

FREEPORT VICTUALER LICENSE APPLICATION

May '19

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

ITEM # 94-19
VICTUALER LICENSES

CHECK ONE: PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

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 Narrasset Inn Inc TELEPHONE 8659377

FREEPORT PHYSICAL ADDRESS 162 Main St BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Narrasset Inn Inc Chip Gray DATE OF BIRTH 3-25-56
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 162 Main St TOWN/STATE Freeport ZIP CODE 04082 EMAIL: Narrasset@Acl.com

ADDITIONAL OWNER LEGAL NAME Penny Gray DATE OF BIRTH 12-19-57
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 385 Franklin School Rd TOWN/STATE Freeport ZIP CODE 04743 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) Rodney Chip Gray

TELEPHONE 8659377 EMAIL: Narrasset@Acl.com

MAILING ADDRESS 162 Main St TOWN/STATE Freeport ZIP CODE 04082

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Narrasset 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: 3/30/2019

PRINT NAME/TITLE Rodney Chip Gray Pres

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/8/19 FEE PAID \$ 150-

REAL ESTATE TAXES AF

PERSONAL PROPERTY TAXES Pif

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May '19

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FEES: NEW OR RENEWAL \$135.00 W/LIQUOR LICENSE - \$150.00

CHECK ONE: PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

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

RESTAURANT 28 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

782
782-2550

NAME OF BUSINESS Sam's Italian Foods TELEPHONE 207-865-4700

FREEPORT PHYSICAL ADDRESS 7 Main Street BUSINESS MAILING ADDRESS 268 Main Street Lewiston, ME 04240

PRINCIPAL OWNER LEGAL NAME Richard Michaud DATE OF BIRTH 12/13/1968
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 86 Sleepy Hollow Drive TOWN/STATE Litchfield, ME ZIP CODE 04350 EMAIL: rmichaud@samsitalian.co

ADDITIONAL OWNER LEGAL NAME N/A DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS N/A 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) Robert Gardner

TELEPHONE 207-865-4700 EMAIL: _____

MAILING ADDRESS 7 Main Street TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Map 9 - Lot 14

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 Michaud DATE 3/29/2019

PRINT NAME/TITLE Richard B. Michaud, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/8/19 FEE PAID \$135.00

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

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FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

- CHECK ONE:
- PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
 - PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
 - RESTAURANT _____ (NUMBER OF SEATS)
 - BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 - OTHER FOOD BUSINESS (DESCRIBE) GROCERY

NAME OF BUSINESS BOW STREET MARKET INC TELEPHONE 865-6631

FREEPORT PHYSICAL ADDRESS 79 Bow St Freeport BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME ADAM ~~ASHLEY~~ NAPPE DATE OF BIRTH 3/31/67
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 215 Freeport Rd TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: _____

ADDITIONAL OWNER LEGAL NAME SHELLA NAPPE DATE OF BIRTH 9/5/66
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 215 Freeport Rd TOWN/STATE Freeport ZIP CODE 04032 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) Jim Frey

TELEPHONE 865-6631 EMAIL: jim@bowstreetmarket.com

MAILING ADDRESS 79 Bow St TOWN/STATE Freeport 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 3/25/19

PRINT NAME/TITLE ADAM NAPPE (PRES)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/28/19 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

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 '19

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 36 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS HARCASEEKET LUNCH AND Lobster TELEPHONE 865-3535

FREEPORT PHYSICAL ADDRESS 36 Main St. South Freeport BUSINESS MAILING ADDRESS P.O. Box 218, Freeport, Me. 04032

PRINCIPAL OWNER LEGAL NAME REGIS COFFIN DATE OF BIRTH 12/21/1946

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

HOME ADDRESS 48 Flying Point Rd. Freeport, Me. TOWN/STATE Freeport, Me. ZIP CODE 04032 EMAIL: SAME AS BELOW

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) BRENDON ALTERIO

TELEPHONE 865-3535 / 756-0325 EMAIL: lobster@harcaseeket.comcastbiz.net

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

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) LOT 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 2/25/2019

PRINT NAME/TITLE REGIS COFFIN PRESIDENT

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/10/19 FEE PAID \$ 135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW: DATE OF OPENING _____

Rotary Club
May '19

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
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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 Freeport Rotary Club TELEPHONE 865-9858

FREEPORT PHYSICAL ADDRESS Morse St BUSINESS MAILING ADDRESS 8 Holbrook St

PRINCIPAL OWNER LEGAL NAME Freeport Rotary Club DATE OF BIRTH 1984 ü
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 8 Holbrook St TOWN/STATE Freeport ZIP CODE 04032 EMAIL: yilmazdog@hotmail.com

