RENEWAL

O NEW: DATE OF OPENING _

ITEM # 91-21 VICTUALER LICENSES

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
CHECK ONE.	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT 6 (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	Sinnise Cake LLC TELEPHONE 207-865-6115
FREEPORT PHYSICAL	LADDRESS 475 US RT 1 BUSINESS MAILING ADDRESS P.D. Box 92 S. TV& port Medical
PRINCIPAL OWNER L	
HOME ADDRESS 7	Le CLOSTOS V.C. TOWNISTATE TECONT NE ZIPCODE CHC32 EI
HOME ADDRESS	ZIPCODE TOWNSTATE TO TOWN STATE OF THE PROPERTY OF THE PROPERT
ADDITIONAL OWNER	LEGAL NAME INVOTALU CHANDOS DA
	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
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ADDITIONAL OWNER	LECAL MANE
	LEGAL NAMEDATE OF BIRTH NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(PI	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS JUNE CHAMBES
	A G G G G G G G G G G G G G G G G
TELEPHONE 6	7.324.8088 EMAIL: CIVCLER COPYTON SOINE. NET
MAILING ADDRESS	Le Clustes Koca TOWNISTATE PROPORT ME ZIP CODE 04032
	alone Dul
BUSINESS MAP/LOT #	# OR BUILDING OWNER (Required for tax verification purposes)
	Nc
DOES THE OWNER O	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOW EDG	GE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
	GE, IN THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
	- Lun Chourbox - 4/5/21
APPLICANT SIGNATU	RE JUL MOULUDB DATE 7/5 1
	inchal Time CHANGOR
PRINT NAME/TITLE	partition same criticisers
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION R	RECEIVED 4135
REAL ESTATE TAXES	
PERSONAL PROPERT	TV TAXES
FIRE DEPARTMENT A	
	T APPROVAL (NEW ESTABLISHMENTS ONLY) 1/0
COUNCIL APPROVAL	DATEEXPIRATION DATE

O RENEWAL

O NEW: DATE OF OPENING ___

May 121

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY / (A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT 35 (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	HARRASeeks + Lunch & Lobsta TELEPHONE 865-3535
FREEPORT PHYSICA	LADDRESS 36 Main St So. Fraget Business Mailing ADDRESS 7.0. Box 218 Fragect 04032
PRINCIPAL OWNER L	EGAL NAME Regis COFFIN DATE
(PRINCIPA HOME ADDRESS	AL STOCKHOLDER IF OWNER(S) IS A CORPORATION FRANCE THE ZIPCODE 04036 EN
FIOME ADDITEGS	
ADDITIONAL OWNER	
	Jaha's Rd. TOWN/STATE TOWN/STATE ZIP CODE 0 9072 EN
7.00.100	
ADDITIONAL OWNER	
HOME ADDRESS	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
1 Marie Territorio	Brendon ALTERIO
CONTACT PERSON(P	PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
TELEPHONE	665-3535 FMAIL lubster & hARRASecket. comeast biz. net
MAILING ADDRESS_	P.U. Box 218 TOWN/STATE Freepont ZIP CODE 04032
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes) 52 A
DOES THE OWNER O	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLED	GE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
	GE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATU	Paris 10 KG 1 AND DATE 3/17/21
	Regis WEFIN OWNER
PRINT NAME/TITLE	Project Way 100

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	2/2/2
DATE APPLICATION I	RECEIVED 3/20/21 FEE PAID 49/55
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PERSONAL PROPER	TY TAXES MG
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O NEW: DATE OF OPENING

