b>SK-1</b>
	CURRENT ISSUE STATUS	PROJECT NO.	PROJECT NO.



**OCCUPANT LOAD (IBC Table 1004.1.2):**  
 Floor Seating Area:  
 1,600 sf @ 18 net sf/person 107 occupants  
 Platform Area:  
 374 sf @ 16 net sf/person 25 occupants  
 Bar Seating:  
 10 seating stations 10 occupants  
 148 occupants  
**TOTAL CALC LOAD:** 148 occupants

**NUMBER OF EXITS REQUIRED: 2**  
 (Table 1006.3.1)

**REMOVEMENT OF EXITS (1007.1.1 Exception 2):**  
 Min 1/3 max diagonal distance of the area served.

**EGRESS DOOR WIDTH:**  
 Min 36" per door (1010.1.1)  
 Min 20" total door capacity required for 142 occupants at .27/occupant (1006.3.2)

**EGRESS CAPACITY PER 3'-0" DOOR:**  
 187 occupants (1006.3.2)

**ASSEMBLY AISLE WIDTHS:**  
 Seating areas are non-smoke-protected (1029.5.1)

**MEANS OF EGRESS DISTANCE LIMITS:**  
 To an Exit (Table 1017.2): 260 ft per (Modified by MUBEC to NFPA 101-2009 Table A7.8) and IBC section 1029.7.  
 Common Path of Travel (1029.8): 30 ft.  
 Dead End Limit (1029.4): 20 ft.

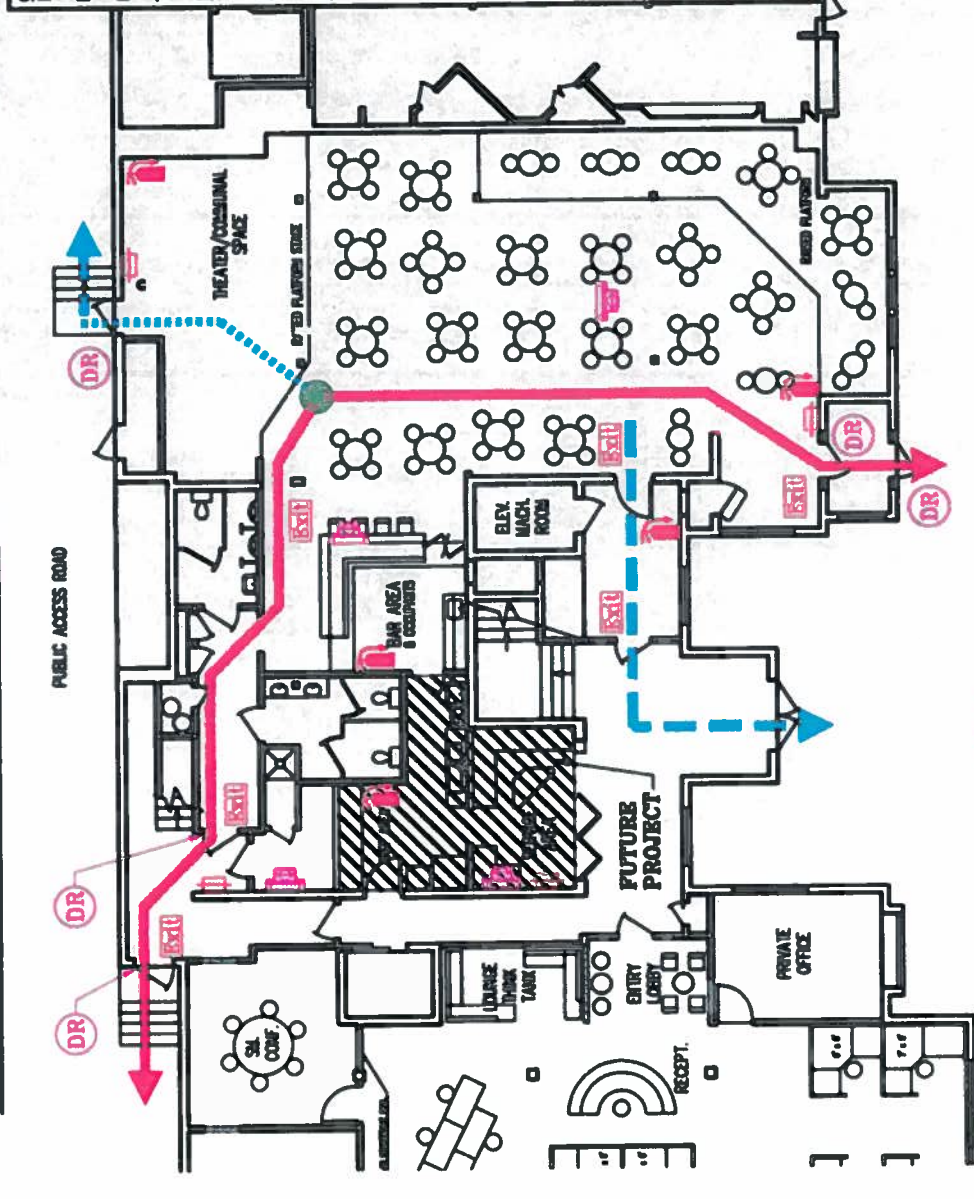
**MAIN ENTRANCE CAPACITY:**  
 Not defined (2018.2) for spaces with fewer than 300 occupants.

**MANUAL FIRE ALARM PULLS (907.4.2.1):**  
 Within 60' of exits (907.4.2.1)

Proposed revisions: 4/16/2019

**5 DEPOT STREET**  
 FREEPORT, MAINE  
**FIRST FLOOR PLAN**  
 ASB CAD Drafting Services, Inc.  
 (207) 646-4528

Sheet: 00532A Date: 03/19/2018



- You Are Standing Here
- Primary Evacuation Route
- Secondary Evacuation Route
- Building Exit
- Fire Extinguisher
- Pull Station
- Emergency Lights
- Horn / Strobe
- Door with Panic Hardware