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:	□ PEDOLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
- II.	PEDDLER/TOWN PROPERTY
	/A CONV. CO. 11.11.11.11.11.11.11.11.11.11.11.11.11
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED) RESTAURANT (NUMBER OF SEATS) 13 Bow St
	DI BED AND BREAKFAST (NUMBER OF ROOMS)
	OTHER FOOD BUSINESS (DESCRIBE) retail confections
	OTHER POOD BOSINESS (DESCRIBE)
	A. Wilbur's Cardy Shoppe TELEPHONE 207-865-6129
FREEPORT PHYSICA	EGAL NAME Andrew Wilbur DATE OF BIRTH 5/21/74
	A 1 1511
PRINCIPAL OWNER L	EGAL NAME Hudrew Wilbur DATE OF BIRTH 5 21 19
FRINCE	AL STOCKSTULDER IP UNIKERISTIS A LURPUKATIUM
HOME ADURESS 3	2 Independence TOWN/STATE Freeport, ME ZIPCODE 04032 EMAIL: andy @ wilburs.
	LEGAL NAMEDATE OF BIRTH
	TOWN/STATE ZIP CODE EMAIL:
Nome Nobitedo	TOTAL ZIP CODE EMAIL:
ADDITIONAL OWNER	LEGAL NAME DATE OF BIRTH
	VAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Andy Wilbur
	The division of the bosiness)
TELEPHONE 20	7-865-4071 EMAIL: andy @ wilburs, com
MAILING ADDRESS_	Same - business mailing TOWNISTATE ZIP CODE
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes) KL: F Enterprises
DOES THE OWNER OF	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO VOLID IZNOMS EDG	OF 10 THIS CHICKNESS IN LIGHT ATION OF ANNA MINUSIPAL PROMISES.
	SE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO TOOK KNOWLEDG	E. IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATUR	DATE April 16, 2026
PRINT NAME/TITLE	Andrew Wilbur
PRINT NAME/TITLE	Truck Com Volland

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE	
DATE APPLICATION RECEIVED 4/16 FEE PAID \$135, 00	
FEE PAID FEE PAID	
REAL ESTATE TAXES	
PERSONAL PROPERTY	
FIRE DEPARTMENT AF	PPROVALPOLICE CHIEF APPROVAL
CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL I	DATELICENSE NUMBEREXPIRATION DATE
	EAL MATION DATE

RENEWAL

NEW: DATE OF OPENING ___

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	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)	
	RESTAURANT (NUMBER OF SEATS) BED AND BREAKFAST (NUMBER OF ROOMS)	
	TOTHER FOOD BUSINESS (DESCRIBE) retail confectioner	
NAME OF BUSINES	8 Wilbur's of Maire Chacolete Confections 207-865-4071	
FREEPORT PHYSIC	AL ADDRESS (74 Lower Main-St BUSINESS MAILING ADDRESS Freeport	
PRINCIPAL OWNER	LEGAL NAME Andrew Wilbur DATE OF BIRTH 5/21/74	
(PRINCI	PAL STOCKHOLDED IS AUMERICA IS A CODDOMATION	
HOME ADDRESS	32 Independence TOWN/STATE Freeport ME ZIPCODE 04032 EMAIL andy @wilburs.	
ADDITIONAL OWNE	R LEGAL NAME DATE OF BIRTH	
	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:	
ADDITIONAL OWNE	R LEGAL NAMEDATE OF BIRTH	
	ONAL 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 Wilbor	
TELEPHONE 2	07-449=4071 EMAIL: andy @ wilburs. 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?	
	GE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?	
TO YOUR KNOWLED	IGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?	
APPLICANT SIGNATI	JRE alline DATE April 16, 2020	
PRINT NAME/TITLE	Andrew Wilbur	
VF1000 170074 10 00 00 00 00 00 00 00 00 00 00 00 00		
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE		
DATE APPLICATION	RECEIVED 4/10 FEE PAID \$135.00	
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PERSONAL PROPER	O.Y.	
FIRE DEPARTMENT	> 1/ IN-	
	IT APPROVAL (NEW ESTABLISHMENTS ONLY)	
	DATELICENSE NUMBEREXPIRATION DATE	

