

FREEPORT VICTUALER LICENSE APPLICATION

☒ RENEWAL

☐ NEW: DATE OF OPENING _____

May '21
ITEM # 91-21
VICTUALER LICENSES

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 50 (NUMBER OF SEATS)

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Sunrise Cafe LLC

TELEPHONE 207-865-6115

FREEPORT PHYSICAL ADDRESS 475 US RT 1

BUSINESS MAILING ADDRESS P.O. Box 92 S. Freeport Me 04732

PRINCIPAL OWNER LEGAL NAME June Chambers

DATE _____

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

HOME ADDRESS 216 Curtis Rd TOWN/STATE Freeport Me

ZIP CODE 04732 E _____

ADDITIONAL OWNER LEGAL NAME Timothy Chambers

DATE _____

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

HOME ADDRESS Same TOWN/STATE Aban

ZIP CODE _____ E _____

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) JUNE CHAMBERS

TELEPHONE 207-329-8088

EMAIL: CircleK@myfairpoint.NET

MAILING ADDRESS 216 Curtis Road

TOWN/STATE Freeport Me

ZIP CODE 04732

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

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 June Chambers

DATE 4/15/21

PRINT NAME/TITLE Partner

JUNE CHAMBERS

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/12/21

FEE PAID \$135

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 _____

FREEPORT VICTUALER LICENSE APPLICATION

☐ RENEWAL ☐ NEW: DATE OF OPENING _____

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May '21

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

☒ RESTAURANT 35 (NUMBER OF SEATS)

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS HARASACKET Lunch & Lobster TELEPHONE 865-3535

FREEPORT PHYSICAL ADDRESS 36 Main St So. Freeport BUSINESS MAILING ADDRESS P.O. Box 218 Freeport 04032

PRINCIPAL OWNER LEGAL NAME Regis Coffin DATE _____

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

HOME ADDRESS 48 Flying Blot TOWN/STATE Freeport Me. ZIP CODE 04032 EN

ADDITIONAL OWNER LEGAL NAME John Coffin DATE _____

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

HOME ADDRESS John's Rd. TOWN/STATE Freeport ZIP CODE 04032 EN

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) Brandon ALBERIO

TELEPHONE 865-3535 EMAIL: lobster@harasacket.comcastbiz.net

MAILING ADDRESS P.O. Box 218 TOWN/STATE Freeport ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 52A

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 Regis Coffin DATE 3/17/21

PRINT NAME/TITLE Regis Coffin owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/22/21 FEE PAID \$135

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES n/a

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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☐ 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

NAME OF BUSINESS Harraseeket Inn TELEPHONE 865 9377

FREEPORT PHYSICAL ADDRESS 162 Main St BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Rodney D. Gray DATE [REDACTED]
(PRINCIPAL STOCKHOLDER 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: _____

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) Josh Cushing

TELEPHONE 865 9377 EMAIL: josh @ harraseeketinn.com

MAILING ADDRESS 162 Main St TOWN/STATE Freeport Me ZIP CODE 04035

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Harraseeket Inn, Inc.

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 03/18/21

PRINT NAME/TITLE Josh Cushing / GM

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/11/21 FEE PAID \$150

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 _____

FREEPORT VICTUALER LICENSE APPLICATION

May '21

☐ RENEWAL

☐ NEW: DATE OF OPENING _____

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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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 4 (NUMBER OF SEATS)

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS BB & Pot Freeport Inc. DBA Ben & Jerry's TELEPHONE 562-703-5677

FREEPORT PHYSICAL ADDRESS Le Nathan Nye St. BUSINESS MAILING ADDRESS 95851 Clarence Center, NY 14032

PRINCIPAL OWNER LEGAL NAME Barry Hamerling DATE OF BIRTH _____

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

HOME ADDRESS 1 Patriot Circle TOWN/STATE Clifton Park NY ZIP CODE 12065 EMAIL: _____

