



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

Application for an On-Premises License

All Questions Must Be Answered Completely. Please print legibly.

| Division Use Only | |
|-------------------|--|
| License No: | |
| Class: | By: |
| Deposit Date: | |
| Amt. Deposited: | |
| Payment Type: | |
| OK with SOS: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Section I: Licensee/Applicant(s) Information;
Type of License and Status**

| | |
|--|---|
| Legal Business Entity Applicant Name (corporation, LLC): SUNRISE CAFE LLC | Business Name (D/B/A): Sunrise Cafe LLC |
| Individual or Sole Proprietor Applicant Name(s): June Chambers | Physical Location: 475 US RT 1 FREEPORT |
| Individual or Sole Proprietor Applicant Name(s): TIMOTHY CHAMBERS | Mailing address, if different: P.O. Box 92 S. FREEPORT 04078 |
| Mailing address, if different from DBA address: P.O. Box 92 S. FREEPORT 04078 | Email Address: LSSHIGHLIGHT@outlook.com |
| Telephone # Fax #: 207 865-6615 | Business Telephone # Fax #: 207 865-6615 |
| Federal Tax Identification Number: 010557420 | Maine Seller Certificate # or Sales Tax #: 1090698 |
| Retail Beverage Alcohol Dealers Permit: | Website address: / |

1. New license or renewal of existing license? New Expected Start date: _____
 Renewal Expiration Date: 5/30/2023
2. The dollar amount of gross income for the licensure period that will end on the expiration date above:
 Food: 271,000 Beer, Wine or Spirits: 9300. Guest Rooms: _____
3. Please indicate the type of alcoholic beverage to be sold: (check all that apply)
 Malt Liquor (beer) Wine Spirits

4. Indicate the type of license applying for: (choose only one)

- Restaurant (Class I, II, III, IV) Class A Restaurant/Lounge (Class XI) Class A Lounge (Class X)
- Hotel (Class I, II, III, IV) Hotel – Food Optional (Class I-A) Bed & Breakfast (Class V)
- Golf Course (included optional licenses, please check if apply) (Class I, II, III, IV) Auxiliary Mobile Cart
- Tavern (Class IV) Other: _____
- Qualified Caterer Self-Sponsored Events (Qualified Caterers Only)

Refer to Section V for the License Fee Schedule on page 9

5. Business records are located at the following address:

26 Curtis Road Freeport ME 04032

6. Is the licensee/applicant(s) citizens of the United States? Yes No
7. Is the licensee/applicant(s) a resident of the State of Maine? Yes No

NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes No If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

- Yes No
- Not applicable – licensee/applicant(s) is a sole proprietor

10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes No

If yes, please provide details: _____

11. Do you own or have any interest in any another Maine Liquor License? Yes No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

| Name of Business | License Number | Complete Physical Address |
|------------------|----------------|---------------------------|
| | | |
| | | |

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

| Full Name | DOB | Place of Birth |
|------------------|---------|----------------|
| JUNE CHAMBERS | 3/21/57 | Portland ME |
| TIMOTHY CHAMBERS | 8/3/61 | Ashville NC |
| | | |

Residence address on all the above for previous 5 years

| | |
|------------------|--------------------------------|
| Name | Address: |
| JUNE CHAMBERS | 26 CURTIS RD FREEPORT ME 04032 |
| TIMOTHY CHAMBERS | 26 CURTIS RD FREEPORT ME 04032 |
| Name | Address: |
| Name | Address: |

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes No

If Yes, provide name of law enforcement officer and department where employed:

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States? Yes No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States? Yes No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

16. Has the licensee/applicant(s) formerly held a Maine liquor license? Yes No

17. Does the licensee/applicant(s) own the premises? Yes No

If No, please provide the name and address of the owner:

Storage Realty 475 US Route 1 Freeport Me 04032

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: _____

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

44 SEAT Dinning room, Breakfast's Lunch
Kitchen, Prep Room, Walk in coolers, Bathroom
Storage Room

20. 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?

Name: FREEMPORT HIGH School

Distance: 2 1/2 miles

Section II: Signature of Applicant(s)

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Please sign and date in blue ink.

Dated: 3/19/23

June Chambers
Signature of Duly Authorized Person

June Chambers
Signature of Duly Authorized Person

JUNE CHAMBERS
Printed Name Duly Authorized Person

TIMOTHY CHAMBERS
Printed Name of Duly Authorized Person

Section III: For use by Municipal Officers and County Commissioners only

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: _____

Who is approving this application? Municipal Officers of _____

County Commissioners of _____ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

| Signature of Officials | Printed Name and Title |
|------------------------|------------------------|
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This Application will Expire 60 Days from the date of Municipal or County Approval unless submitted to the Bureau

Included below is the section of Maine’s liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html>

