ITEM # 94-20 VICTUALER LICENSES

FREEPORT VICTUALER LICENSE APPLICATION

O RENEWAL

NEW: DATE OF OPENING July 1, 2020

r May 20

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)
	Coffee/Tea Shop, Gift Shop
NAME OF BUSINE	Zamazingo, LLC / ZesTea (DBA) _{TELEPHONE} 954-740-4161
FREEPORT PHYSI	SICAL ADDRESS 32 Main Street, Suite 22 BUSINESS MAILING ADDRESS 50 Regatta Dr, Freeport ME 04032
	ER LEGAL NAME Arda Turac DATE OF BIRTH 5/19/1977
(PRINC HOME ADDRESS_	NCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) TOWN/STATE Freeport, ME ZIPCODE 04032 EMAIL: ardaturac@yahoo.com
	NER LEGAL NAME Elif Erkan DATE OF BIRTH 9/15/1976
(ADDI	intowal stockholder(s) if owner(s) is a corporation) 50 Regatta Dr TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL: eliferkan@yahoo.com
ADDITIONAL OWN	NER LEGAL NAMEDATE OF BIRTH
(ADDI HOME ADDRESS_	ITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATEZIP CODEEMAIL:
CONTACT PERSOI	DN(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Arda Turac
	4-740-4161ardaturac@yahoo.com
MAILING ADDRESS	50 Regatta DrTown/state_Freeport, MEZIP CODE_04032
BUSINESS MAP/LC	OT # OR BUILDING OWNER (Required for tax verification purposes) Map 11, Lot 124, Bowe Family LLC
DOES THE OWNER	ER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	EDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLE	EDGE, IS THIS BUSINES IN VIOLATION OF <u>ANY</u> STATE OR FEDERAL LAW? NO
APPLICANT SIGNA	DATE 4/23/2020
PRINT NAME/TITLE	Arda Turac, Co-Owner

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION	ON RECEIVED 4/28/20 FEE PAID \$135.00
REAL ESTATE TAX	XESXES
PERSONAL PROPE	PRTY TAXES PIF
FIRE DEPARTMEN	NT APPROVALPOLICE CHIEF APPROVAL
CODE ENFORÇEM	MENT APPROVAL (NEW ESTABLISHMENTS ONLY)
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NEW: DATE OF OPENING _

May '20

CHECK ONE: PEDDLER/PRIVATE PROPERTY
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
☐ PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
RESTAURANT 60 (NUMBER OF SEATS) BED AND BREAKFAST (NUMBER OF ROOMS)
U BED AND BREAKFAST (NUMBER OF ROOMS) OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS SUPTISE CAR LLC TELEPHONE SUS- LOTIS
FREEPORT PHYSICAL ADDRESS 45 US RT BUSINESS MAILING ADDRESS DBX OB S TYCOUT O
PRINCIPAL OWNER LEGAL NAME UNC CHOWBOB DATE OF BIRTH 3 121 157
(PRINCIPAL STOCKHOLDER IF OWNERS IS A CORPORATION)
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ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH
HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
720 GACCI CONTRACTOR OF THE BUSINESS)
TELEPHONES 9-8088 EMAIL TY CICK WY FOIL DO DT. NET
MAILING ADDRESS ALCUMIS NO TOWN/STATE + COPIN ML ZIP CODE (1403)
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes)
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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 JULI MOUDS OATE 433 2000
PRINT NAMESTITLE UNC C'HOUBS ANTON
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RECEIVED 435
REAL ESTATE TAXES A G
PERSONAL PROPERTY TAXES NA
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CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DATELICENSE NUMBEREXPIRATION DATE
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A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED) O RESTAURANT O RESTAURANT O RESTAURANT
	O BED AND BREAKFAST (NUMBER OF ROOMS) O OTHER FOOD BUSINESS (DESCRIBE)
	HARMASacht Lunch & Cobstan TELEPHONE 865-3535 / 865-4888
FREEPORT PHYSICA	AL ADDRESS 36 Man St. South Fragent Business Mailing ADDRESS P.O Box 218, Precipiet 69
PRINCIPAL OWNER	LEGAL NAME Ragin CO FF N DATE OF BIRTH 12/21/46
(PRINCIP	PAL STOCKHOLDER IF OWNER(S) IS A CORPORATION
HOME ADDRESS	48 Flying birt TOWNISTATE Fragent Mc ZIPCODE 04032 EMAIL INFOR HAMACOOLIT Loude A
ADDITIONAL OWNER	R LEGAL NAME John Coffin
	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 7	John J. R.J. TOWN/STATE FAMPLY ML. ZIP CODE 04032 EMAIL: N/A
ADDITIONAL OWNER	
HOME ADDRESS	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON	PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) BRENDON ALTERIO
TELEPHONE 865	5.3535 EMAIL: Lobster @ hurranscoket. concart biz. net
MAILING ADDRESS_	P.G. BOX 218 TOWN/STATE Frances, Mr. ZIP CODE 04032
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BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification purposes) 53 A
	# OR BUILDING OWNER (Required for tax verification purposes)
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O NEW: DATE OF OPENING __

