

FREEPORT VICTUALER LICENSE APPLICATION

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

ITEM # 76-20 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 \_\_\_\_\_ (NUMBER OF SEATS)

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

OTHER FOOD BUSINESS (DESCRIBE) retail confections

~~174 Lower Main St~~  
~~Main St~~

13 Bow St

NAME OF BUSINESS A. Wilbur's Candy Shoppe TELEPHONE 207-865-6129

FREEPORT PHYSICAL ADDRESS 13 Bow St BUSINESS MAILING ADDRESS 174 Lower Main St

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, ME ZIP CODE 04032 EMAIL: andy@wilbur.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) Andy Wilbur

TELEPHONE 207-865-4071 EMAIL: andy@wilbur.com

MAILING ADDRESS Same - business mailing TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

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 April 16, 2026

PRINT NAME/TITLE Andrew Wilbur

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/14 FEE PAID \$135.00

REAL ESTATE TAXES \_\_\_\_\_

PERSONAL PROPERTY TAXES \_\_\_\_\_

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) N/A

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

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CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
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~~13 Bow St~~

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

174 Lower  
Main Street

RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)

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

OTHER FOOD BUSINESS (DESCRIBE) retail confectioner

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

FREEPORT PHYSICAL ADDRESS 174 Lower Main St BUSINESS MAILING ADDRESS Freeport

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, 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 PRIMARLY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Andy Wilbur

TELEPHONE 207-449-4071 EMAIL: andy@wilburs.com

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

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

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 April 16, 2020

PRINT NAME/TITLE Andrew Wilbur

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/16 FEE PAID \$135.00

REAL ESTATE TAXES pd

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 \_\_\_\_\_

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 +/-100 (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 Street , Freeport, ME BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Kemal Cigri DATE OF BIRTH 8/8/1965

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

HOME ADDRESS 4 A Cigri Drive TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: Kcigri@yahoo.com

ADDITIONAL OWNER LEGAL NAME Erkan Cigri DATE OF BIRTH 09/22/1969

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

HOME ADDRESS 20 Curtis RD TOWN/STATE Freeport, ME 04032 ZIP CODE 04032 EMAIL: Tina\_cigri@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: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Tina Cigri

TELEPHONE 207 632-8660 EMAIL: Tina\_cigri@yahoo.com

MAILING ADDRESS 20 Curtis RD Freeport 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? \_\_\_\_\_

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

APPLICANT SIGNATURE Kemal Cigri DATE 4/14/2020

PRINT NAME/TITLE Kemal Cigri/ co-owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/16/20 FEE PAID \$150.00 V# 4903

REAL ESTATE TAXES paid due Nov. 2019

PERSONAL PROPERTY TAXES P/F

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) N/A

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

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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 75 (NUMBER OF SEATS)  
 BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)  
 OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS BRICKYARD HOLLOW BREWING TELEPHONE 869-5357

FREEPORT PHYSICAL ADDRESS 20 BOW STREET BUSINESS MAILING ADDRESS 236 MAIN ST YARMOUTH, ME 04096

PRINCIPAL OWNER LEGAL NAME BRAD MOLL DATE OF BIRTH 7/4/72  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 217 HILLSIDE TOWN/STATE YARMOUTH ME ZIP CODE ME EMAIL brad.moll@brickyardhollow.com

ADDITIONAL OWNER LEGAL NAME FRANK GRANDIN DATE OF BIRTH 3/6/72  
(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 MEDGIROS

TELEPHONE 207-747-8045 EMAIL BRENDON@BRICKYARDHOLLOW.COM

MAILING ADDRESS 236 MAIN STREET YARMOUTH, ME 04096 TOWN/STATE YARMOUTH, ME ZIP CODE 04096

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) TAKE TWO, 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 Brendon Medgiros DATE 4/13/20

PRINT NAME/TITLE BRANDON MEDGIROS / DIRECTOR OF OPERATIONS

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/16/20 FEE PAID \$150 credit

REAL ESTATE TAXES Post Due - Take Two LLC owner

PERSONAL PROPERTY TAXES Post Due 2020 only

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) N/A

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

FREEPORT VICTUALER LICENSE APPLICATION

Apr '20

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

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

OTHER FOOD BUSINESS (DESCRIBE) Retail business w/ baked goods + soups to go

NAME OF BUSINESS Bessies Farm Goods TELEPHONE 865-9840

FREEPORT PHYSICAL ADDRESS 33 Litchfield Rd BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Katherine Heye DATE OF BIRTH 8-22-50

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

HOME ADDRESS 33 Litchfield TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: bessiesfarmgoods@gmail

ADDITIONAL OWNER LEGAL NAME Elisabeth Montgomery DATE OF BIRTH 7-25-50

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

HOME ADDRESS 78 South St TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: bessiesfarmgoods@gmail

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) Katherine Heye Elisabeth Montgomery

TELEPHONE 865-9840 EMAIL: bessiesfarmgoods@gmail.com

MAILING ADDRESS 33 Litchfield Rd TOWN/STATE Freeport ME ZIP CODE 04032

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

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 Katherine Heye DATE 3/2/2020