ADDITIONAL OWNER LEGAL NAME Peter Rosenfeld DATE OF BIRTH _____

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

HOME ADDRESS 100 Apple Tree Lane TOWN/STATE Clifton Park NY ZIP CODE 12065 EMAIL: _____

ADDITIONAL OWNER LEGAL NAME Margaret Joynt DATE OF BIRTH _____

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

HOME ADDRESS 18 Walden Fields Drive TOWN/STATE Delmar NY ZIP CODE 19004 EMAIL: _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Susan L. Breier

TELEPHONE 716-220-2050 EMAIL: johnsue207@aol.com

MAILING ADDRESS 9585B Clarence Ctr. Rd TOWN/STATE Clarence Center NY ZIP CODE 14032

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 Susan L. Breier DATE 3-21-2021

PRINT NAME/TITLE Susan L. Breier operations mgr and

Bookkeeper

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/25/21 FEE PAID \$135

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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☐ PEDDLER/TOWN PROPERTY
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☐ RESTAURANT _____ (NUMBER OF SEATS)

☒ BED AND BREAKFAST 7 (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Kendall Tavern Inn B&B TELEPHONE _____

FREEPORT PHYSICAL ADDRESS 213 Main St BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Nancy Kieran DATE OF BIRTH [REDACTED]

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 213 Main St TOWN/STATE Freeport ZIP CODE 04601

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) Nancy Kieran

TELEPHONE 207 865 1338 EMAIL: info@kendalltaverninn.com

MAILING ADDRESS same TOWN/STATE _____ ZIP CODE _____

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

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 Nancy Kieran DATE 3/29/21

PRINT NAME/TITLE Nancy Kieran owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/31/21 FEE PAID \$135.00

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL ok per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May '21

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☐ PEDDLER/TOWN PROPERTY

(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☒ RESTAURANT 130/20 (NUMBER OF SEATS)

☐ BED AND BREAKFAST _____ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Tuscan Brick Oven Bistro TELEPHONE 207-869-7200

FREEPORT PHYSICAL ADDRESS 140 Main St. BUSINESS MAILING ADDRESS PO Box 346 Freeport 04032

PRINCIPAL OWNER LEGAL NAME Edward Manganello DOB [REDACTED]

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

HOME ADDRESS PO Box 346 TOWN/STATE Freeport, ME ZIP CODE 04032

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) Lisa Cavallero

TELEPHONE 207-869-7200 EMAIL: Lisa@tuscanbrickovenbistro.com

MAILING ADDRESS PO Box 346 Freeport, ME TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) ETR Properties - Building owner

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 4-20-2021

PRINT NAME/TITLE Megan Hendrix - Office Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/5/21

FEE PAID \$150.00

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 _____

May '21

☒ 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 240 (NUMBER OF SEATS)☐ BED AND BREAKFAST (NUMBER OF ROOMS)☐ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Linda Bean's Maine Kitchen & Topside Tavern TELEPHONE 207-865-9835

FREEPORT PHYSICAL ADDRESS 88 Main St. Freeport, ME BUSINESS MAILING ADDRESS PO Box 129 Pittsfield, ME 04967

PRINCIPAL OWNER LEGAL NAME Linda L. Bean

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

HOME ADDRESS 47 Barter's Point Road TOWN/STATE Tenants Harbor, ME ZIP CODE 04860

ADDITIONAL OWNER LEGAL NAME None

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

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

ADDITIONAL OWNER LEGAL NAME _____

(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) Veronika Carlson

TELEPHONE 207-272-6610 EMAIL veronika@lindabeansperfectmaine.com

MAILING ADDRESS PO Box 129 TOWN/STATE Pittsfield, ME ZIP CODE 04967

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 011/107

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  DATE 3/17/2021

PRINT NAME/TITLE Veronika Carlson, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/22/21 FEE PAID \$150.00

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES n/a

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL ok per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