May '20

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	A COPY OF INSURANCE POLICY MUST BE ATTACHED)	
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	AND BREAKFAST (NUMBER OF ROOMS)	
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NAME OF BUSINESS	arrayeshet In Jus TELEPHONE	8659377
	LL S. LL Col-	
FREEPORT PHYSICAL ADDRE	ESS 162 Main 57 BUSINESS MAILING ADDRES	s samo
PRINCIPAL OWNER LEGAL NA	AME Rodney D Grax	DATE OF BIRTH 3-25-54
	HOLDER IF OWNER(S) IS A GORPORATION)	
HOME ADDRESS 7 Dog	0 4 4	032 EMAIL:
	NAME PERRY GRAY	DATE OF BIRTH 12-19-57
HOME ADDRESS / 62 H a	KHOLDER(S) IF OWNERS) IS A CORPORATION, TOWNISTATE TRUE HE ZIP CODE 09	MIN CMAH.
THE ROBINEOUS PROPERTY	John Strict To Got Strict To Got Grant To Got Got Grant To Got Got Grant To Got Got Grant To Got Got Got Got Got Got Got Got Got Go	LIMPIL.
ADDITIONAL OWNER LEGAL	NAME	DATE OF BIRTH
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CONTACT DEDSON/BERSON BR	RIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS MR OSLUCE	Cula
CONTACT FERSON PR		Cushing
TELEPHONE 86593) EMAIL: Josh @ Ravias	echetran, COH
		the ZIP CODE 04032
MAILING ADDRESS /	2 Maen St TOWN/STATE Trupa	ne zip code 04032
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BUSINESS MAPILUT # UK BUI	ILDING OWNER (Required for tax verification purposes)	a fine
DOES THE OWNER OF THE B	SUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN (OF FREEPORT?
	HIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?	
TO YOUR KNOWLEDGE, IS TH	HIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?	
APPLICANT CIONATURE	Julian	04/73/20
APPLICANT SIGNATURE	DATE_	01100100
PRINT NAME/TITLE	Joshua Cushing GM	
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	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE	
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CODE ENFORCEMENT APPRO	OVAL (NEW ESTABLISHMENTS ONLY) 17/9	
COUNCIL APPROVAL DATE	LICENSE NUMBER	EXPIRATION DATE