May '21

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O PE	DDLER/TOWN PROPERTY	
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O RE	STAURANT (NUMBER OF SEATS)	
	D AND BREAKFAST (NUMBER OF	
ў от	HER FOOD BUSINESS (DESCRIBE)	
NAME OF BUSINESS	arrasected In	TELEPHONE 8659377
FREEPORT PHYSICAL ADDR	ess 162 Main St	BUSINESS MAILING ADDRESS Some
PRINCIPAL OWNER LEGAL N	NAME Rodney D. Gray	DAT
(PRINCIPAL STOCK	CHOLDER IF OWNER(S) IS A CONTRATION	
HOME ADDRESS	TOWN/STATE	ZIPCODEÉMAIL:
ADDITIONAL OWNER LEGAL	NAME	DATE OF BIRTH
	CKHOLDER(S) IF OWNER(S) IS A CORPORATION)	DATE OF DIAM
HOME ADDRESS	TOWN/STATE	ZIP CODE EMAIL:
ADDITIONAL OWNER LEGAL	NAME	DATE OF BIRTH
	CKHOLDER(S) IF OWNER(S) IS A CORPORATION	
HOME ADDRESS	TOWN/STATE	ZIP CODEEMAIL:
CONTACT PERSON(PERSON P	RIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS	Soll Custing
TELEPHONE 8659	377 EMAL:	The state of the s
MAILING ADDRESS	162 Mair St	TOWNISTATE Fragent Me ZIP CODE 04035
SUBJECT MADE OF 4 OF PL	III DING CHARTE (Desired for the second for the	21 1.0 0
BUSINESS MAPILOT # OR BU	JILDING OWNER (Required for tax verification purpos	ses) Nuobloquio Sich, Sire.
DOES THE OWNER OF THE I	BUSINESS OWE ANY OUTSTANDING FINES. PENA	ALTIES OR TAXES TO THE TOWN OF FREEPORT?
	HIS BUSINESS IN VIOLATION OF ANY MUNICIPAL	
TO YOUR KNOWLEDGE, IS T	HIS BUSINESS IN VIOLATION OF ANY STATE OR	(FEDERAL CAW)
APPLICANT SIGNATURE	Lymmy	DATE 03 18 W
-	TUICO	
PRINT NAME/TITLE	Josh Cushing	7 E M
		70000 0 500 70 70 70 70
	AUTHORIZED SIGNATURES	- TOWN CLERK TO COMPLETE
DATE APPLICATION RECEIVE	·· 5/11/21	FEE PAID
REAL ESTATE TAXES		
PERSONAL PROPERTY TAXE	is	
FIRE DEPARTMENT APPROV	al N/a	POLICE CHIEF APPROVAL
CODE ENFORCEMENT APPR	OVAL (NEW ESTABLISHMENTS ONLY)	0
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CHECK ONE: O PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
O PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
RESTAURANT (NUMBER OF SEATS)
O BED AND BREAKFAST (NUMBER OF ROOMS)
O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS BB & Pot Freeport Inc. DBA Bent Jerry's TELEPHONE 561-703-5677
FREEPORT PHYSICAL ADDRESS LO Mathan Dye St. Business Mailing ADDRESS Clarence Center Ny 140
PRINCIPAL OWNER LEGAL NAME PATRIOTE OF E (PRINCIPAL STOCKHOLDER IF OWNER(S) IS COORPORATION) HOME ADDRESS PATRIOTE CIVETE TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CIVETE TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CIVETE TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CIVETE TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CIVETE TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CIVETE TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CITETER TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CITETER TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CITETER TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CITETER TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CITETER TOWN/STATE CITTOR STOCKHOLDER IF OWNER(S) IS COORPORATION HOME ADDRESS PATRIOTE CITETER TOWN/STATE CITTOR STOCKHOLDER IN THE COORPORATION HOME ADDRESS PATRIOTE CITETER TOWN/STATE PATRIOTE CITETER STOCKHOLDER IN THE COORPORATION HOME ADDRESS PATRIOTE CITETER STOCKHOLDER IN THE COORPORATION HOME ADDRESS PATRIOTE COORPORATION HOW ADDRESS PATRIOTE COORPORATION HOME ADDRESS PATRIOTE COORPORATION HOW ADDRESS PATRIOTE COORPOR
ADDITIONAL OWNER LEGAL NAME Pater Roserfeld DATE OF
HOME ADDRESS 100 Applet ree TOWNISTATE Clitto Part ZIP CODE 13065 EMAIL!