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

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

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) Jay Yilmaz

TELEPHONE 415-2579 EMAIL: yilmazdog@hotmail.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 J. A. Yilmaz DATE 3/27/19

PRINT NAME/TITLE Joseph A. Yilmaz, Rotarian

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 3/27/19 FEE PAID \$ 135

REAL ESTATE TAXES n/a

PERSONAL PROPERTY TAXES n/a

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

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 50 (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS SUNRISE CAFE LLC TELEPHONE 207 825-6115

FREEPORT PHYSICAL ADDRESS 475 US RT 1 BUSINESS MAILING ADDRESS P.O. Box 923 Freeport 04078

PRINCIPAL OWNER LEGAL NAME JUNE CHAMBERS DATE OF BIRTH 3-21-57
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 26 Curtis Rd TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: circkk@myfairpoint.net

ADDITIONAL OWNER LEGAL NAME TIMOTHY CHAMBERS DATE OF BIRTH 8-3-61
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 26 Curtis Rd TOWN/STATE Freeport Me ZIP CODE 04032 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) June Chambers

TELEPHONE 207 329-8088 EMAIL: circkk@myfairpoint.net

MAILING ADDRESS 26 Curtis Road TOWN/STATE FREEPORT ME ZIP CODE 04032

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

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE June Chambers DATE 4-1-19

PRINT NAME/TITLE JUNE Chambers, Partner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/25/19 FEE PAID \$135.00

REAL ESTATE TAXES n/a - don't own building

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

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- CHECK ONE:
- PEDDLER/PRIVATE PROPERTY
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 - PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
 - RESTAURANT 190 (NUMBER OF SEATS)
 - BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 - OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Echelon Management, Inc dba Azure TELEPHONE 207 865 1237

FREEPORT PHYSICAL ADDRESS 123 Main Street BUSINESS MAILING ADDRESS 21 Carriage Road

PRINCIPAL OWNER LEGAL NAME Jonas P. Werner DATE OF BIRTH 3/24/70
(PRINCIPAL STOCKHOLDER IF OWNERS IS A CORPORATION)

HOME ADDRESS 21 Carriage Rd TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL jonas@azurcate.com

ADDITIONAL OWNER LEGAL NAME N. Kate Werner DATE OF BIRTH 8/23/70
(ADDITIONAL STOCKHOLDER IF OWNERS IS A CORPORATION)

HOME ADDRESS Spmp TOWN/STATE _____ ZIP CODE _____ EMAIL Kate@azurcate.com

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER IF OWNERS IS A CORPORATION)

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

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Jonas P. Werner

TELEPHONE 207. 522. 0027 EMAIL jonas@azurcate.com

MAILING ADDRESS Same as above TOWN/STATE _____ ZIP CODE _____

BUSINESS MAPLOT # 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 N. Kate Werner DATE 4/24/19

PRINT NAME/TITLE N. Kate Werner, Treasurer/Clerk

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED \$ 4/25/19 FEE PAID \$ 150.00

REAL ESTATE TAXES pd

PERSONAL PROPERTY TAXES pd

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

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 '19

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 Kendall Tavern Inn B+B TELEPHONE 2078651338

FREEPORT PHYSICAL ADDRESS 213 Main St BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Nancy Kieran DATE OF BIRTH 2/20/58
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS _____ TOWN/STATE _____ ZIP CODE _____ EMAIL: info@kendalltaverninn.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) Nancy Kieran

TELEPHONE 2078651338 EMAIL: info@kendalltaverninn.com

MAILING ADDRESS 213 Main St TOWN/STATE Freeport ZIP CODE 04032

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 4/1/19

PRINT NAME/TITLE Nancy Kieran / owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/23/19 FEE PAID \$135 w/c

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

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 '19

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 22 (NUMBER OF SEATS)
 - BED AND BREAKFAST 11 (NUMBER OF ROOMS)
 - OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS The Village Inn TELEPHONE 207-865-3236

FREEPORT PHYSICAL ADDRESS 186 Main Street BUSINESS MAILING ADDRESS P.O. Box 214, Freeport, ME

PRINCIPAL OWNER LEGAL NAME Lewis L. Carliss DATE OF BIRTH 2/24/44
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 186 Main St TOWN/STATE Freeport ZIP CODE 04032 EMAIL: lcarliss@aol.com

ADDITIONAL OWNER LEGAL NAME Jacqueline A. Carliss DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 186 Main St TOWN/STATE Freeport, Me ZIP CODE 04032 EMAIL: ljacki@aol.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) Jacqueline A. Carliss