O RENEWAL

O NEW: DATE OF OPENING ____

may ,26

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY	
OHEOR ONE.	(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) Brewery	
NAME OF BUSINES	NESS Maine Beer Company TELEPHONE 207-607-1794	
FREEPORT PHYSIC	SICAL ADDRESS 525 US Rove One Business Mailing Address 525 US Rove (3re
PRINCIPAL OWNER	NER LEGAL NAME David Kleban DATE OF BIRTH 2-24	-1971
(PRINC	RINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS	s 535 Lacouptie St. Townstate Yarmouth, ME zipcode 84096 Email: david, mainely	eralne.con
ADDITIONAL OWNE	WHER LEGAL NAME DATE OF BIRTH 7-2-	77
	ODITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS_	s 26 Cortland Rd, TOWN/STATE Treepart, ME ZIP CODE 04032 EMAIL: day, maine	seevame.co
ADDITIONAL CULT	DAIPE LEGAL MANE	
	VNER LEGAL NAME	
HOME ADDRESS_		
CONTACT PERSON	SON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) LILIA TOPPOSELL	
TELEPHONE 20	207-607-1794 EMAIL lilian macheboar company. com	
MAILING ADDRESS	ESS SZS US Rate One TOWN/STATE Freeport, ME ZIP CODE OYC	32_
BUSINESS MAP/LO	ALOT # OR BUILDING OWNER (Required for tax verification purposes) Maine Boer Company / MBC P	<u>t </u>
DOES THE OWNER	IER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?	
TO YOUR KNOWLE	VLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?	
	WEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?	
	V-1: 10 00 112220	
APPLICANT SIGNAT	NATURE JULIU PASSELLE DATE 4. ZZ. Z8	
PRINT NAME/TITLE	Lilia Taggersell - Administrative Assistant	

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE	
DATE APPLICATION	ION RECEIVED 7/28/2026 FEE PAID 7/50	
REAL ESTATE TAXE	AXES	
PERSONAL PROPE	PERTY TAXES PIF	
FIRE DEPARTMENT	ENT APPROVAL POLICE CHIEF APPROVAL	
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COUNCIL APPROVA	DVAL DATELICENSE NUMBEREXPIRATION DATE	

COUNCIL APPROVAL DATE_

		FREEPORT VICTU	JALER LICENSE	APPLICATION	May 20
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	O BED AND BREAKFAS	T (NUMB	ER OF ROOMS)		
NAME OF BUSINESS			1	TELEPHONE 20	7-751-9454
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	PAL STOCKHOLDER IF OWNER(S OLITCHFICK RM		caport, mE	ZIPCODE	EMAIL AMOIX &50 e Comoil Com
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TELEPHONE 20	7-751-965	EMAIL:	Moise 850	a Concil Co	n
MAILING ADDRESS_	20 Literfice	d fol	TOWN/S	STATE Fragel,	Mb ZIP CODE 04032
BUSINESS MAP/LOT	# OR BUILDING OWNER (Required for tax verification	n purposes)		
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PRINT NAME/TITLE	Adem mo	134			
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		AUTHORIZED SIGNAT	TURES - TOWN CLERK	TO COMPLETE	
DATE APPLICATION	RECEIVED 4/8	8/26	FEE PAID	\$ 13500	
REAL ESTATE TAXE	s	16			
PERSONAL PROPER	RTY TAXES NO	4-			
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CODE ENFORCEMEN	NT APPROVAL (NEW ESTA	BLISHMENTS ONLY)	na		