ADDITIONAL OWNER LEGAL NAME Margaret 2047 DATE O
HOME ADDRESS 18 Walden Field TOWNSTATE Delmar NY ZIP CODE 1905 EMAIL!
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Sign L. Breien
TELEPHONE 716-220-2050 EMAIL: johnsvedo'7@aol.com
MAILING ADDRESS 9585 B Clarence Av. Rd TOWNISTATE CONTENTE ZIP CODE 14032
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) L L BOOK
DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE?
APPLICANT SIGNATURE Lung 8. Brown DATE 3-21-2021
PRINT NAMERTITLE Susan L. Breier operations man and
Bookkeeper
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
2/20/01
DATE APPLICATION RECEIVED 5/85 2 FEE PAID 4/85
REAL ESTATE TAXES
PERSONAL PROPERTY TAXES
FIRE DEPARTMENT APPROVAL NO POLICE CHIEF APPROVAL OF DIN EMAIL
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CHECK ONE: O PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
O PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
O RESTAURANT (NUMBER OF SEATS)
BED AND BREAKFAST (NUMBER OF ROOMS)
O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS Kendall Tavern Inn Belephone
FREEPORT PHYSICAL ADDRESS 213 Man St Business Mailing Address
PRINCIPAL OWNER LEGAL NAME NONCY KIELAND
HOME ADDRESS 2 13 NOWN OTTOWNSTATE FULL DUT ZIPCODE 04 C
- Faren inn con
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) HOME ADDRESS TOWN/STATE ZIP CODE EMAIL:
HOME ADDRESSTOWN/STATEZIP CODEEMAIL;
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH
HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) WOULD FIND
TELEPHONE 207 8651338 EMAIL: info @ Kendall Down im. com
MAILING ADDRESS
1/a 1/f
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Wawy 91000
DOES THE OWNER OF 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 DATE 3 29 21
PRINT NAMERTITLE Nancy Kieran puner
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RECEIVED 331 21 FEE PAID \$135.00
REAL ESTATE TAXES
PERSONAL PROPERTY TAXES
FIRE DEPARTMENT APPROVAL NA POLICE CHIEF APPROVAL SK DEV EMAIL
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
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	O PEDDLER/TOWN PROPERTY (A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT 130/20 (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	Tuscan Bride Oven Bistro TELEPHONE 207-8169-7200
	ADDRESS 140 Main St. Business Mailing ADDRESS PO BOX 344 Freepox 4 04033
(PRINCIPA	EGAL NAME Edward Mangane 10 DA LE STOCKHOLDER IF OWNER(S) IS A CORPORATION
HOME ADDRESS	BOX 344 TOWNSTATE FREEDONA, WE ZIPCODE 040324
ADDITIONAL OWNER I	
HOME ADDRESS	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
ADDITIONAL OWNER I	
The state of the s	IAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	
CONTACT PERSON(PE	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) LISA Cavallero
TELEPHONE 207	1-869-7200 EMAIL Lisa @tuscanbrickovenbistro. wm
	POBOX 346 FREEDOR, ME TOWNSTATE FREEDOR, ME ZIP CODE 04032
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes) EAR Properties - Building Owner
DOES THE OWNER OF	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	SE, IS THIS BUSINESS IN VIOLATION OF <u>ANY MUNICIPAL ORDINANCE?</u> SE, IS THIS BUSINESS IN VIOLATION OF <u>ANY STATE</u> OR FEDERAL LAW?
APPLICANT SIGNATU	6 Misse alla 1 -20-2021
PRINT NAME/TITLE	megan Hendrix - Office Manager
***************************************	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION R	ECEIVED 5/6/21 FEE PAID # 150
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COUNCIL APPROVAL I	DATELICENSE NUMBEREXPIRATION DATE

