

**TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION**

Applicant: Lake Region Eagles Aerie #1352

REVIEW BY POLICE CHIEF

I have made a search of our records for police contacts with the above listed Applicant and find:

✓

No remarkable incidents during the past 12 months that would jeopardize a liquor license application.

I request permission to personally address the Town Council for public record. (Relevant materials attached)

Signed: 

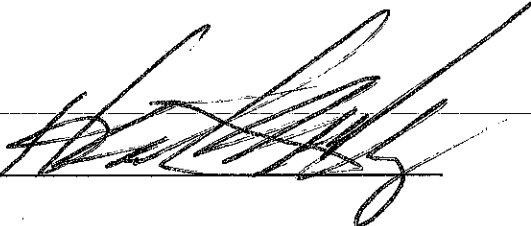
Date: 9/2/14

REVIEW BY COMMUNITY DEVELOPMENT DIRECTOR

✓

The applicant's establishment is in conformance with The Town's Land Use Code and has an occupancy permit

I request permission to personally address the Town Council For public record. (Relevant materials attached)

Signed: 

Date: 9/3/14

**Department of Public Safety
Division**

Liquor Licensing & Inspection



BUREAU USE ONLY

License No. Assigned:

Class:

Deposit Date:

Amt. Deposited:

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded. To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

PRESENT LICENSE EXPIRES 9.21.2014

INDICATE TYPE OF PRIVILEGE: MALT SPIRITUOUS VINOUS

INDICATE TYPE OF LICENSE:

- RESTAURANT (Class I,II,III,IV)
- HOTEL-OPTIONAL FOOD (Class I-A)
- CLASS A LOUNGE (Class X)
- CLUB (Class V)
- TAVERN (Class IV)

- RESTAURANT/LOUNGE (Class XI)
- HOTEL (Class I,II,III,IV)
- CLUB-ON PREMISE CATERING (Class I)
- GOLF CLUB (Class I,II,III,IV)
- OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) -(Sole Proprietor, Corporation, Limited Liability Co., etc.)			2. Business Name (D/B/A)		
DOB:			LAKE REGION EAGLES AERIE 4352		
DOB:					
DOB:			Location (Street Address)		
			824 ROOSEVELT TRAIL		
Address			City/Town	State	Zip Code
			WINDHAM	MAINE	04962
			Mailing Address		
			824 ROOSEVELT TRAIL		
City/Town	State	Zip Code	City/Town	State	Zip Code
			WINDHAM	MAINE	04962
Telephone Number	Fax Number		Business Telephone Number	Fax Number	
			892-2911		
Federal I.D. #			Seller Certificate #		
					1104163

- 3. If premises are a hotel, indicate number of rooms available for transient guests: _____
- 4. State amount of gross income from period of last license: ROOMS \$ _____ FOOD \$ _____ LIQUOR \$ _____
- 5. Is applicant a corporation, limited liability company or limited partnership? YES NO

complete Supplementary Questionnaire, If YES

6. Do you permit dancing or entertainment on the licensed premises? YES NO

7. If manager is to be employed, give name: _____

8. If business is NEW or under new ownership, indicate starting date: _____

Requested inspection date: _____ Business hours: 11:00 AM to 11:00 PM (1:00 AM WEEKENDS)

9. Business records are located at: _____

10. Is/are applicants(s) citizens of the United States? YES NO

11. Is/are applicant(s) residents of the State of Maine? YES NO

12. List name, date of birth, and place of birth for all applicants, managers, and bar managers. Give maiden name, if married: Use a separate sheet of paper if necessary.

	Name in Full (Print Clearly)	DOB	Place of Birth
①	JONATHAN T. KOSTKA	6.28.52	WATERBURY, CT.
②	MAUREEN PRATT-KOSTKA	12.12.57	PORTLAND, ME.

Residence address on all of the above for previous 5 years (Limit answer to city & state)

12 ABOVE: 175 MOSHER ROAD, GORHAM, MAINE 04038

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States? YES NO

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes No If Yes, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES NO

16. Does/do applicant(s) own the premises? Yes No If No give name and address of owner: GAK PROPERTIES 79 BEECH RIDGE ROAD SCARBOROUGH, MAINE

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) 824 ROOSEVELT TRAIL WINDHAM, MAINE (SEE DIAGRAM)

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES NO Applied for: _____

19. What is the distance from the premises to the NEAREST school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel? 1.1 MILES Which of the above is nearest? CHURCH

20. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? YES NO
If YES, give details: _____

The Division of Liquor Licensing & Inspection is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also such books, records and returns during the year in which any liquor license is in effect.

NOTE: "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$2,000 or both."

Dated at: WINDHAM, MAINE on AUGUST 28, 2014
Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

STATE OF MAINE
 Liquor Licensing & Inspection Unit
 164 State House Station
 Augusta, Maine 04333-0164
 Tel: (207) 624-7220 Fax: (207) 287-3424

SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

1. Exact Club Name: LAKE REGION EAGLES AERIE 4352

2. Title, name, birth date and telephone number of each principal officer of the club:

Title	Name	Birth Date	Telephone #
PRESIDENT	ROBERT WHEATON	10.1.55	653-0931
TREASURER	HOLLY PRIDE	4.6.59	232-4642
SECRETARY	DAWN KIME	4.21.67	892-4447
TRUSTEE	JONATHAN KOSTKA	6.28.52	671-4597
TRUSTEE	MAUREEN PRATT-KOSTKA	12.12.57	831-7153

3. Date Club was incorporated: SEPTEMBER 14, 1995

4. Purpose of Club: () Social () Recreational () Patriotic (Fraternal

5. Date regular meetings are held: 1ST & 3RD WEDNESDAY EVERY MONTH

6. Date of election of Club Officers: ANNUALLY EVERY MAY

7. Date elected officers are installed: ANNUALLY EVERY JUNE

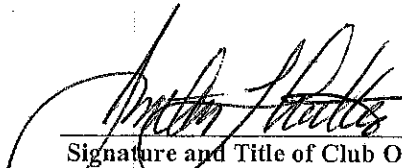
8. Total Membership: 385 Annual Dues: \$50.00 Payable When: APRIL 15TH

9. Does the Club cater to the public or to groups of non-members on the premises? () YES (NO

10. Excluding salaries, will any person other than the Club, receive any of the financial profits from the sale of liquor?
 () YES (NO

11. If a manager or steward is employed, complete the following:

Name: _____ Date of Birth: _____

 CHAIRMAN - BOARD OF TRUSTEES
 Signature and Title of Club Officer

JONATHAN T. KOSTKA CHAIRMAN - BOARD OF TRUSTEES
 Print Name and Title of Club Officer

PREMISE DIAGRAM