LICENSE NUMBER

EXPIRATION DATE

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	O RESTAURANT	(NUMBER OF SEATS)		
	O BED AND BREAKFAST	(NUMBER OF ROOM) i	
	THER FOOD BUSINESS (DESCRIBE) Oncery	More.	
NAME OF BUSINES	wilcoxum But p	en Natural Foods	TELEPHONE	J1400-2018-F24
FREEPORT PHYSIC	CAL ADDRESS 443 US	Paulal 1	USINESS MAILING ADDRESS_	Sone
PRINCIPAL OWNER	LEGAL NAME INDL	Ji Loyson		DATE OF BIRTH 5134166
	PAL STOCKHOLDER IF OWNER(S) IS A		ما بمعد عدد	1
HOME ADDRESS_	4 Crystal Lane	TOWN/STATE LAW BOLD LA	ZIPCODE DATE	al EMAIL into errot. com
ADDITIONAL OWNE	R LEGAL NAME			DATE OF BIRTH
(ADDITI	IONAL STOCKHOLDER(S) IF OWNER(S) IS	S A CORPORATION)		
HOME ADDRESS		TOWN/STATE	ZIP CODE	EMAIL:
ADDITIONAL OWNE	R LEGAL NAME			DATE OF BIRTH
	ONAL STOCKHOLDER(S) IF OWNER(S) IS	S A CORPORATION)		
HOME ADDRESS		TOWN/STATE	ZIP CODE	EMAIL:
CONTACT PERSON	(PERSON PRIMARILY RESPONSIBLE FOI	R OPERATION OF THE BUSINESS)	Time W. Icoxs	<u> </u>
TELEPHONE_	3-807-CA-CA	U EMAIL: Trace	Si Icoxem 34@	gmail.com
MAILING ADDRESS	14 Crystal have		_town/state Qualoular	J.C. MEZIP CODE DY DO
			740	1104
BUSINESS MAP/LOT	T # OR BUILDING OWNER (Requir	ed for tax verification purposes)	will toporties,	LLC/Time Wilcoxson, Marager
DOES THE OWNER	OF THE BUSINESS OWE ANY OU	JTSTANDING FINES, PENALTIES	OR TAXES TO THE TOWN OF	FREEPORT?
TO YOUR KNOWLE	DGE, IS THIS BUSINESS IN VIOLA	TION OF ANY MUNICIPAL ORD	INANCE? 170	
TO YOUR KNOWLE	DGE, IS THIS BUSINESS IN VIOLA	TION OF ANY STATE OR FEDE	RAL LAW? NO	
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APPLICANT SIGNAT	URE		DATE	100 00
PRINT NAME/TITLE	Tima Wila	ousin, theolid	ent	
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DATE APPLICATION	RECEIVED	12120 FEE I	PAID \$15	50,00 \$3858
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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)
	OTHER FOOD BUSINESS (DESCRIBE) 62016W
NAME OF BUSINESS	BUN STREET MANKET INC TELEPHONE
FREEPORT PHYSICAL	ADDRESS 55 School St. Business Mailing Address 79 BOW 57
	EGAL NAME NORM NAPPE DATE OF BIRTH 3/31/167
HOME ADDRESS Z	L STOCKHOLDER IF OWNER(S) IS A CORPORATION) 1 S FULLYANT PROMINISTATE FILEPUNT ZIPCODE 04632 EMAIL: ADAMO DUNSTRUCT MANUELT, CA
	LEGAL NAME SHOULA NADPE DATE OF BIRTH 9/5/164
HOME ADDRESS 21	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) S PULPUL DU TOWN/STATE PREEDUCT ZIP CODE 04032 EMAIL: SHEUACE BUSINEET MUNICIPALITY OF THE PULL OF TH
ADDITIONAL OWNER I	LEGAL NAME DATE OF BIRTH
(ADDITION.	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
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CONTACT PERSON(PE	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)ANN / FRANT
TELEPHONE 805-0	10631 W 409-0522 C EMAIL ANN @ bows truct MANKET. I UN
MAILING ADDRESS	79 BOW ST TOWN/STATE FUEGULT ZIP CODE 040322
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER OF	F THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	E, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDG	
APPLICANT SIGNATUR	RE WWWA (PINES) DATE 4/14/20
PRINT NAME/TITLE	ADAM MAPPE PILLS
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
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A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$135.00 - WILIQUOR LICENSE - \$150.00

CHECK ONE: O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED) 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) Hot Dog Stand NAME OF BUSINESS ________JAY Enterprises, Inc TELEPHONE 207-865-9705 FREEPORT PHYSICAL ADDRESS LL Bean Parking Lot BUSINESS MAILING ADDRESS 8 Holbrook St, Freeport, ME 04032 PRINCIPAL OWNER LEGAL NAME____ Jav. Yilmaz _____DATE OF BIRTH____6/19/71 (PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) ADDITIONAL OWNER LEGAL NAME_ DATE OF BIRTH (ADDITIONAL SYDCKHOLDER(S) IF OWNER(S) IS A CORPORATION) HOME ADDRESS TOWN/STATE ZIP CODE ADDITIONAL OWNER LEGAL NAME_ DATE OF BIRTH (ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION HOME ADDRESS TOWNSTATE __ ZIP CODE __EMAIL:_ CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Jay Yilmaz 207-865-9705 TELEPHONE _EMAIL: __applewoodusa@hotmail.com MAILING ADDRESS 8 Holbrook St TOWN/STATE Freeport, ME ZIP CODE 04032 BUSINESS MAP/LOT # OR BUILDING OWNER (Required for lax 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 YOLATION OF ANY STATE OR FEDERAL LAW? APPLICANT SIGNATURE DATE PRINT NAME/TITLE AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE 23 20 FEE PAID \$ 135.00 DATE APPLICATION RECEIVED REAL ESTATE TAXES PIT PERSONAL PROPERTY TAXES IN O FIRE DEPARTMENT APPROVAL IN Q POLICE CHIEF APPROVAL_ CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) h COUNCIL APPROVAL DATE LICENSE NUMBER