O RENEWAL

O NEW: DATE OF OPENING __

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	• PEDDLER/TOWN PROPERTY	
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)	
	O RESTAURANT +/-100 (NUMBER OF SEATS)	
	O BED AND BREAKFAST (NUMBER OF ROOMS)	
	O OTHER FOOD BUSINESS (DESCRIBE)	
NAME OF BUSINESS	s Mediterranean Grill	TELEPHONE 207 865 1688
FREEPORT PHYSICA	AL ADDRESS 10 School Street , Freeport, ME BUSINESS	MAILING ADDRESS Same
PRINCIPAL OWNER	LEGAL NAME Kemal Cigri	DATE OF BIRTH 8/8/1965
(PRINCIP HOME ADDRESS 4 A	A Cigri Drive TOWNSTATE Freeport ME	_ziPCODE_04032_EMAIL_Kcigri@yahoo.com
ADDITIONAL OWNER	R LEGAL NAME Erkan Cigri	DATE OF BIRTH 09/22/1969
(ADDITIO	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) Curtis RD	710 CODE 04032 FMM, Tina_cigri@yahoo.com
HOME ADDRESS 20	TOWNSTATE TROPOUT, ME 04002	ZIP CODE EMAIL: - 5
ADDITIONAL OWNER	R LEGAL NAME	DATE OF BIRTH
-	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS	TOWN/STATE	ZIP CODEEMAIL:
	(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) TINA CI	
TELEPHONE 207	7 632-8660 _{EMAIL} :Tina_cigri@y	/ahoo.com
MAILING ADDRESS	20 Curtis RD Freeport Towns	STATE Freeport, ME ZIP CODE 04032
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes)	to the second se
DOES THE OWNER	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXE	S TO THE TOWN OF FREEPORT?
	DGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE?	
	10	
APPLICANT SIGNATU	URE Demucifoi	DATE 4/14/2020
PRINT NAME/TITLE	Kemal Cigri/ co-owner	

	AUTHORIZED SIGNATURES - TOWN CLERK	TO COMPLETE
DATE APPLICATION	RECEIVED 4/4/20 FEE PAID	\$150.00 V# 4903
REAL ESTATE TAXES		
PERSONAL PROPER	RTY TAXES PIF	
	APPROVALPOLICE CHIEF A	
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	O PEDDLER/TOWN PROPERTY		
	(A COPY OF INSURANCE POLICY MUST BE ATTACHE	D)	
	RESTAURANT (NUMBER OF SEATS)		
	O BED AND BREAKFAST (NUMBER OF RO	OMS)	
	O OTHER FOOD BUSINESS (DESCRIBE)		
NAME OF BUSINESS	BRICKYARD HOLLOW BREMAG	TELEPHONE	869 - 5357
FREEPORT PHYSICAL	ADDRESS 20 BOW STREET	_BUSINESS MAILING ADDRESS	235 MAIN ST CHOPS
	GAL NAME BRAD MOLL		DATE OF BIRTH7/4/72
	STOCKHOLDER IF OWNER(S) IS A CORPORATION)	•: MG	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOME ADDRESS	17 HRLS/OK TOWN/STATE YARMAN	ZIPCODE ///C	EMAIL brod mall @bricky and hollow .co
ADDITIONAL OWNER L	EGAL NAME_ FRAME GRONDIN		_DATE OF BIRTH
(ADDITION)	STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)		
HOME ADDRESS 6	W MOIN ST TOWN/STATE YARMOVI	ME ZIP CODE CHOCK	EMAIL: Fagandin Qgnal com
	_		J
ADDITIONAL OWNER L			DATE OF BIRTH
HOME ADDRESS	STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE	ZIP CODE	EMAIL .
			EMAIL.
CONTACT PERSON(PER	SON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)	BRENDON MEDELRUS	
_			15.
TELEPHONE ZO	- 747 - 8X5 EMAIL: 924N	NO BONDUL DANNI	1 C6m
		CALL THOMOGO	
MAILING ADDDESS			
MAILING ADDRESS			TH, ME ZIP CODE 04096
	236 Main STREET YMEMONTH, ME OYO	16 TOWN/STATE YAANOU	TH, MC ZIP CODE 04096
			TH, MC ZIP CODE 04096
BUSINESS MAP/LOT#	236 Main STREET YMEMONTH, ME OYO	76 TOWN/STATE YARMOUT TAKE Tho LL	ZIP CODE 04096
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BUSINESS MAP/LOT # DOES THE OWNER OF TO YOUR KNOWLEDGE TO YOUR KNOWLEDGE APPLICANT SIGNATURE PRINT NAME/TITLE DATE APPLICATION REREAL ESTATE TAXES PERSONAL PROPERTY FIRE DEPARTMENT APPLICATION APPLICATION APPLICATION RE	R BUILDING OWNER (Required for tax verification purposes). THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIE IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL OF IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FELL BRANCH MEMORIAL OR FELL OF ANY STATE OR FELL OR FE	TAICE TWO LL SOR TAXES TO THE TOWN OF FR DINANCE? DATE DATE WARNER TO COMPLETE PAID \$150 DASH DUE -TAKE CE CHIEF APPROVAL	EEPORT? NO Credit