TELEPHONE 207-865-3236 EMAIL: ljacki@aol.com

MAILING ADDRESS P.O. Box 214 TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Lewis + Jacqueline Carliss

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 Lewis L. Carliss DATE April 23, 2019

PRINT NAME/TITLE Lewis L. Carliss / owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/23/19 FEE PAID \$135.00

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL Mark B. Rowe

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May 19

RENEWAL NEW: DATE OF OPENING Spring

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED
FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

CHECK ONE PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

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

RESTAURANT _____ (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Under Dress on the Fen TELEPHONE 207-751-9654

FREEPORT PHYSICAL ADDRESS 20 Litchfield Rd BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Adam Morse DATE OF BIRTH 05/28/1975
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 20 Litchfield Rd TOWN/STATE Freeport/ME ZIP CODE 04032 EMAIL amorse@comcast.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) Adam Morse

TELEPHONE 207-751-9654 EMAIL amorse@comcast.com

MAILING ADDRESS 20 Litchfield Rd 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 Adam Morse DATE 11/3/19

PRINT NAME/TITLE Adam Morse

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/22/19 FEE PAID \$135 w/ck

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES _____

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW DATE OF OPENING TBD

5/1 May '19

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEES: NEW OR RENEWAL - \$133.00 - WILCIGNOR LICENSE - \$133.00

CHECK ONE:

PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

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

RESTAURANT _____ (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) EVENT VENUE

NAME OF BUSINESS CADENZA TELEPHONE 207.231.4311

FREEPORT PHYSICAL ADDRESS 5 DEPOT STREET BUSINESS MAILING ADDRESS 5 DEPOT STREET SUITE 5

PRINCIPAL OWNER LEGAL NAME H. ALAN MOONEY DATE OF BIRTH 7.29.47
(PRINCIPAL STOCKHOLDER IF OWNERS IS A CORPORATION)

HOME ADDRESS 17 TWIN POND RD TOWN/STATE TOPSHAM, ME ZIP CODE 04086 EMAIL: H.ALAN.MOONEY@GMAIL.COM

ADDITIONAL OWNER LEGAL NAME SEE ATTACHED DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER(S) IF OWNERS IS A CORPORATION)

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

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____
(ADDITIONAL STOCKHOLDER(S) IF OWNERS IS A CORPORATION)

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

CONTACT PERSON/PERSON PRIMARLY RESPONSIBLE FOR OPERATION OF THE BUSINESS ALAN MOONEY

TELEPHONE SAME AS ABOVE EMAIL: _____

MAILING ADDRESS SAME AS ABOVE TOWN/STATE _____ ZIP CODE _____

BUSINESS MAPLOT # 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 4.30.19

PRINT NAME/TITLE H. ALAN MOONEY, P.E.
MANAGING PARTNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/30/19 FEE PAID \$ 150.00

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES +

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May '19

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) Juice and Smoothie shop

NAME OF BUSINESS Wanderlust Juicery TELEPHONE 207-837-7082

FREEPORT PHYSICAL ADDRESS 2 Mechanic St. BUSINESS MAILING ADDRESS 54 Stevens Farm Rd

PRINCIPAL OWNER LEGAL NAME Jesse M. Lamon (50%) DATE OF BIRTH 9/18/82
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 54 Stevens Farm Rd. TOWN/STATE Freeport ZIP CODE 04032 EMAIL: jesse@wanderlustjuicery.com

ADDITIONAL OWNER LEGAL NAME Michele L. Burkey (50%) DATE OF BIRTH 7/22/81
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 54 Stevens Farm Rd. TOWN/STATE Freeport ZIP CODE 04032 EMAIL: michele@wanderlustjuicery.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) Jesse M. Lamon

TELEPHONE 207-837-7082 EMAIL: jesse@wanderlustjuicery.com

MAILING ADDRESS 54 Stevens Farm Rd. TOWN/STATE Freeport ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) LARRY NEEDLE, Frank Realty

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO
Fineberg Mgmt.