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O NEW: DATE OF OPENING

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A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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)
	S BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	Kendall Tavan Inn B+B TELEPHONE 2078651338
FREEPORT PHYSICA	and Algin St
PRINCIPAL OWNER	LEGAL NAME Kilvan Provost UC/Nancy Kilvan DATE OF BIRTH 2/20/58
(PRINCIP	PAL STOCKHOLDER IF OWNERISS IS A CORPORATION TOLE PORT ZIPCODE O403 EMAIL (nfor Kondall ta
ADDITIONAL OWNER	R LEGAL NAMEDATE OF BIRTHONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATEZIP CODE EMAIL:
ADDITIONAL OWNER	
HOME ADDRESS	ONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON	(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) NOWLY KIERS
TELEPHONE_	1078651338 EMAIL: M. FOCkendall faverninn. Com
MAILING ADDRESS_	213 May St TOWNISTATE TREPUT ZIP CODE 04030
BUSINESS MAP/LOT	T # OR BUILDING OWNER (Required for tax verification purposes) Noncy Kiero-
DOES THE OWNER	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	AD
	DGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
APPLICANT SIGNAT	TURE // MW/2020
PRINT NAME/TITLE	Manay Kievan Duner
	AL Short AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	\$120 \$120 Wast
DATE APPLICATION REAL ESTATE TAXE	OIL TO THE PROPERTY OF THE PRO
PERSONAL PROPER	NF
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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)
	YOTHER FOOD BUSINESS (DESCRIBE) Catering
NAME OF BUSINES	s Coose Island Clambakes TELEPHONE 207 653 . 3955
FREEPORT PHYSIC	AL ADDRESS 152 So FreeporT RD BUSINESS MAILING ADDRESS PO BOX 302 Freeport, whe
	LEGAL NAME Jonathan D. Soule DATE OF BIRTH 12/17/62
HOME ADDRESS 15	52 Sofregart 2 d TOWN/STATE Fre 07012T ME ZIPCODE 04082 EMAIL: 100 @ 6. Hys. Com
ADDITIONAL OWNE	
HOME ADDRESS	CNAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
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CONTACT PERSON	(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) JONAThan P. Soule
TELEPHONE 2	107 653-3955 EMAIL: ON Q GR. +145, Com
MAILING ADDRESS	POBOX 302 TOWN/STATE FREQUENT, Me ZIP CODE 04032
	T # OR BUILDING OWNER (Required for tax verification purposes) Susan 6 Mores ling
	OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
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TO YOUR KNOWLE	DGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNAT	TURE
PRINT NAME/TITLE	Jonathan p. Sak
800 000 000 000 000 000 000 000 000 000	
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DATE APPLICATION	1 RECEIVED \$125.00 \$1034