§653. Hearings; bureau review; appeal

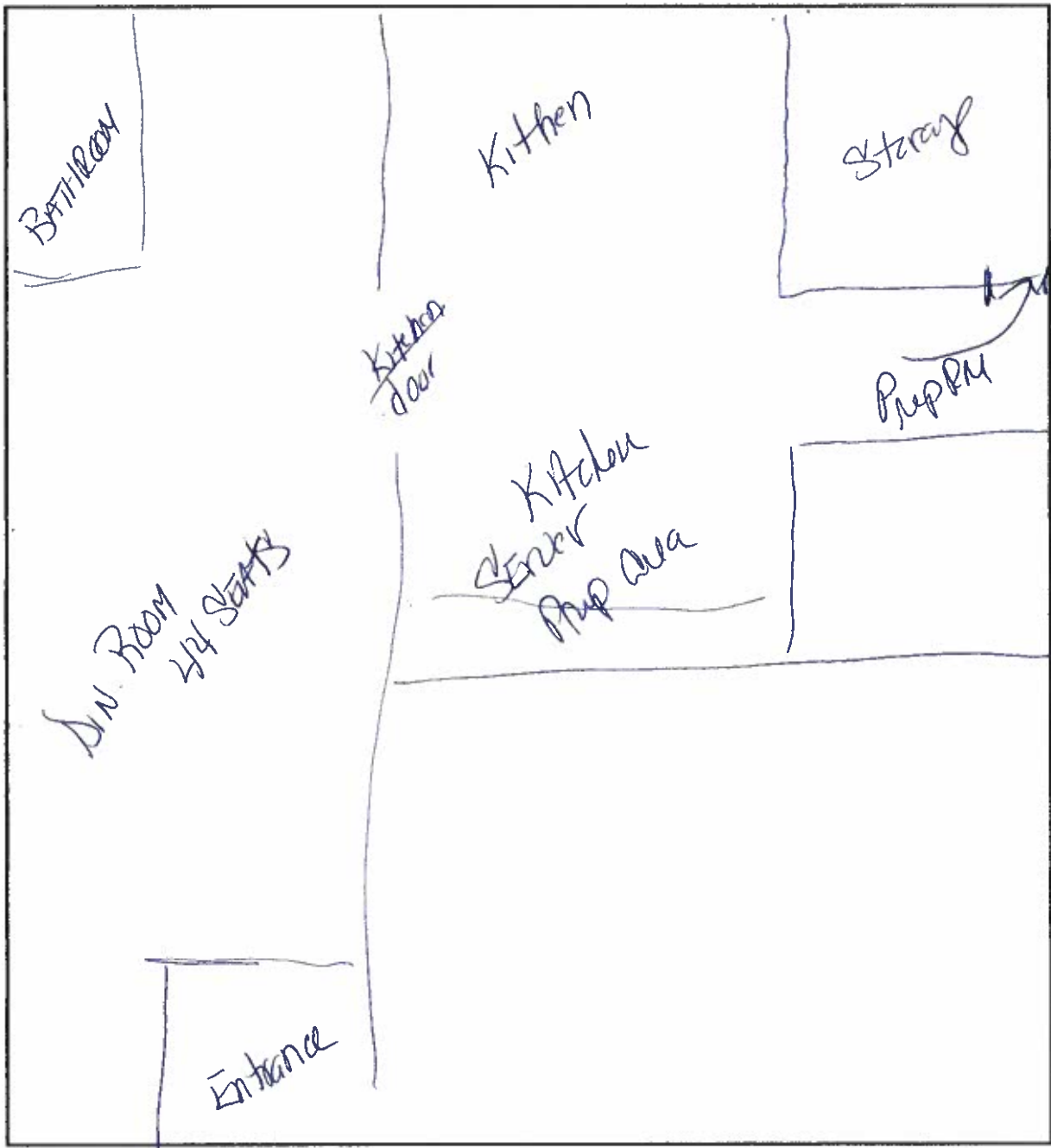
1. Hearings. The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of 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.

Section VI Premises Floor Plan

In an effort to clearly define your license premise and the areas that consumption and storage of liquor authorized by your license type is allowed, the Bureau requires all applications to include a diagram of the premise to be licensed.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the following areas: entrances, office area, coolers, storage areas, display cases, shelves, restroom, point of sale area, area for on-premise consumption, dining rooms, event/function rooms, lounges, outside area/decks or any other areas on the premise that you are requesting approval. Attached an additional page as needed to fully describe the premise.



Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

All Questions Must Be Answered Completely. Please print legibly.

1. Exact legal name: SUNRISE CAFE LLC
2. Doing Business As, if any: SAME
3. Date of filing with Secretary of State: 2005 State in which you are formed: MAINE
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:

5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

| Name | Address (5 Years) | Date of Birth | Title | Percentage of Ownership |
|------------------|-------------------|---------------|---------|-------------------------|
| JUNE CHAMBERS | 26 Curtis Rd | 3/21/57 | Partner | 50 |
| TIMOTHY CHAMBERS | 26 Curtis Rd | 8/3/61 | Partner | 50 |
| | | | | |
| | | | | |
| | | | | |

(Ownership in non-publicly traded companies must add up to 100%.)