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 J. Lamon DATE 5/1/19

PRINT NAME/TITLE Jesse M. Lamon
Co-owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/1/19 FEE PAID \$135 cash

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES w/a

FIRE DEPARTMENT APPROVAL _____ POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) _____

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

lobster roll
May 19

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) Take out stand

NAME OF BUSINESS LB Freeport, LLC DBA Linda Beans Perfect Maine Lobster Roll TELEPHONE 207-453-9388

FREEPORT PHYSICAL ADDRESS 57 Main St, Freeport, ME 04932 BUSINESS MAILING ADDRESS P.O. Box 43, Huxley, ME 04944

PRINCIPAL OWNER LEGAL NAME Linda L Bean DATE OF BIRTH 4-28-41

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

HOME ADDRESS P.O. Box 43
779 Skowhegan Rd. TOWN/STATE Huxley, ME ZIP CODE 04944 EMAIL: accountingclerk@lindabeansperfectmaine.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) Veronika Carlson - President

TELEPHONE 207-372-1086 EMAIL: veronika@lindabeansperfectmaine.com

MAILING ADDRESS P.O. Box 43 TOWN/STATE Huxley, ME ZIP CODE 04944

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) LL Bean 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 4/21/19

PRINT NAME/TITLE Jennifer Kilgore - Accounting clerk

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/29/19 FEE PAID _____

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May '19

RENEWAL NEW: DATE OF OPENING _____

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEES: NEW OR RENEWAL - \$135.00 / 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 _____

FREEPORT PHYSICAL ADDRESS 525 U.S. Route 1 BUSINESS MAILING ADDRESS 525 U.S. Route 1

PRINCIPAL OWNER LEGAL NAME David Klebean DATE OF BIRTH 2-24-1971

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

HOME ADDRESS 29 Thompson Rd TOWN/STATE BRECKTON, ME ZIP CODE 04019 EMAIL: finance@mainebeercompany.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 Parker Auger

TELEPHONE 207 205 0248 EMAIL: parker@mainebeercompany.com

MAILING ADDRESS 525 U.S. Route 1 TOWN/STATE Freeport ME ZIP CODE 04032

BUSINESS MAPLOT # OR BUILDING OWNER (Required for tax verification purposes) Maine Beer Company/MBC RE

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 _____

PRINT NAME/TITLE Parker R Auger food service manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/22/19 FEE PAID \$135.00

REAL ESTATE TAXES ~~paid~~ PIF

PERSONAL PROPERTY TAXES paid

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 '19

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) Health food store

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

FREEPORT PHYSICAL ADDRESS 443 US Route 1 BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Tina Wilcoxson DATE OF BIRTH 5/24/66
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 14 Crystal Lane TOWN/STATE Cumberland Ct, ME ZIP CODE 04021 EMAIL: info@vrf.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 207-807-5689 EMAIL: tinawilcoxson24@gmail.com

MAILING ADDRESS 14 Crystal Lane TOWN/STATE Cumberland Maine ZIP CODE 04021

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) TWIL 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 4/4/19

PRINT NAME/TITLE Tina Wilcoxson, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/4 FEE PAID \$ 150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May 19

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 4 (NUMBER OF SEATS)
 - BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 - OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS BBQ P of Freeport DBA Bon's Jerk TELEPHONE 561-703-5677
 FREEPORT PHYSICAL ADDRESS 6 Nathan Nye St BUSINESS MAILING ADDRESS 9585B Clarence Ctr Rd Clarence Ctr. NY 14032

PRINCIPAL OWNER LEGAL NAME Barry Hamerling DATE OF BIRTH 3-12-46
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 7 Patriot Circle TOWN/STATE Clifton Park NY ZIP CODE 12015 EMAIL: johnsue207@aol.com

ADDITIONAL OWNER LEGAL NAME Peter Rosenfeld DATE OF BIRTH 9-27-47
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 100 Appleton Lane TOWN/STATE NY Clifton Park ZIP CODE 12015 EMAIL: jeff100@aol.com

ADDITIONAL OWNER LEGAL NAME Margaret Joynt DATE OF BIRTH 12-25-38
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 18 Walden Fields Dr TOWN/STATE NY Delmar ZIP CODE 13051 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 Ctr NY ZIP CODE 14032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) L L 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 4-12-19

PRINT NAME/TITLE Susan Breier operations Mgr - Bookkeeper

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/16/19 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May '19

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) Catering

NAME OF BUSINESS Goose Island Clambakes TELEPHONE 865-2115

FREEPORT PHYSICAL ADDRESS 152 So Freeport RD BUSINESS MAILING ADDRESS Pox Box 362

PRINCIPAL OWNER LEGAL NAME Jonathan P. Sade DATE OF BIRTH 12/17/62
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 152 So Freeport RD TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL: jon@Gentlys.com

ADDITIONAL OWNER LEGAL NAME N/A DATE OF BIRTH N/A
(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) Jonathan P Sade

TELEPHONE 865-2115 EMAIL: jon@Gentlys.com

MAILING ADDRESS Pox Box 362 TOWN/STATE Freeport ZIP CODE Maine

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Susan G. Martling

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 5/12/19

PRINT NAME/TITLE Jonathan P. Sade

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/13/19 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW: DATE OF OPENING _____