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	O BED AND BREAKFAST	(NUMBER OF ROOMS)		
	O OTHER FOOD BUSINESS (DI	ESCRIBE)		
NAME OF BUSINES	s Tuscan Brick	Oven Bistro	TELEPHONE 20	7-869-7200
FREEPORT PHYSIC	CAL ADDRESS 140 MCU)	n Street-Fragovit Bus		POBOX 344 Freeport, ME 0403,
	LEGAL NAME EDWARD			DATE OF BIRTH 10-18-410
	PAL STOCKHOLDER IF OWNER(S) IS A CO	RPORATION)	15 man (14) 2	2
HOME ADDRESS	UNUXOTU	OWNISTATE FRAÇON, M	ZIPCODE D'AUD	EMAIL:
ADDITIONAL OWNE	R LEGAL NAME			DATE OF BIRTH
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HOME ADDRESS_	T(OWN/STATE	ZIP CODE	EMAIL:
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(ADDIT	TONAL 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)	sa Cavallero	
				Valence Water
TELEPHONE_26	7-849-7200	EMAIL: USa(a) T	uscanbrickeva	nbistwicom
MAILING ADDRESS	00 BOX 3410 FO	DONA ME	OWNISTATE FOR OWA	ME ZIP CODE 04032
		The state of the s		
BUSINESS MAP/LO	T # OR BUILDING OWNER (Required	d for tax verification purposes)	M. Propurils, 1	ic Building owner
DOES THE OWNER	OF THE BUSINESS OWE ANY OUT	STANDING FINES, PENALTIES OF	R TAXES TO THE TOWN OF	FREEPORT?
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	a Maria		11	-72 -2020
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	O OTHER FOOD BUSINESS		
	Samic -	That Tool	E 2010/5-UMAN
NAME OF BUSINESS	OCAND	TICHON LONG	S_TELEPHONE 207-865-4700
FREEPORT PHYSICAL	ADDRESS M	211 St BUS	iness mailing address 268 main st Lywisty me of
	Richa	ed Q Michaul	DATE OF BIRTH 12/13/158
PRINCIPAL OWNER LE	EGAL NAME \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CORPORATION 1 1 1 1	
HOME ADDRESS	Sleepy Hollow	TOWNISTATE LITCHTICK	Me ZIPCODE 04350 EMAIL Smith and O Sams Ita
ADDITIONAL OWNER I	the state of the s		DATE OF BIRTH
(ADDITION	AL STOCKHOLDER(S) IF OWNER(S)	IS A CORPORATION) TOWN/STATE	ZIP CODE EMAIL:
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(ADDITION.	AL STOCKHOLDER(S) IF OWNER(S)		
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2 1	Ol - IDA	IR OPERATION OF THE BOSINESS) ()	<u> </u>
TELEPHONE	865-4,100	EMAIL:	
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MAILING ADDRESS	1 Main 3	17	TOWN/STATE TREPORT, Me ZIP CODE 04032
DUCINESS MADE OF #	OF BUILDING OWNER (P		
BUSINESS MAPILUT #	OK BUILDING OWNER (Requ	ired for tax verification purposes)	/ 1/\
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			/ 1x
		ATION OF ANY MUNICIPAL ORDINA	
TO YOUR KNOWLEDG	E, IS THIS BUSINESS IN VIOL	ATION OF ANY STATE OR FEDERA	Lygurs 100
APPLICANT SIGNATUR	Kuhard	V.WILLAUIT	4-110-2020
APPLICANT SIGNATUR	Di	O Morano	DATE // OTONE
PRINT NAME/TITLE	Michael	n Michaid	1 President

