

FREEPORT VICTUALER LICENSE APPLICATION

☐ RENEWAL

☒ NEW: DATE OF OPENING July 1, 2020

May 20

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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

CHECK ONE: ☐ PEDDLER/PRIVATE PROPERTY

(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

☐ PEDDLER/TOWN PROPERTY

(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☐ RESTAURANT (NUMBER OF SEATS)

☐ BED AND BREAKFAST (NUMBER OF ROOMS)

☒ OTHER FOOD BUSINESS (DESCRIBE) Coffee/Tea Shop, Gift Shop

NAME OF BUSINESS Zamazingo, LLC / ZesTea (DBA) TELEPHONE 954-740-4161

FREEPORT PHYSICAL ADDRESS 32 Main Street, Suite 22 BUSINESS MAILING ADDRESS 50 Regatta Dr, Freeport ME 04032

PRINCIPAL OWNER LEGAL NAME Arda Turac DATE OF BIRTH 5/19/1977

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

HOME ADDRESS 50 Regatta Dr TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL: ardaturac@yahoo.com

ADDITIONAL OWNER LEGAL NAME Elif Erkan DATE OF BIRTH 9/15/1976

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

HOME ADDRESS 50 Regatta Dr TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL: eliferk@yahoo.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) Arda Turac

TELEPHONE 954-740-4161 EMAIL: ardaturac@yahoo.com

MAILING ADDRESS 50 Regatta Dr TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Map 11, Lot 124, Bowe Family LLC

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

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

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

APPLICANT SIGNATURE [Signature] DATE 4/23/2020

PRINT NAME/TITLE Arda Turac, Co-Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/28/20 FEE PAID \$135.00

REAL ESTATE TAXES [Signature]

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL \_\_\_\_\_ POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) \_\_\_\_\_

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 50 (NUMBER OF SEATS)

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Suprise Cafe LLC TELEPHONE 865-1615

FREEPORT PHYSICAL ADDRESS 475 US RT 1 BUSINESS MAILING ADDRESS P.O. Box 92 S 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 Circlek@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 329-8088 EMAIL Circlek@myfairpoint.net

MAILING ADDRESS 26 Curtis Rd TOWN/STATE Freeport Me ZIP CODE 04032

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

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

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

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

APPLICANT SIGNATURE June Chambers DATE 4/23/2020

PRINT NAME/TITLE June Chambers Partner

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/28/20 FEE PAID \$135

REAL ESTATE TAXES n/a

PERSONAL PROPERTY TAXES n/a

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

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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 36 (NUMBER OF SEATS)

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Hannasch's Lobster & Luncheon TELEPHONE 865-3535 / 865-4888

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

PRINCIPAL OWNER LEGAL NAME Rgis Coffin DATE OF BIRTH 12/21/46

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

HOME ADDRESS 48 Flying Point TOWN/STATE Freeport Me ZIP CODE 04032 EMAIL: info@hannasch's Lobster and Luncheon . com

ADDITIONAL OWNER LEGAL NAME John Coffin DATE OF BIRTH 11/22/1940

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

HOME ADDRESS 70 Johns Rd. TOWN/STATE Freeport Me. ZIP CODE 04032 EMAIL: n/a

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 EMAIL: Lobster@hannasch's.concortbiz.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) 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 M. Regis Coffin DATE 4/22/2020

PRINT NAME/TITLE M. REGIS COFFIN OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/28/2020 FEE PAID \$135

REAL ESTATE TAXES \_\_\_\_\_

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL \_\_\_\_\_ POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) \_\_\_\_\_

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_



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

☒ RESTAURANT 590 (NUMBER OF SEATS)

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Harraseeket Inn, Inc TELEPHONE 865 9377

FREEPORT PHYSICAL ADDRESS 162 Main St BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Rodney D Gray DATE OF BIRTH 3-25-56  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 7 Davis Ave TOWN/STATE Freeport Me ZIP CODE 04032 EMAIL: \_\_\_\_\_

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

HOME ADDRESS 162 Main St 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) MR Joshua Cushing

TELEPHONE 865 9377 EMAIL: josh@harraseeketinn.com

MAILING ADDRESS 162 Main St TOWN/STATE Freeport Me ZIP CODE 04032

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

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

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

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

APPLICANT SIGNATURE [Signature] DATE 04/23/20

PRINT NAME/TITLE Joshua Cushing GM

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/28/20 FEE PAID \$150

REAL ESTATE TAXES \_\_\_\_\_

PERSONAL PROPERTY TAXES PF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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