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RENEWAL

O NEW: DATE OF OPENING _____



CHECK ONE: O PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
O PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
XO RESTAURANT 240 (NUMBER OF SEATS)
O BED AND BREAKFAST (NUMBER OF ROOMS)
O 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
HOME ADDRESS 47 Barter's Point Road Town/STATE Tenants Harbor, ME ZIPCODE 04860
ADDITIONAL OWNER LEGAL NAME None DATE OF BIRTH
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESSTOWN/STATEZIP CODE EMAIL:
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
TELEPHONE 207-272-6610 veronika@lindabeansperfectmaine.com
MAILING ADDRESS PO Box 129 TOWN/STATE PITTS FIELD, ME ZIP CODE 04967
MAILING ADDRESS PO Box 129 TOWN/STATE PITTS FIELD, ME ZIP CODE 04967
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 011/107
BOSINESS MARILOT # OR BUILDING OFFICE (Required for tax Perincation purposes)
DOES THE OWNER OF 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 <u>ANY</u> STATE OR FEDERAL LAW? No
Docusigned by: 3/17/2021
APPLICANT SIGNATURE DATE
PRINT NAME/TITLE Veronika Carlson, President
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
A MONIECO GONNACO - TOWN OCENIA TO GONN CETE
DATE APPLICATION RECEIVED 3/22/21 FEE PAID \$150.00
REAL ESTATE TAXES
PERSONAL PROPERTY TAXES 1 9
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CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
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May'21