		AUTHORIZED SIGNATURES - TOWN (CLERK TO COMPLETE
	1122	120	\$135.00 \ 36359
DATE APPLICATION R	ECEIVED 4130	FEE PAI	\$ 153.00 - 30339
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COUNCIL APPROVAL	DATE	LICENSE NUMBER	EXPIRATION DATE

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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) O RESTAURANT ²⁴⁰ (NUMBER OF SEATS)				
O 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				
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) HOME ADDRESS 47 Barker's Point Road TOWN/STATE Tenants Harbor, ME ZIPCODE 04860 EMAIL:				
ADDITIONAL OWNER LEGAL NAME NONE				
(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 ADDRESSTOWN/STATE ZIP 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 PIttsfield, ME ZIP CODE 04967				
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 0111/02 28099/ 300				
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? No.				
Docusigned by: 4/24/2020				
APPLICANT SIGNATURE LAUSON DATE				
PRINT NAME/TITLE Veronika Carison, President				
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE				
DATE APPLICATION RECEIVED 5/5/26 FEE PAID 5/50				
PERSONAL PROPERTY TAXES				
FIRE DEPARTMENT APPROVAL				
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	O RESTAURANT 240 (NUMBER OF SEAT	•	
	O BED AND BREAKFAST (NUMBER OF		
	O OTHER FOOD BUSINESS (DESCRIBE)	r ROOMS)	
	Linda Bean's Perfect Maine Lobster		
	ADDRESS 57 Main St. Freeport, ME	BUSINESS MAILING ADDRESS PO BOX	129 Pittsfield, ME 04967
PRINCIPAL OWNER LE	GAL NAME Linda L. Bean	DATE O	5/28/41
	STOCKHOLDER IF OWNER(S) IS A CORPORATION) rker's Point Road TOWN/STATE		
HOME ADDRESS 47 8a	rker's Point Road TOWN/STATE TOWN	EMAI	L;
ADDITIONAL OWNER L	EGAL NAME None	DATE	OF BIRTH
(ADDITIONAL OWNER L	L STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	DATE	OF BIRTH
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ADDITIONAL OWNER L		DATE	OF BIRTH
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CONTACT PERSON(PEI	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSIN	Veronika Carlson	
TELEPHONE 207-2	72-6610 _{EMAIL:} vero	nika@lindabeansperfectmain	e.com
MAILING ADDRESS_P	O Boy 120	Pittsfield ME	04967
MAILING ADDRESS	O DOX 129	Pittsfield, ME	ZIP CODE 04307
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purp	_{poses)} 23501/ 186	
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DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PE	NALTIES OR TAXES TO THE TOWN OF FREEPOR	T? 110
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	E, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIF E, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> STATE C		
TO TOOK KNOWLEDGE	E, IS THIS BUSINESS IN VIOLATION OF MAY STATE C	OR FEDERAL DAVY?	
APPLICANT SIGNATUR	Ε	DATE	
V	eronika Carlson, President		Signa
PRINT NAME/TITLE V	eronika Canson, Fresident		Signa
			Dare

	AUTHORIZED SIGNATURE	S - TOWN CLERK TO COMPLETE	
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PERSONAL PROPERTY	TAXES PIF		
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COUNCIL APPROVAL DATE_

O NEW: DATE OF OPENING

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

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)	
BOTHER FOOD BUSINESS (DESCRIBE) PERFORMANCE VENUE	
NAME OF BUSINESS (ADENZA TELEPHONE (207) 831-4311	
FREEPORT PHYSICAL ADDRESS 5 DEPOT ST. BUSINESS MAILING ADDRESS 5 DEPOT ST. SUITE 5	
PRINCIPAL OWNER LEGAL NAME ALAN MOONEY DATE OF BIRTH 07 29 1947	
HOME ADDRESS 17 TWIN POUD RD TOWNSTATE TOPSHAW WE ZIPCODECHOSE EMAIL HAVANMOONED	
@ GMAIL. COM	
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH	
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS TOWN/STATE ZIP CODE EMAIL:	
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTH	
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) HOME ADDRESSTOWN/STATE ZIP CODE EMAIL;	
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) ALAN MOONEY	
TELEPHONE (207) 831-4311 EMAIL HALAN MOONEY @ GWAIL. 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?	
SOLO THE SWILL OF THE BOOKES ONE AND GOTSTANDING TIMES, PENALTIES ON TAXES TO THE TOWN OF PREEPORT?	
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF <u>ANY</u> MUNICIPAL ORDINANCE?	
APPLICANT SIGNATURE Elin Tyru DATE 5 5 2020	
PRINT NAME/TITLE ELAINE FOULERS ACCOUNTANT	
(207) 522-1539 ELAINER FIDDLEHEAD	
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE	70 W
DATE APPLICATION RECEIVED 51712020 FEE PAID \$150.00 11030	
REAL ESTATE TAXES N/V - Doesn't own building	
PERSONAL PROPERTY TAXES N/A - NOT assessed till next tax yR.	
FIRE DEPARTMENT APPROVAL POLICE CHIEF APPROVAL	
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)	