☐ RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

☒ OTHER FOOD BUSINESS (DESCRIBE) Brewery

NAME OF BUSINESS Maine Beer Company TELEPHONE 207-607-1794

FREEPORT PHYSICAL ADDRESS 525 US Route One BUSINESS MAILING ADDRESS 525 US Route One

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

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

HOME ADDRESS 535 Lafayette St. TOWN/STATE Yarmouth, ME ZIP CODE 04096 EMAIL: david.mainebeer@me.com

ADDITIONAL OWNER LEGAL NAME Daniel Kleban DATE OF BIRTH 7-2-77

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

HOME ADDRESS 26 Cortland Rd. TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL: dau.mainebeer@me.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) Lilia Taggersell

TELEPHONE 207-607-1794 EMAIL: lilia@mainebeercompany.com

MAILING ADDRESS 525 US Route One TOWN/STATE Freeport, ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Maine Beer Company / MBC PE

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 Lilia Taggersell DATE 4.22.20

PRINT NAME/TITLE Lilia Taggersell - Administrative Assistant

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/28/2020 FEE PAID \$150

REAL ESTATE TAXES \_\_\_\_\_

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 \_\_\_\_\_



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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

← all set.  
Copy of peddler  
license.

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 Dogs on the Run TELEPHONE 207-751-9454

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 \_\_\_\_\_ EMAIL amorse850@gmail.com

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Adam Morse

TELEPHONE 207-751-9454 EMAIL: amorse850@gmail.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 04/15/2020

PRINT NAME/TITLE Adam Morse

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/28/20 FEE PAID \$135.00

REAL ESTATE TAXES n/a

PERSONAL PROPERTY TAXES n/a

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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CHECK ONE

☐ PEDDLER/PRIVATE PROPERTY

(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

☐ PEDDLER/TOWN PROPERTY

(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☐ RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS) \_\_\_\_\_

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS) \_\_\_\_\_

☒ OTHER FOOD BUSINESS (DESCRIBE) Grocery Store

NAME OF BUSINESS Wilcoxson Enterprises, Inc. dba 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@rrnf.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 207-867-5689 - cell EMAIL: tina.wilcoxson24@gmail.com

MAILING ADDRESS 14 Crystal Lane TOWN/STATE Cumberland Ct, ME ZIP CODE 04021

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

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

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

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

APPLICANT SIGNATURE [Signature] DATE 4/20/20

PRINT NAME/TITLE Tina Wilcoxson, President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/21/20 FEE PAID \$150.00 + \$3858

REAL ESTATE TAXES pd in full

PERSONAL PROPERTY TAXES N/A

FIRE DEPARTMENT APPROVAL N/A POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) N/A

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_



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

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

☐ RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

☒ OTHER FOOD BUSINESS (DESCRIBE) GROCEMY

NAME OF BUSINESS BOW STREET MARKET INC TELEPHONE \_\_\_\_\_

FREEPORT PHYSICAL ADDRESS 55 School St. BUSINESS MAILING ADDRESS 79 BOW ST

PRINCIPAL OWNER LEGAL NAME ADAM NAPPE DATE OF BIRTH 3/31/67

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

HOME ADDRESS 21 S Freeport Rd TOWN/STATE FREEPORT ZIP CODE 04032 EMAIL: ADAM@BOWSTREETMARKET.COM

ADDITIONAL OWNER LEGAL NAME SHELLA NAPPE DATE OF BIRTH 9/5/64

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

HOME ADDRESS 21 S Freeport Rd TOWN/STATE FREEPORT ZIP CODE 04032 EMAIL: SHELLA@BOWSTREETMARKET.COM

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) ANN HART

TELEPHONE 805-6631 W 409-0522 C EMAIL: ANN@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] (PRES) DATE 4/16/20

PRINT NAME/TITLE ADAM NAPPE PRES

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/22/20 FEE PAID 150.00 # 44691

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 \_\_\_\_\_

Hot Dogs  
May '20

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) 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 Jay Yilmaz DATE OF BIRTH 6/19/71

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

HOME ADDRESS 7 Maple Ave TOWN/STATE Freeport, ME ZIP CODE 04032 EMAIL: applewoodusa@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 207-865-9705 EMAIL: applewoodusa@hotmail.com

MAILING ADDRESS 8 Holbrook St TOWN/STATE Freeport, ME ZIP CODE 04032

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

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

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

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

APPLICANT SIGNATURE [Signature] DATE 4/20/20

PRINT NAME/TITLE Joseph Yilmaz

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED \$ 4/23/20 FEE PAID \$135.00 # 1433