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	CHECK ONE: O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY (A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	X O RESTAURANT 240 (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
	NAME OF BUSINESS Linda Bean's Perfect Maine Lobster Roll Stand TELEPHONE 207-865-9835
	FREEPORT PHYSICAL ADDRESS 57 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 ADDRESS47 Barter's Point Road TOWN/STATE Tenants Harbor, ME ZIPCODE 0486
	ADDITIONAL OWNER LEGAL NAME NoneDATE OF BIRTH
	(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
	HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
	ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH
	(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
	HOME AD®RESSTOWN/STATEZIP CODEEMAIL:
	CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Veronika Carlson
	TELEPHONE 207-272-6610 veronika@lindabeansperfectmaine.com
	MAILING ADDRESS PO Box 129 TOWN/STATE PITTS PITTS PITTS OF TOWN/STATE OF
	BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 23501/ 186
	DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE? NO
	TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE?
	DocuSigned by: 3/17/2021
	APPLICANT SIGNATURE DATE
	PRINT NAME/TITLE Veronika Carlson, President
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	DATE APPLICATION RECEIVED $3/2a/a$) FEE PAID $4/35$
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	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT(NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	Sam's Italian Foods TELEPHONE 207-865-4700
FREEPORT PHYSICA	LADDRESS 7 Main Street BUSINESS MAILING ADDRESS 268 Main St Lewiston the 04240
PRINCIPAL OWNER L	EGAL NAME Richard B. Michard DAT
(DDIVIOLO)	AL STROMUS ATT IS SUMPTION IN A SOCIOLATION
HOME ADDRESS	6 Sleepy Hollow Dr. TOWNISTATE Litchfield Maine ZIPCODE CH350 E
ADDITIONAL OWNED	TEGAL NAME
ADDITIONAL OWNER	LEGAL NAMEDATE OF BIRTH NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
ADDITIONAL OWNER	
HOME ADDRESS	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(P	PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) HODER COMMENT
TELEPHONE 30	7-865-4700 EMAIL:
	7 main st rownistate Freeport Me ZIP CODE 04032
MAILING ADDRESS	TOWN/STATE
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes)
	110
DOES THE OWNER O	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	110
	GE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDG	
APPLICANT SIGNATU	IRE ZIMONAL WIMANA DATE 03-17-2021
5	Dula 1 D Miles d Davida 1
PRINT NAME/TITLE _	Kichard K. Michard, President
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION F	RECEIVED \$ 135
REAL ESTATE TAXES	
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	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)	
	O RESTAURANT (NUMBER OF SEATS)	
	O BED AND BREAKFAST (NUMBER OF ROOMS)	
	OTHER FOOD BUSINESS (DESCRIBE) 620CELY	
NAME OF BUSINESS	BOW STREET MANKET IN TELEPHONE 207 865 6631	
FREEPORT PHYSICA	LADDRESS 55 SChool ST BUSINESS MAILING ADDRESS 79 BOW ST	
PRINCIPAL OWNER L	EGAL NAME ADAM NAPPE DATE	
(PRINCIP)	AL STOCKHOLDER IF OWNER(S) IS A CORPORATION	
HOME ADDRESS_	1 5 Fresput RUTOWNISTATE FRESTONS ME ZIPCODE 04032 EM	
ADDITIONAL OWNER	LEGAL NAME SHELLA NAPIC DAT	
/ADDITION	NAL STOCKHOLDER(S) IE OWNERI(S) IS A CORROBATION	
HOME ADDRESS 21	5 majort ed TOWNISTATE Freepart MG ZIP CODE 01632 EMAIL SHOUL C BANSTOUT TOWNISTATE	
ADDITIONAL OWNER	LEGAL NAME DATE OF BIRTH	
	VAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS	TOWN/STATE ZIP CODEEMAIL:	
CONTACT PERSON(P	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) AUN HART	
TELEPHONE 805-	de31 w 409 0522 C EMAIL: MANE bowstreetm mober; CUM	
MAILING ADDRESS 79 Brw Street TOWN/STATE Fullywit ME ZIP CODE 0403 Z		
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes)	
DOES THE OWNER O	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?	
	GE, IS THIS BYSINES IN VIOLATION OF ANY MUNICIPAL ORDINANCE?	
TO YOUR KNOWLED	GE, IS THIS PUSINGS IN VIOLATION OF ANY STATE OR FEDERAL LAW?	
APPLICANT SIGNATU	DATE 3/18/21	
PRINT NAME/TITLE _	NOAM MAPPE DICKS	
75		
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE	
	ADTRORIZED SIGNATURES - TOWN CLERK TO COMPLETE	
DATE APPLICATION F	RECEIVED 3/22/21 FEE PAID \$150	
REAL ESTATE TAXES		
PERSONAL PROPER	N	
FIRE DEPARTMENT A	APPROVAL OF POLICE CHIEF APPROVAL OF POLY	
CODE ENFORCEMEN	IT APPROVAL (NEW ESTABLISHMENTS ONLY)	
COUNCIL APPROVAL	DATELICENSE NUMBEREXPIRATION DATE	

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O NEW: DATE OF OPENING

May 2)

CHECK ONE: O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
O PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
O RESTAURANT (NUMBER OF SEATS)
BED AND BREAKFAST (NUMBER OF ROOMS) O CTUEN FOOD RUGINISES (RECORDER)
O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS Great Cabin 8, INC dBA BRUDSTEK HOUSE BAB TELEPHONE 207. 865.4121
FREEPORT PHYSICAL ADDRESS 180 Mau St BUSINESS MAILING ADDRESS SAME
PRINCIPAL OWNER LEGAL NAME Kelly L Dulary DATE
(PRINCIPAL STOCKHOLDER IF OWNER'S IS A CORPORATION) HOME ADDRESS SOUND TOWN/STATE ZIPCODE EMA
Brewsterhrux.
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNER LEGAL NAME DATE OF BIRTH
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Same as above + Dave NOCL
TELEPHONE 201.317.3604 EMAIL: Lave Chrowsterhouse.com
MAILING ADDRESSTOWN/STATEZIP 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?
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 DATE 3:24.21
Lalland D. J.
PRINT NAME/TITLE Kellergh bulany
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
-1 1 · A.C.
DATE APPLICATION RECEIVED 3/39/3.) FEE PAID 4/50
REAL ESTATE TAXES
PERSONAL PROPERTY TAXES
FIRE DEPARTMENT APPROVAL MA POLICE CHIEF APPROVAL OF DEV (MA)
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DATELICENSE NUMBEREXPIRATION DATE