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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)
1	RESTAURANT(NUMBER OF SEATS)
	BED AND BREAKFAST (NUMBER OF ROOMS)
	MOTHER FOOD BUSINESS (DESCRIBE) Retail brusiness w/ booked goods + Sorgos togo
NAME OF BUSINESS	Dessies Farm Goods TELEPHONE 865-9840
FREEPORT PHYSICAL A	ADDRESS 33 LIEMERORD BUSINESS MAILING ADDRESS SOME
PRINCIPAL OWNER LEG	GAL NAME & atherine Heye DATE OF BIRTH 8-22-50
(PRINCIPAL S	STOCKHOLDER IF OWNERSTIS A CORPORATION)
HOME ADDRESS	3 Litchtichownistate treeport ME zipcodel 403/Email CESSICSTON goods @ qual
ADDITIONAL OWNER LE	EGAL NAME EVEN BOTO MONTAGEMENT DATE OF BIRTH 7-25-50 STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION.
HOME ADDRESS	8 South St. TOWNISTATE Freepat HE ZIP CODE 04032 EMAIL: DESSIESTINGOODS @ 9 MAIL
ADDITIONAL OWNER LE	GAL NAMEDATE OF BIRTH STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
	Value II. Hay the Malada
CONTACT PERSON(PERS	SON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) TO STILL INCHEST TO THE BUSINESS) TO STILL THE BUSINESS OF THE BUSINE
TELEPHONE 865	-9840 EMAIL DESSIES Farm goods@gmail.com
MAILING ADDRESS 3	32 Litchtied Rd- TOWNISTATE TREPORT MEZIP CODE 04032
	VIII
BUSINESS MAP/LOT # O	R BUILDING OWNER (Required for tax verification purposes) hat well the Italy
DOES THE OWNER OF T	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	Karlesene 1 Har DATE 3/2/2020
1	
PRINT NAME/TITLE	Fatherine L. Heye - CO owner

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION REC	EIVED 3/5/20 FEE PAID \$/13.5
REAL ESTATE TAXES	0.0
PERSONAL PROPERTY T	
FIRE DEPARTMENT APPR	
CODE ENFORCEMENT AS	PPROVAL (NEW ESTABLISHMENTS ONLY) 1
COUNCIL APPROVAL DAT	TEEXPIRATION DATE

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	PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT /00 (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	LADDRESS 11 Mallet Drive, Business Mailing ADDRESS P.O Box 8, Gardiner Me
PRINCIPAL OWNER L	EGAL NAME ROYAL Lydick DATE OF BIRTH 10/30/67 LA FIELD ROL TOWNISTATE FOR INDUST, WE ZIPCODE DY US EMAIL: ROM, Lydicke, partners
(PRINCIPA	L STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS3	2 Field Rd TOWNISTATE Followith, Me ZIPCODED41US EMAIL PON LYDICKED , partners
	com
	LEGAL NAMEDATE OF BIRTH
	IAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
ADDITIONAL OWNER	LEGAL NAMEDATE OF BIRTH
(ADDITION	IAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
	erson primarily responsible for operation of the Business) Rhunda Sprague
24-	2 662 2666 20 . 6
TELEPHONE OX V	7-582-0855 EMAIL Rhonda, Spraque a US. stores, med. com
	P.O Boy 8 TOWNISTATE Gardiner Me ZIP CODE 04345
	TOWNSTATE OUTSING PIL ZIP CODE 194373
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes) 012 - 630 - 60C - 000
DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	E, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO
TO YOUR KNOWLEDGE	E, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO
4551104415 010415	
APPLICANT SIGNATUR	E Kould A hydre DATE 3/17/2020
PRINT NAME/TITLE	Donald G Ludge
TOTAL MANUEL TIEL	Tronger 6. Again

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	7 1 2 1 2 1 2 1 2 1 2 1 2
DATE APPLICATION RE	CEIVED 312312020 FEE PAID \$ 135,00
REAL ESTATE TAXES	PIF
PERSONAL PROPERTY	TAYES PIF
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CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DA	ATELICENSE NUMBEREXPIRATION DATE