May '21

☒ 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 240 (NUMBER OF SEATS)☐ BED AND BREAKFAST (NUMBER OF ROOMS)☐ OTHER FOOD BUSINESS (DESCRIBE) _____NAME OF BUSINESS Linda Bean's Perfect Maine Lobster Roll Stand TELEPHONE 207-865-9835FREEPORT PHYSICAL ADDRESS 57 Main St. Freeport, ME BUSINESS MAILING ADDRESS PO Box 129 Pittsfield, ME 04967PRINCIPAL OWNER LEGAL NAME Linda L. Bean

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

HOME ADDRESS 47 Barter's Point Road TOWN/STATE Tenants Harbor, ME ZIP CODE 0486

EMAIL: _____

ADDITIONAL OWNER LEGAL NAME None

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) Veronika CarlsonTELEPHONE 207-272-6610EMAIL: veronika@lindabeansperfectmaine.comMAILING ADDRESS PO Box 129 TOWN/STATE Pittsfield, ME ZIP CODE 04967BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 23501/ 186DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NoTO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NoTO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? No

DocuSigned by:

APPLICANT SIGNATURE Veronika CarlsonDATE 3/17/2021PRINT NAME/TITLE Veronika Carlson, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/22/21FEE PAID \$135

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES n/aFIRE DEPARTMENT APPROVAL n/aPOLICE CHIEF APPROVAL ok per emon

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____

LICENSE NUMBER _____

EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

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☐ 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 Sam's Italian Foods TELEPHONE 207-865-4700

FREEPORT PHYSICAL ADDRESS 7 main street BUSINESS MAILING ADDRESS 268 main st Lewiston Me 04240

PRINCIPAL OWNER LEGAL NAME Richard B. Michaud DATE [REDACTED]

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

HOME ADDRESS 86 Sleepy Hollow Dr. TOWN/STATE Litchfield Maine ZIP CODE 04350

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) Robert Gardner

TELEPHONE 207-865-4700 EMAIL: _____

MAILING ADDRESS 7 main 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 Richard B. Michaud DATE 03-17-2021

PRINT NAME/TITLE Richard B. Michaud, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/26/21 FEE PAID \$135

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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☐ 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) GROcery

NAME OF BUSINESS BOW STREET MARKET INC TELEPHONE 207 865 6631

FREEPORT PHYSICAL ADDRESS 55 School St BUSINESS MAILING ADDRESS 79 Bow St

PRINCIPAL OWNER LEGAL NAME ADAM NAPPE DATE _____

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

HOME ADDRESS 21 S Freeport Rd TOWN/STATE Freeport ME ZIP CODE 04032 EM _____

ADDITIONAL OWNER LEGAL NAME SHEILA NAPPE DATE _____

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

HOME ADDRESS 21 S Freeport Rd TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL SHEILA@BOWSTREETMARKET.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) ANN HART

TELEPHONE 805-4631 w 409 0522 C EMAIL: ANN@BOWSTREETMARKET.COM

MAILING ADDRESS 79 Bow Street 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 3/18/21

PRINT NAME/TITLE ADAM NAPPE DIRECTOR

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/22/21 FEE PAID \$150

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL ok per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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● RENEWAL

○ NEW: DATE OF OPENING _____

May '21

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 7 (NUMBER OF ROOMS)

○ OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Great Cabin 8, INC BA Brewster House B&B TELEPHONE 207.825.4121

FREEPORT PHYSICAL ADDRESS 180 Main St BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Kelly L Dulaney DATE [REDACTED]

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

HOME ADDRESS same TOWN/STATE _____ ZIP CODE _____ EMAIL Brewsterhouse.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) same as above + Dave Noel

TELEPHONE 201.317.3604 EMAIL: dave@brewsterhouse.com

MAILING ADDRESS _____ 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? 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 3:24.21