RENEWAL

O NEW: DATE OF OPENING _____

May 21

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	O RESTAURANT(NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	DE OTHER FOOD BUSINESS (DESCRIBE) Cateror
NAME OF BUSINESS	Goose Island Clambalces TELEPHONE 207-400-6663
FREEPORT PHYSICA	AL ADDRESS [SZ South Freefort Rd Business Mailing ADDRESS PO BOX 2, S. Freefort 04078
PRINCIPAL OWNER	LEGAL NAME JONAthan Soule
	SZ S Free PORT HOWNISTATE FreePort, ME ZIPCODE 4032
HOME ADDRESS	Streeport Hownistate freeport, ME ZIPCODE 4032
ADDITIONAL OWNER	R LEGAL NAME N/A DATE OF BIRTH
	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNER	R LEGAL NAME N/A DATE OF BIRTH
	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Painter Soule
TELEPHONE 207	-400-6663 EMAIL: Paintersoulc@g/hail.com
MAILING ADDRESS_	PO BOX 2 TOWN/STATE S. FYCEFORT, ME ZIP CODE 04078
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes) Susan Marting / Janthan Scule
DOES THE OWNER	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLED	DGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
	OGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNAT	URE \$\int \langle \frac{1}{25\left(2)}
PRINT NAME/TITLE	Touthan P Saile owner
P0000000000000000000000000000000000000	
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION	RECEIVED 4 28 21 FEE PAID \$ 35
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PERSONAL PROPER	
FIRE DEPARTMENT	APPROVAL POLICE CHIEF APPROVAL OF SEN EMAN
	NT APPROVAL (NEW ESTABLISHMENTS ONLY) MA
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O NEW: DATE OF OPENING

Hot dog 121 Stand 2021

CHECK ONE: O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)	email re: SFL 4/15/2)
O PEDDLER/TOWN PROPERTY	
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O RESTAURANT(NUMBER OF SEATS)	
O BED AND BREAKFAST (NUMBER OF ROOMS)	
O OTHER FOOD BUSINESS (DESCRIBE)	
NAME OF BUSINESS TAY EM TNC TELEPHONE 207 - 8	65-9858
	STORT, ME 04032
PRINCIPAL OWNER LEGAL NAME RICE MANAGEMENT INC. DATE OF	F BIRTH
HOME ADDRESS PULL OX 189 TOWN/STATE BEVING WICK MEZIPCODE 04011 EMAI	: appleweed usa p
CAN F F FA B G KUL	hatmail cum
ADDITIONAL OWNER LEGAL NAME JAY EW JEWA JEWA TO MAKE DI MARIE DI M	
HOME ADDRESS & Holbrack Townistate Freget ZIP CODE	
ADDITIONAL OWNER LEGAL NAMEDATE	OF BIRTH
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) HOME ADDRESSTOWN/STATE ZIP CODE EMAI	
TOWNS ADDITIONS	L.
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS).	
TELEPHONE 207-415-3129 EMAIL: JENNIFERY: MAZE ya	
MAILING ADDRESS & MOLA COOK STREET TOWNSTATE FREE POLL N	LE ZIP CODE 09632
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 FREEPOR	T? <u>NO</u>
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?	
	1
APPLICANT SIGNATURE DATE 03 16	121
PRINT NAMESTITLE JEWNIFER K. YIMZ OWNER	<u> </u>
<u></u>	19 207 802 2 2 2 2 3 4 2 2 2 2 3 4 4 4 4 4 4 4 4
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE	
DATE APPLICATION RECEIVED 3/31/21 FEE PAID \$135.00	
REAL ESTATE TAXES	
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CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)	
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O RENEWAL