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	PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT 28 (NUMBER OF SEATS)
	DED AND BREAKFAST (NUMBER OF ROOMS)
	OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	Isabella's Case a Bakey TELEPHONE 865-6635
FREEPORT PHYSICA	AL ADDRESS 2 5 Chool St. BUSINESS MAILING ADDRESS 5AME
PRINCIPAL OWNER L	EGAL NAME Cotherine Maynaul DATE OF BIRTH 5/25/61
(PRINCIP.	AL STOCKHOLDER IF OWNERS) IS A CORPORATION) The Combuland Mounistate Noyamo with zipcode 04097 EMAIL Sabulas Gregorica
HOME ADDRESS (7	ZIPCODE DE LE EMAIL SOLUTION DE LE CONTRACTOR DE LE CONTRACTOR DE LE CONTRACTOR DE LE CONTRACTOR DE LA CONTR
ADDITIONAL OWNER	LEGAL NAME DATE OF BIRTH
	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
APPITION AND ONLY OF	
ADDITIONAL OWNER	LEGAL NAMEDATE OF BIRTH
	TOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(P	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) CACHERINE Maynaul
2 0.	
TELEPHONE -0	7-956-2498 EMAIL isabellas freeport@gnail.com
MAILING ADDRESS_	184 Cumbuland Role TOWNSTATE N. Youmarth ZIP CODE 04087
BUSINESS MAP/LOT #	FOR BUILDING OWNER (Required for tax verification purposes) LARRY Greenlaw
	The state of the section of the sect
DOES THE OWNER O	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	SE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDG	BE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATUR	RE(May no DATE 3/24/2020
PRINT NAME/TITLE	Cartherine maynard - owner
THE THE THE	Carried Tragillar a - Scotter
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RI	ECEIVED 3 3/30/200 FEE PAID \$ 135.00
REAL ESTATE TAXES	PI-
PERSONAL PROPERTY	YTAXES DIF
FIRE DEPARTMENT AF	PROVAL
CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY) 1
COUNCIL APPROVAL D	DATEEXPIRATION DATE

RENEWAL

NEW: DATE OF OPENING

Apr'20

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEES: NEW OR RENEWAL - \$135.00 - WILIQUOR LICENSE - \$150.00

CHECK ONE:	O 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	s Applewood Inn TELEPHONE 207-865-9858
FREEPORT PHYSIC	AL ADDRESS O Holbrook St. Freeport, ME 04032 BUSINESS MAILING ADDRESS Same
	LEGAL NAME Joseph Yilmaz DATE OF BIRTH 6/19/71
HOME ADDRESS	T Mania Australia (Section 1)
FIONE ADDRESS	7 IVIADIE AVETOWN/STATE _ FreeportZIPCODE _ 04032 _ EMAIL: _ applewoodusa@hotmail.com
ADDITIONAL OWNER	R LEGAL NAME Jennifer Yilmaz
(ADDITIO	DAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION!
HOME ADDRESS	7 Maple AveTOWN/STATEFreeport ZIP CODE
ADDITIONAL OWNER	DATE OF RIPTU
(ADDITIO	WAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) DATE OF BIRTH
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
TECEP HOIVE	207-865-9858 EMAIL: applewoodusa@hotmail.com 10 Holbrook St TOWNISTATE FreePort
	ZIP CODE 04032
BOOMEGO WARREOT	# OR BUILDING OWNER (Required for tax verification purposes) Joseph A Yilmaz
DOES THE OWNER O	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?NO
TO YOUR KNOWLEDG	BE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE? NO
TO YOUR KNOWLEDG	BE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO
	AM OI I.
APPLICANT SIGNATUR	DATE _ 03-02-20
PRINT NAME/TITLE	Joseph A Yilmaz Owner
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	. alai
DATE APPLICATION RE	ECEIVED # 3/5/80 FEE PAID # 1.35
REAL ESTATE TAXES	plf
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IRE DEPARTMENT API	POLICE CHIEF APPROVAL
ODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)
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RENEWAL

NEW: DATE OF OPENING ___

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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)	
	DOTHER FOOD BUSINESS (DESCRIBE) HOTE WITH TI QUEST rooms	
NAME OF BUSINESS	Hampton Ing Francit - 6-7) 8/5-11100	
FREEPORT PHYSICAL	LADDRESS 1941 LOWER Main St BUSINESS MAILING ADDRESS FREEDOWT, ME '010	
PRINCIPAL OWNER LI	EGAL NAME PENDLEton Point Hotels Frequet UC DATE OF BIRTH NA	
HOME ADDRESS	Main St. TOWNSTATE Free part ZIPCODECHOODEMAIL GOLDON, CLOSK Socite # 210	
	1500 000	
	LEGAL NAMEDATE OF BIRTHDATE OF BIRTH	
	TOWN/STATEZIP CODE EMAIL:	
ADDITIONAL OWNER	LEGAL NAMEDATE OF BIRTH	
	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATEZIP CODEEMAIL:	
CONTACT PERSON(PE	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) GOOD COSK	
TELEPHONE 6	7) 865-1400 EMAIL: GOLDON. CLOSKO hilton. com	
MAILING ADDRESS	94 LOWER Main St. TOWNISTATE Free port, MEZIP CODE CHO32	
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes) 067-003-000-000	
DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?	
TO YOUR KNOWLEDGE	E, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?	
TO YOUR KNOWLEDGE	E, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?	
APPLICANT SIGNATUR	BOUR POLOS DATE 3/12/2020	
PRINT NAME/TITLE	Beth Peters	
	Controller	
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE		
DATE APPLICATION RE	CEIVED 3116 3000 FEE PAID \$15000	
REAL ESTATE TAXES	PIF	
PERSONAL PROPERTY	TAXES PIF	
FIRE DEPARTMENT API	PROVALPOLICE CHIEF APPROVAL	
CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)	
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RENEWAL