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES n/a

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 '20

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 207 865 1338

FREEPORT PHYSICAL ADDRESS 213 Main St BUSINESS MAILING ADDRESS \_\_\_\_\_

PRINCIPAL OWNER LEGAL NAME Kieran Provost LLC/Nancy Kieran DATE OF BIRTH 2/20/58

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

HOME ADDRESS 213 Main St TOWN/STATE Freeport ZIP CODE 04032 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 207 865 1338 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 4/15/2020

PRINT NAME/TITLE Nancy Kieran Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/29/2020 FEE PAID \$130 \$125

REAL ESTATE TAXES PIC

PERSONAL PROPERTY TAXES PIC

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 '20

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 207 653-3955

FREEPORT PHYSICAL ADDRESS 152 So Freeport RD BUSINESS MAILING ADDRESS PO Box 302 Freeport, ME

PRINCIPAL OWNER LEGAL NAME Jonathan P. Soule 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@6crityys.com

ADDITIONAL OWNER LEGAL NAME N/A DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME N/A DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Jonathan P. Soule

TELEPHONE 207 653-3955 EMAIL: jon@6crityys.com

MAILING ADDRESS PO Box 302 TOWN/STATE Freeport, ME ZIP CODE 04032

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

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 4/21/20

PRINT NAME/TITLE Jonathan P. Soule

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/29/2020 FEE PAID \$135.00 # 1034

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 '20

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 in / 20 out (NUMBER OF SEATS)

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

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

FREEPORT PHYSICAL ADDRESS 140 Main Street Freeport BUSINESS MAILING ADDRESS PO Box 346 Freeport, ME 04032

PRINCIPAL OWNER LEGAL NAME Edward Manganello DATE OF BIRTH 10-18-46

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

HOME ADDRESS PO Box 346 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: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Lisa Cavallero

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

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

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

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

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

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

APPLICANT SIGNATURE Megan Hendrix DATE 4-23-2020

PRINT NAME/TITLE Megan Hendrix - Office Manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/29/2020 FEE PAID \$150.00

REAL ESTATE TAXES PIC

PERSONAL PROPERTY TAXES PIC

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 '20

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 Sam's Italian Foods TELEPHONE 207-865-4700

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

PRINCIPAL OWNER LEGAL NAME Richard R Michaud DATE OF BIRTH 12/13/68

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 86 Sleepy Hollow TOWN/STATE Litchfield Me ZIP CODE 04350 EMAIL rmichaud@samsitalian.ca

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Robert Gardner

TELEPHONE 207-865-4700 EMAIL \_\_\_\_\_

MAILING ADDRESS 7 Main St TOWN/STATE Freeport, Me ZIP CODE 04032

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

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

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

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

APPLICANT SIGNATURE Richard R Michaud DATE 4-16-2020

PRINT NAME/TITLE Richard R Michaud, President

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 4/30/20 FEE PAID \$135.00 ✓ 36359

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 \_\_\_\_\_

☒ **RENEWAL**☐ **NEW: DATE OF OPENING** \_\_\_\_\_

\$150

may '20

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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

**CHECK ONE:** ☐ **PEDDLER/PRIVATE PROPERTY**  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)☐ **PEDDLER/TOWN PROPERTY**  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)☐ **RESTAURANT** 240 (NUMBER OF SEATS)☐ **BED AND BREAKFAST** (NUMBER OF ROOMS)☐ **OTHER FOOD BUSINESS (DESCRIBE)** \_\_\_\_\_**NAME OF BUSINESS** Linda Bean's Maine Kitchen & Topside Tavern **TELEPHONE** 207-865-9835**FREEPORT PHYSICAL ADDRESS** 88 Main St. Freeport, ME **BUSINESS MAILING ADDRESS** PO Box 129 Pittsfield, ME 04967**PRINCIPAL OWNER LEGAL NAME** Linda L. Bean **DATE OF BIRTH** 5/28/41  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)**HOME ADDRESS** 47 Barker's Point Road **TOWN/STATE** Tenants Harbor, ME **ZIP CODE** 04860 **EMAIL:** \_\_\_\_\_**ADDITIONAL OWNER LEGAL NAME** None **DATE OF BIRTH** \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)**HOME ADDRESS** \_\_\_\_\_ **TOWN/STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_**ADDITIONAL OWNER LEGAL NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)**HOME ADDRESS** \_\_\_\_\_ **TOWN/STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_**CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)** Veronika Carlson**TELEPHONE** 207-272-6610 **EMAIL:** veronika@lindabeansperfectmaine.com**MAILING ADDRESS** PO Box 129 **TOWN/STATE** Pittsfield, ME **ZIP CODE** 04967**BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes)** 0111197x 28099/ 300**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**DocuSigned by:**  **DATE** 4/24/2020**APPLICANT SIGNATURE** \_\_\_\_\_ **PRINT NAME/TITLE** Veronika Carlson, President**AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE****DATE APPLICATION RECEIVED** 5/5/20 **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