O NEW: DATE OF OPENING

May 3021

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
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	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	O RESTAURANT (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	OTHER FOOD BUSINESS (DESCRIBE) Grocery Stone
NAME OF BUSINESS	Wilcoxfor Enterprises, Inc. DBA Royal River Patrical Foods TELEPHONE 207-865-0046
FREEPORT PHYSICA	AL ADDRESS 443 US Roule BUSINESS MAILING ADDRESS SOME
PRINCIPAL OWNER	LEGAL NAME Ting LUTICONSON
(PRINCIP	PAL STOCKHOLDER IF OWNER(S) IS A CORPORATION
HOME ADDRESS 1	4 Crystal Lane TOWNSTATE CHIMDEN COLE ZIPCODE DYDOL EMAIL 11 11 EN Prot. COM
ADDITIONAL OWNER	R LEGAL NAME DATE OF BIRTH
	NAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	
ADDITIONAL OWNER	R LEGAL NAMEDATE OF BIRTH
	DNAL 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) T. W. U. ICOX CON
TELEPHONE 363	-89-5689 -cell EMAIL: +trawilcoxson 24@gnail.com
MAILING ADDRESS_	14 Cryslal Lane TOWN/STATE CUMBER LOUDE CY 021
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes) Twil Properties, LLC Tiralvi. It oxsun, manager
DOES THE OWNER	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	IGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY MUNICIPAL ORDINANCE?</u> IGE, IS THIS BUSINES <u>S IN VIOLATION OF ANY STATE OR FEDERAL LAW?</u>
TO TOOK KNOWLED	SC., IS THIS BUSINESS IN VIOLATION OF MAIN STATE ON PEDENAL DAWN
APPLICANT SIGNATI	DATE 3/17/01
PRINT NAME/TITLE	Tira Wilcoxson President
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	administration of the state of
DATE APPLICATION	
REAL ESTATE TAXE	s
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	NT APPROVAL (NEW ESTABLISHMENTS ONLY)
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O NEW: DATE OF OPENING

May 2)

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	O RESTAURANT(NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	OTHER FOOD BUSINESS (DESCRIBE) BRUND
NAME OF BUSINESS	Maine Beer Company TELEPHONE 207-221-5711
FREEPORT PHYSICAL	ADDRESS 525 US ROUTE BUSINESS MAILING ADDRESS A amo an Dhus ical
PRINCIPAL OWNER L	EGAL NAME David Kleban DATE
	L STOCKHOLDER IF OWNER(S) IS A CORPORATION
HOME ADDRESS	7 Thompson Rd TOWNISTATE BOOM TOWN TE ZIPCODE 04009 EN
	Deniel Klohan
ADDITIONAL OWNER	LEGAL NAME DAY 1 P L LOCK DAT IAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 20	e Cortland Rd TOWNISTATE FreeDOTT ME ZIP CODE 2032 EN
ADDITIONAL OWNER	
HOME ADDRESS	IAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
TIONE ADDRESS	A A C
CONTACT PERSON(PE	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) HON da MOW
TELEPHONE 20	7-221-5711 EMAIL: Finance @ mainebeer company.com
MAILING ADDRESS	525 US Route 1 TOWNSTATE FREEDONT MEZIP CODE D'4032
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes) Maine Beer Combony / MBCLE Hold
DOES THE OWNER O	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDG	SE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO.
	SE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATUR	DATE 3/85/2021
A LIGHT SIGNATOR	
PRINT NAME/TITLE	Amarda Snow accounting associate