PRINT NAME/TITLE Kelleigh Dulaney

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/29/21 FEE PAID \$150

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May '21

☒ 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) Caterer

NAME OF BUSINESS Goose Island Clambakes TELEPHONE 207-400-6663

FREEPORT PHYSICAL ADDRESS 152 South Freeport Rd BUSINESS MAILING ADDRESS Po Box 2, S. Freeport ME 04078

PRINCIPAL OWNER LEGAL NAME Jonathon Soule [REDACTED]
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 152 S Freeport Rd TOWN/STATE Freeport, ME ZIP CODE 04032 [REDACTED]

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: _____

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) Painter Soule

TELEPHONE 207-400-6663 EMAIL: Paintersoule@gmail.com

MAILING ADDRESS Po Box 2 TOWN/STATE S. Freeport, ME ZIP CODE 04078

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Susan Northing / Jonathon Soule

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 4/25/21

PRINT NAME/TITLE Jonathon P Soule owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/28/21 FEE PAID \$135

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

☒ 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

May '21
Hot dog
Stand
2021

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) _____

email re: SFL
4/15/21

NAME OF BUSINESS JAY ENT INC TELEPHONE 207-865-9858

FREEPORT PHYSICAL ADDRESS 76 MAIN STREET BUSINESS MAILING ADDRESS 8 HOLBROOK STREET
FREEPORT, ME 04032 FREEPORT, ME 04032

PRINCIPAL OWNER LEGAL NAME R.E. MANAGEMENT, INC. DATE OF BIRTH _____

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

HOME ADDRESS P.O. BOX 189 TOWN/STATE BRUNSWICK, ME ZIP CODE 04011 EMAIL: applewoodusa@hotmail.com

ADDITIONAL OWNER LEGAL NAME JAY ENT INC Jennifer K Yilmaz

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

HOME ADDRESS 8 Holbrook St TOWN/STATE Freeport ZIP CODE 04032

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) JENNIFER K YILMAZ

TELEPHONE 207-415-3129 EMAIL: jenniferyilmaz@yahoo.com

MAILING ADDRESS 8 HOLBROOK STREET 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 03/16/21

PRINT NAME/TITLE JENNIFER K. YILMAZ / OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/31/21 FEE PAID \$135.00

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL okang per amendment

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 2021

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) Grocery Store

NAME OF BUSINESS Wilcoxson Enterprises, Inc TELEPHONE 207-865-0046
DBA Royal River Natural Foods

FREEPORT PHYSICAL ADDRESS 443 US Route 1 BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Tina Wilcoxson

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

HOME ADDRESS 14 Crystal Lane TOWN/STATE Cumberland Center ZIP CODE 04001 EMAIL: tinawilcoxson@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) Tina Wilcoxson

TELEPHONE 207-865-5689 -cell EMAIL: tinawilcoxson24@gmail.com

MAILING ADDRESS 14 Crystal Lane TOWN/STATE Cumberland Center ZIP CODE 04001

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Twin Properties, LLC / Tina Wilcoxson, manager

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 3/17/21

PRINT NAME/TITLE Tina Wilcoxson, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/22/21 FEE PAID \$150.

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES n/a

FIRE DEPARTMENT APPROVAL n/a

POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____

LICENSE NUMBER _____

EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

☒ RENEWAL

☐ NEW: DATE OF OPENING _____

May '21

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) Brewery

NAME OF BUSINESS

Maine Beer Company

TELEPHONE

207-221-5711

FREEPORT PHYSICAL ADDRESS

525 US Route 1

BUSINESS MAILING ADDRESS

Same as physical

PRINCIPAL OWNER LEGAL NAME

David Kleban

DATE

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

HOME ADDRESS

29 Thompson Rd

TOWN/STATE

Bridgton/ME

ZIP CODE

04009

EN

ADDITIONAL OWNER LEGAL NAME

Daniel Kleban

DATE

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

HOME ADDRESS

26 Cortland Rd

TOWN/STATE

Freeport/ME

ZIP CODE

04032

EN

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)