☒ RENEWAL

☐ NEW: DATE OF OPENING \_\_\_\_\_

May '20  
\$135.00

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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

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

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

☐ RESTAURANT 240 (NUMBER OF SEATS)

☐ BED AND BREAKFAST (NUMBER OF ROOMS)

☐ OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Linda Bean's Perfect Maine Lobster Roll Stand TELEPHONE 207-865-9835

FREEPORT PHYSICAL ADDRESS 57 Main St. Freeport, ME BUSINESS MAILING ADDRESS PO Box 129 Pittsfield, ME 04967

PRINCIPAL OWNER LEGAL NAME Linda L. Bean DATE OF BIRTH 5/28/41

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

HOME ADDRESS 47 Barker's Point Road TOWN/STATE Tenants Harbor, ME ZIP CODE 04860 EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME None DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Veronika Carlson

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

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

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 23501/ 186

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 Veronika Carlson, President

Sign & Date

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/5/20 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 \_\_\_\_\_

CHECK #1030

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

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

CHECK ONE:

☐ PEDDLER/PRIVATE PROPERTY

(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

☐ PEDDLER/TOWN PROPERTY

(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

☐ RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)

☐ BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

☒ OTHER FOOD BUSINESS (DESCRIBE) PERFORMANCE VENUE

NAME OF BUSINESS CADENZA 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

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

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

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) ALAN MOONEY

TELEPHONE (207) 831-4311 EMAIL: HALAN MOONEY @ GMAIL.COM

MAILING ADDRESS SAME AS ABOVE TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

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

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

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

APPLICANT SIGNATURE Elaine Fougere DATE 5/5/2020

PRINT NAME/TITLE ELAINE FOUGERE ACCOUNTANT  
(207) 522-1539 ELAINE@FIDDLEHEAD BUSINESS SERVICES.COM

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/7/2020 FEE PAID \$150.00 #1030

REAL ESTATE TAXES N/A - Doesn't own building

PERSONAL PROPERTY TAXES N/A - Not assessed till next tax yr.

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 \_\_\_\_\_

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 BB&P of Freeport Inc DBA Ben & Jerry's 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) Bhamer46@gmail.com  
HOME ADDRESS 7 Patriot Circle TOWN/STATE Clifton Park NY ZIP CODE 12065 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 Appletree Lane TOWN/STATE Clifton Park NY ZIP CODE 12065 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 Delmar Ny ZIP CODE 12054 EMAIL: mjoynt@nycap.rr.com

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 Center Rd TOWN/STATE Clarence Ctr. NY ZIP CODE 14032

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

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

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

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

APPLICANT SIGNATURE Susan L. Breier DATE 5-2-19

PRINT NAME/TITLE Susan L. Breier operations mgr. - bookkeeper

## AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/7/2020 FEE PAID \$135.00

REAL ESTATE TAXES 0

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL \_\_\_\_\_ POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) \_\_\_\_\_

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_



☐ RENEWAL

☐ NEW: DATE OF OPENING

5/20/20

May '20

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 SEASONAL REST.

NAME OF BUSINESS Cindy's TELEPHONE 207-809-1009

FREEPORT PHYSICAL ADDRESS 292 U.S. ROUTE 1 BUSINESS MAILING ADDRESS 34 Old Plains Rd. Poland

PRINCIPAL OWNER LEGAL NAME Dennis Owens DATE OF BIRTH 2/9/1969

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

HOME ADDRESS 34 Old Plains Rd. TOWN/STATE Poland, ME ZIP CODE 04274 EMAIL Sandyti234@hotmail.com

ADDITIONAL OWNER LEGAL NAME Sandra Owens DATE OF BIRTH 3/17/1960

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

HOME ADDRESS 34 Old Plains Rd. TOWN/STATE Poland, ME ZIP CODE 04274 EMAIL Sandyti234@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

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Sandra Owens

TELEPHONE 207-899-8565 EMAIL Sandyti234@hotmail.com

MAILING ADDRESS 34 Old Plains Rd. TOWN/STATE Poland, ME ZIP CODE 04274

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 026-051-000-000

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

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

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

APPLICANT SIGNATURE Dennis Owens DATE 5/12/20

PRINT NAME/TITLE DENNIS OWENS

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/12/2020 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL POLICE CHIEF APPROVAL

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)