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION R	ECEIVED 3 29 21 FEE PAID \$150
REAL ESTATE TAXES	
PERSONAL PROPERT	Y TAXES
FIRE DEPARTMENT A	PPROVAL NG POLICE CHIEF APPROVAL OR DEV eman 1
CODE ENFORCEMENT	T APPROVAL (NEW ESTABLISHMENTS ONLY)
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	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)	
	O PEDDLER/TOWN PROPERTY	
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)	
	O RESTAURANT(NUMBER OF SEATS)	
	O BED AND BREAKFAST (NUMBER OF ROOMS)	
	YOTHER FOOD BUSINESS (DESCRIBE) PERFORMANCE VENUE	
NAME OF BUSINES		
FREEPORT PHYSIC	CAL ADDRESS 5 DEPOT ST. STE BUSINESS MAILING ADDRESS SAME	
	RLEGAL NAME ALAN MOONEY DA	
HOME ADDRESS 1	7 TWIN POND RUND TOWNSTATE TOPS HAM WE ZIPCODE 04086 B	
	GMAIL.com	
ADDITIONAL OWNE	ER LEGAL NAMEDATE OF BIRTH	
	TOWN/STATE ZIP CODE EMAIL:	
ADDITIONAL OWNE	R LEGAL NAMEDATE OF BIRTH TOWAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS_		
CONTACT PERSON	(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) ALAN MOONEY	
TELEPHONE (20	57)831-4311 EMAIL: HALANMOONEY @ GMAIL-COM	
MAILING ADDRESS	SAME AS ABOUE TOWN/STATE ZIP CODE	
BUSINESS MAP/LO	T # OR BUILDING OWNER (Required for tax verification purposes) 010 - 02 4 - 00 0 - 000	
DOES THE OWNER	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?	
	DGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY MUNICIPAL ORDINANCE?</u> DGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY STATE OR FEDERAL LAW?</u>	
	ED (1-2/2)	
APPLICANT SIGNAT	TURE Chinistoyen DATE 9/25/21	
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 PROPE	RTY TAXES	
FIRE DEPARTMENT	APPROVAL NA POLICE CHIEF APPROVAL OK SKY PMM	
CODE ENFORCEME	ENT APPROVAL (NEW ESTABLISHMENTS ONLY)	
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O NEW: DATE OF OPENING ___

May 21

RENEWAL

O NEW: DATE OF OPENING_



CHECK ONE: O PEDDLER/PRIVATE PROPERTY MAINE FOOD LICENSE
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
675
O PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
O RESTAURANT (NUMBER OF SEATS)
O BED AND BREAKFAST (NUMBER OF ROOMS)
MOTHER FOOD BUSINESS (DESCRIBE) TAKE-OUT OWINCOW PICKUP
NAME OF BUSINESS CINDY'S LOSTER ROUS TELEPHONE 207-809-1009
FREEPORT PHYSICAL ADDRESS 292 US R4.1 BUSINESS MAILING ADDRESS 34 GID PLATINS R2 : F
PRINCIPAL OWNER LEGAL NAME SOUNCES DATE O
HOME ADDRESS 34 OID PAINS FOWNISTATE DANS ME ZIPCODE 274 EMAIL
ADDITIONAL OWNER LEGAL NAME DENNIS OWENS
HOME ADDRESS OLD CONNECTON STATE POLONE ZIP CODE EMAIL
ADDITIONAL OWNER LEGAL NAMEDATE 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)
TELEPHONE 207-899-8565 EMAIL Sandyt 1234 Chotmail. COM
MAILING ADDRESS 34 OID Plays RJ. TOWN/STATE POLATE ZIP CODE 04274
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) MAP 26 LOT 5/C
DOES THE CHARGE OF THE PHOENESS ONE ANY CHITCHANDING FINES OF TAYER TO THE TOWN OF FREEZE
DOES THE OWNER OF 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 DATE 3/26/21
PRINT NAMERTITLE Sandy Owens Owner / PARTNER
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RECEIVED 41221 FEE PAID \$135. ©
REAL ESTATE TAXES
PERSONAL PROPERTY TAXES
FIRE DEPARTMENT APPROVAL POLICE CHIEF APPROVAL
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) 19
COUNCIL APPROVAL DATE EXPIRATION DATE