Amanda Snow

TELEPHONE

207-221-5711

EMAIL:

finance@mainebeercompany.com

MAILING ADDRESS

525 US Route 1

TOWN/STATE

Freeport/ME

ZIP CODE

04032

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

Maine Beer Company / MBC RE Holdings

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

3/25/2021

PRINT NAME/TITLE

Amanda Snow / Accounting Associate

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED

3/29/21

FEE PAID

\$150

REAL ESTATE TAXES

PERSONAL PROPERTY TAXES

FIRE DEPARTMENT APPROVAL

n/a

POLICE CHIEF APPROVAL

OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)

n/a

COUNCIL APPROVAL DATE

LICENSE NUMBER

EXPIRATION DATE

FREEPORT VICTUALER LICENSE APPLICATION

May '21

☒ 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) PERFORMANCE VENUE

email re: SFL
5/4/21

NAME OF BUSINESS CADENZA TELEPHONE (207) 831-4311

FREEPORT PHYSICAL ADDRESS S DEPOT ST STE 5 BUSINESS MAILING ADDRESS SAME

PRINCIPAL OWNER LEGAL NAME ALAN MOONEY

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

HOME ADDRESS 17 TWIN POND ROAD TOWN/STATE TOPSHAM ME ZIP CODE 04086

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) ALAN MOONEY

TELEPHONE (207) 831-4311

EMAIL: HALANMOONEY@GMAIL.COM

MAILING ADDRESS SAME AS ABOVE

TOWN/STATE _____

ZIP CODE _____

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 010-024-000-000

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 Elaine Fougere DATE 4/23/21

PRINT NAME/TITLE ELAINE FOUGERE ACCOUNTANT

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/29/21 FEE PAID \$150.00

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a

POLICE CHIEF APPROVAL OK per email

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 '21

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 SHOP

NAME OF BUSINESS ZESTEAS TELEPHONE 207-891-0548

FREEPORT PHYSICAL ADDRESS 32 MAIN STREET STE 22 BUSINESS MAILING ADDRESS 50 REGATTA DRIVE

PRINCIPAL OWNER LEGAL NAME ZAMAZINGO LLC / ARDA TURAC

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

HOME ADDRESS 50 REGATTA DR TOWN/STATE FREEPORT ME ZIP CODE 04032

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) ARDA TURAC

TELEPHONE 207-891-0560 EMAIL: ardaturac@yahoo.com

MAILING ADDRESS 50 REGATTA DR TOWN/STATE FREEPORT ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) BOWE FAMILY 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 [Signature] DATE 3/15/21

PRINT NAME/TITLE ARDA TURAC, OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3-15-21 FEE PAID \$135.00 V# 1036

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL OK per email

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

☒ RENEWAL

☐ NEW: DATE OF OPENING 5

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)

TAKE-OUT & Window Pick-up

NAME OF BUSINESS

Cindy's Lobster Rolls

TELEPHONE

207-809-1009

FREEPORT PHYSICAL ADDRESS

292 US Rt.1

BUSINESS MAILING ADDRESS

34 Old Plains Rd. Poland

PRINCIPAL OWNER LEGAL NAME

Sandra Owens

DATE OF

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

HOME ADDRESS

34 Old Plains Rd. Poland, ME

ZIP CODE

04274

EMAIL

ADDITIONAL OWNER LEGAL NAME

Dennis Owens

DATE

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

HOME ADDRESS

34 Old Plains Rd. Poland, ME

ZIP CODE

04274

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)

Sandy Owens

TELEPHONE

207-899-8565

EMAIL

Sandyt1234@hotmail.com

MAILING ADDRESS

34 Old Plains Rd.

TOWN/STATE

Poland, ME

ZIP CODE

04274

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

MAP 26 LOT 51C

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

Sandy Owens

DATE

3/26/21

PRINT NAME/TITLE

Sandy Owens

Owner / Partner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED

4/12/21

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