LICENSE NUMBER

EXPIRATION DATE_

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A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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& P & Freeport In DBA Bend Jerrique PHONE 561-703-5677 9585B Clarence Ctr. Rd
FREEPORT PHYSICAL ADDRESS 6 Nother Dye St. Business Mailing ADDRESS Clavence Ctr. 12 1703)
PRINCIPAL OWNER LEGAL NAME Barry Hamering DATE OF BIRTH 3-12-96
PRINCIPAL OWNER LEGAL NAME Barry Hamering DATE OF BIRTH 3-12-46 (PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION) HOME ADDRESS T Patriot Citcle TOWNISTATE Clift Park NY ZIPCODE 2015 EMAIL: 10 Park 2016 OF ONLY
ADDITIONAL OWNER LEGAL NAME PETER ROSENFELD DATE OF BIRTH 9-27-47
HOME ADDRESS 100 P PORTER LAND TOWN STATE CLIFTON Park NY ZIP CODE 2005 EMAIL: 184 100 @ 001, CON
ADDITIONAL OWNER LEGAL NAME Margaret Joynt DATE OF BIRTH 12-25-38
HOME ADDRESS 18 WALLEN FIRE DE TOWNISTATE DE TOWN STATE DE TOWNISTATE DE
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) SUSAN L. Breier
TELEPHONE 116-220-2050 EMAIL: Johnsus 207 Cast Com
MAILING ADDRESS 9585 B Clarence Coto, Rd TOWN/STATE Clarence Ctr. NYZIP CODE 14032
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? No. 2
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO.
APPLICANT SIGNATURE 2 DATE 5-2-19
PRINT NAMERTITLE Line 3. Brain operations mgr bookeapar
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
112000
DATE APPLICATION RECEIVED 5/7/2020 FEE PAID \$135.00
REAL ESTATE TAXES
PERSONAL PROPERTY TAXES PIF
FIRE DEPARTMENT APPROVAL POLICE CHIEF APPROVAL
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DATELICENSE NUMBEREXPIRATION DATE

O NEW: DATE OF OPENING 5 20 20

5/20/20 May 20

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY	
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)	
•	D PEDDLER/TOWN PROPERTY	
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)	
	D RESTAURANT(NUMBER OF SEATS)	
9	BOTHER FOOD BUSINESS (DESCRIBE) TAKE OUT SEASONAL REST.	
•		
NAME OF BUSINESS	Cindy's TELEPHONE 207-809-1009	
FREEPORT PHYSICAL A	DDRESS 292U.S. ROUTE 1 BUSINESS MAILING ADDRESS 34 OID Plain Rd. Poli	
	DENNIS QUENS DATE OF BIRTH 2 9/1969	
HOME ADDRESS 34	CIO PIALNS TONNESTATE POLAND ME ZIPCODE OYAZYMAIL SO nCytazye ho	
	GAL NAME Sance Owens DATE OF BIRTH 3/17/1960	
(ADDITIONAL HOME ADDRESS 34 (STOCKHOLDERIS) IF OWNER(S) IS A CORPORATION OF ZIP CODE 0427 MAILS CINCLET 1234 C	
	Unotmail	
ADDITIONAL OWNER LE		
(ADDITIONAL HOME ADDRESS	STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) ZIP CODE EMAIL:	
CONTACT PERSON(PERS	SON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) SANCYA CWENS	
TELEPHONE 207	-899-8565 EMAIL: Bandyti234 Chotmail.com	
MAILING ADDRESS 34	TOWNSTATE POLON STATE POLON ME ZIP CODE OY 274	
BUSINESS MAP/LOT # 0	R BUILDING OWNER (Required for tax verification purposes) 726-051-000-000	
DOES THE OWNER OF 1	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?	
APPI ICANT SIGNATI IDE	Denne Quen DATE 5/12/20	
AFFLICANT SIGNATURE	DATE STORY	
PRINT NAME/TITLE	DENNIS OWENS	
·····		
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE		
DATE APPLICATION REC	DEIVED 5 12 2626 FEE PAID \$ 35	
REAL ESTATE TAXES	PIF	
PERSONAL PROPERTY	10.5	
FIRE DEPARTMENT APP	ROVALPOLICE CHIEF APPROVAL	
CODE ENFORCEMENT A	PPROVAL (NEW ESTABLISHMENTS ONLY)	
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