NEW: DATE OF OPENING_

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 TELEPHONE (201) 869-5024
FREEPORT PHYSICA	AL ADDRESS AND ALEX POL. BUSINESS MAILING ADDRESS SAME
	meeport, main
PRINCIPAL OWNER L	LEGAL NAME NOBAUL CHOOKEY DATE OF BIRTH D 29 49
HOME ADDRESS	ALSTOCKHOLDER IF OWNESTATE BRUNGWICK ZIPCODE DHOLLEMAIL:
ADDITIONAL OWNER	DATE OF BIRTH O
7 11	NAL SIDERHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	+ STOREN LO TOWN/STATE BOUNGUICK ZIP CODE GOT I EMAIL: INTO WOOD AND THE
ADDITIONAL OWNER	LEGAL NAME DATE OF BIRTH
(ADDITION	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
CONTACT DEBCON	Brange 1 1. Talenda.
CONTACT PERSON/PE	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) POLICY C. JOWES Y
TELEPHONE 20)819-50 4 EMAIL:
MAILING ADDRESS	39 Baker hoad TOWN/STATE FREPORT, Me ZIP CODE 04632
DISSINESS MADE OF A	OF BUILDING CHAIRD IN 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BUSINESS MAPILUT #	OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER OF	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO VOLID INIONI EDO	NO
TO YOUR KNOWLEDG	E. IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
10 TOOK KNOWLEDG	This againess in Figure OR FEDERAL LAW?
APPLICANT SIGNATUR	RE Moder Mader DATE 2 10 200
PRINT NAME/TITLE	Thudore D. Crooker

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	71.10-
DATE APPLICATION RE	ECEIVED 3/11/20 FEE PAID \$ 135.00
REAL ESTATE TAXES	PIF
PERSONAL PROPERTY	TAXES PIF
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CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)
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RENEWAL

NEW: DATE OF OPENING

Apr 20

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)
	DOTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	
	AL ADDRESS 95 MWNSt BUSINESS MAILING ADDRESS PORTIONAL DYLO]
PRINCIPAL OWNER	LEGAL NAME Mary Allen Lindemann DATE OF BIRTH 03/04/1960 PAL STOCKHOLDER IF OWNERS) IS A CORPORATION DATE OF BIRTH 03/04/1960
HOME ADDRESS	hichards on townistate Portland Ma zipcode 1108 EMAIL & Offee by design it
	PALEGAL NAME HUN 6. SPECIAL DATE OF BIRTH 07/18/1961
	Die Davis St Townstate South Por Hand zip code Hand offeeby design con
ADDITIONAL OWNER	DATE OF BIRTH
HOME ADDRESS	WAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(F	PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) May Blen Lindeman
TELEPHONE 207	. 831. 7051 EMAIL MALO COffee by design. 10m
MAILING ADDRESS_	1 Dumondst TOWNISTATE ME ZIP CODE 04101
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes) LL Black
DOES THE OWNER C	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	GE, IS THIS BUSINESS IN VIOLATION OF <u>ANY MUNICIPAL ORDINANCE?</u> GE, IS THIS BUSINESS IN VIOLATION OF <u>ANY STATE OR FEDERAL LAW?</u> WD
APPLICANT SIGNATU	DATE 3/3/2020
PRINT NAME/TITLE	Mary Blen undernann
	0- Fruner_
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION R	RECEIVED 3 9 2000 FEE PAID \$ 135. 70
REAL ESTATE TAXES	PIÉ,
PERSONAL PROPERT	Y TAXES PF
FIRE DEPARTMENT A	PPROVALPOLICE CHIEF APPROVAL
CODE ENFORCEMENT	T APPROVAL (NEW ESTABLISHMENTS ONLY) (C)
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