PRINT NAME/TITLE Katherine L. Heye - CO owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/5/20 FEE PAID \$135

REAL ESTATE TAXES PIF

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 \_\_\_\_\_

FREEPORT VICTUALER LICENSE APPLICATION

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

Apr '20

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 100 (NUMBER OF SEATS)  
 BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)  
 OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS RC Management - McDonalds of Freeport TELEPHONE 865-9566

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

PRINCIPAL OWNER LEGAL NAME Ronald Lydick DATE OF BIRTH 10/30/67  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 32 Field Rd TOWN/STATE Falmouth, Me ZIP CODE 04105 EMAIL: Ron.Lydick@partners.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) Rhonda Sprague

TELEPHONE 207-582-0855 EMAIL: Rhonda.Sprague@us.stores.mcd.com

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

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 012-630-000-000

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 G Lydick DATE 3/17/2020

PRINT NAME/TITLE Ronald G. Lydick

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/23/2020 FEE PAID \$135.00

REAL ESTATE TAXES P I F

PERSONAL PROPERTY TAXES P I F

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

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

FREEPORT VICTUALER LICENSE APPLICATION

Apr '20

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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 28 (NUMBER OF SEATS)  
 BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)  
 OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Isabella's Cafe & Bakery TELEPHONE 865-6635

FREEPORT PHYSICAL ADDRESS 2 School St. BUSINESS MAILING ADDRESS SAME

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. Yarmouth ZIP CODE 04097 EMAIL isabellasfreeport@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 207-956-2498 EMAIL isabellasfreeport@gmail.com

MAILING ADDRESS 184 Cumberland Rd TOWN/STATE N. Yarmouth ZIP CODE 04097

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

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 3/24/2020

PRINT NAME/TITLE Catherine Maynard - owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/30/2020 FEE PAID \$ 135.00

REAL ESTATE TAXES DIF

PERSONAL PROPERTY TAXES DIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

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

FREEPORT VICTUALER LICENSE APPLICATION

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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) \_\_\_\_\_

NAME OF BUSINESS Applewood Inn TELEPHONE 207-865-9858

FREEPORT PHYSICAL ADDRESS 10 Holbrook St, Freeport, ME 04032 BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Joseph Yilmaz DATE OF BIRTH 6/19/71

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

HOME ADDRESS 7 Maple Ave TOWN/STATE Freeport ZIP CODE 04032 EMAIL: applewoodusa@hotmail.com

ADDITIONAL OWNER LEGAL NAME Jennifer Yilmaz DATE OF BIRTH 3/8/73

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

HOME ADDRESS 7 Maple Ave TOWN/STATE Freeport ZIP CODE 04032 EMAIL: applewoodusa@hotmail.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) Joseph Yilmaz

TELEPHONE 207-865-9858 EMAIL: applewoodusa@hotmail.com

MAILING ADDRESS 10 Holbrook St TOWN/STATE Freeport ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Joseph A Yilmaz

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 03-02-20

PRINT NAME/TITLE Joseph A Yilmaz Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/5/20 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 \_\_\_\_\_



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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) Hotel with 77 guest rooms

NAME OF BUSINESS Hampton Inn Freeport TELEPHONE (607) 865-1400

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

PRINCIPAL OWNER LEGAL NAME Pendleton Point Hotels 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 (607) 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 3/12/2020

PRINT NAME/TITLE Beth Peters  
Controller

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/16/2020 FEE PAID \$150.00

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 \_\_\_\_\_

FREEPORT VICTUALER LICENSE APPLICATION

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

Apr '20

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 Cedar Haven Family Campground TELEPHONE (207) 869-5024

FREEPORT PHYSICAL ADDRESS 39 Baker Rd. Freeport, Maine BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Theodore Crooker DATE OF BIRTH 5/29/49

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 44 Storer Rd. TOWN/STATE Brunswick ZIP CODE 04011 EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME Faith Crooker DATE OF BIRTH 10/23/05

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 44 Storer Rd TOWN/STATE Brunswick ZIP CODE 04011 EMAIL: info@cedarhavenlk.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) Rodney C. Johnson

TELEPHONE (207) 869-5024 EMAIL: \_\_\_\_\_

MAILING ADDRESS 39 Baker Road 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 Theodore D. Crooker DATE 3/10/2020

PRINT NAME/TITLE Theodore D. Crooker

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/11/20 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 \_\_\_\_\_

FREEPORT VICTUALER LICENSE APPLICATION

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

Apr '20

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 207.865.2235

FREEPORT PHYSICAL ADDRESS 95 Main 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 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 100 Davis St TOWN/STATE South Portland ME ZIP CODE \_\_\_\_\_ EMAIL Alan@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 Lindemann

TELEPHONE 207.831.7051 EMAIL Mal@coffeebydesign.com

MAILING ADDRESS 1 Diamond St TOWN/STATE Portland, ME ZIP CODE 04101

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) LL 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 3/3/2020

PRINT NAME/TITLE Mary Allen Lindemann  
Co-Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/9/2020 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 \_\_\_\_\_