May 19

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 38 (NUMBER OF SEATS)
 BED AND BREAKFAST _____ (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS DSM LLC D/B/A KAMASOUPTRA TELEPHONE 207 415 6692

FREEPORT PHYSICAL ADDRESS 20 BOW ST BUSINESS MAILING ADDRESS SAME

PRINCIPAL OWNER LEGAL NAME JOSEPH JEROME DATE OF BIRTH 06/08/83

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

HOME ADDRESS 67 HIGH ST TOWN/STATE FREE BATH ZIP CODE 04530 EMAIL: JOE@KAMASOUPTRA.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) JOSEPH JEROME

TELEPHONE 207 939 0980 EMAIL: JOE @ KAMASOUPTRA

MAILING ADDRESS 20 BOW ST TOWN/STATE FREEPORT ZIP CODE 04032

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

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? UNAPPLICABLE

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 5/1/19

PRINT NAME/TITLE JOSEPH JEROME OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/13/19 FEE PAID \$135

REAL ESTATE TAXES Past Due - not owner of building

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL _____

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW: DATE OF OPENING _____

May '19

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 Brewster House Bed & Breakfast TELEPHONE 207-865-4121

FREEPORT PHYSICAL ADDRESS 180 Main Street BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Kelly L. Dulany DATE OF BIRTH 10-03-67
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

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

ADDITIONAL OWNER LEGAL NAME GREAT CABIN 8, INC. 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) _____

TELEPHONE 646-391-5237 EMAIL: kelleigh@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 4.9.19

PRINT NAME/TITLE Kelly L. Dulany, President, Great Cabin 8, Inc.

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/16/19 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL

NEW: DATE OF OPENING _____

Tavern
May '19

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 250 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS DL Freeport, LLC DBA Linda Bean's Maine Kitchen & Topside Tavern TELEPHONE 207-453-9388

FREEPORT PHYSICAL ADDRESS 81 Main St, Freeport, ME 04022 BUSINESS MAILING ADDRESS P.O. Box 43, Hinkley, ME 04944

PRINCIPAL OWNER LEGAL NAME Linda L. Bean DATE OF BIRTH 4-28-41

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

HOME ADDRESS P.O. Box 43, 749 Skowhegan Rd TOWN/STATE Hinkley, ME ZIP CODE 04944 EMAIL: accounting clerk@lindabeansperfectmaine.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) Veronika Carlson - President

TELEPHONE 207-372-1086 EMAIL: veronika@lindabeansperfectmaine.com

MAILING ADDRESS P.O. Box 43 TOWN/STATE Hinkley, ME ZIP CODE 04944

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Linda L. Bean

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE [Signature] DATE 4/24/19

PRINT NAME/TITLE Jennifer Kilgore - Accounting Clerk

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/29/19 FEE PAID _____

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May 19

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 130 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Tuscan Brick Oven Bistro TELEPHONE 869-7200

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

PRINCIPAL OWNER LEGAL NAME Edward P. Manganello DATE OF BIRTH 10/18/46

HOME ADDRESS PO Box 346 TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL: office@myalrivergillhouse.com

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

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

ADDITIONAL OWNER LEGAL NAME _____ DATE OF BIRTH _____

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 TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) E+R Maine Properties, 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 Megan Hendrix DATE 3/27/19

PRINT NAME/TITLE Megan Hendrix / office manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/24/19 FEE PAID \$ 150.00

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES pif

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____

FREEPORT VICTUALER LICENSE APPLICATION

May '19

RENEWAL NEW: DATE OF OPENING _____

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED
FEE: NEW OR RENEWAL \$135.00 - WILQUOR LICENSE - \$100.00

CHECK ONE

PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

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

RESTAURANT _____ (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) Hotel

NAME OF BUSINESS Quality Suites, Be Hospitable Hotels, LLC TELEPHONE 207-865-9300

FREEPORT PHYSICAL ADDRESS 500 US Route 1, Freeport, ME 04032 BUSINESS MAILING ADDRESS _____

PRINCIPAL OWNER LEGAL NAME Srinivas Anne DATE OF BIRTH 09/19/1978
(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) Srinivas Anne

TELEPHONE 207-865-9300 EMAIL: Seannu@nextgenhq.com

MAILING ADDRESS 500 US Route 1, Freeport, ME TOWN/STATE ME ZIP CODE 04032

BUSINESS MAPLOT # OR BUILDING OWNER (Required for tax verification purposes) Bombay Management

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? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE [Signature] DATE 4/24/19

PRINT NAME/TITLE Srinivas Anne, GM

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/24/19 FEE PAID \$135.00

REAL ESTATE TAXES _____

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____