

TOWN OF WINDHAM  
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Pizza Hut

REVIEW BY POLICE CHIEF

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

X

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: R. Lusk

Date: 10/20/2014

REVIEW BY COMMUNITY DEVELOPMENT DIRECTOR

X

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

\_\_\_\_\_

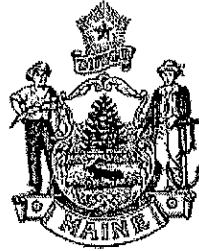
I request permission to personally address the Town Council For public record. (Relevant materials attached)

Signed: [Signature]

Date: 10/21/14

**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** 1/5/15

**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**

<b>1. APPLICANT(S)</b> –(Sole Proprietor, Corporation, Limited Liability Co., etc.) Capital Pizza Huts, Inc. <b>DOB:</b>			<b>2. Business Name (D/B/A)</b> Pizza Hut		
<b>DOB:</b>					
<b>DOB:</b>			<b>Location (Street Address)</b> 399 Roosevelt Trail		
<b>Address</b>			<b>City/Town</b> Windham	<b>State</b> ME	<b>Zip Code</b> 04082
			<b>Mailing Address</b> c/o Amanda Williams P.O. Box 919		
<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>	<b>City/Town</b> Bangor	<b>State</b> ME	<b>Zip Code</b> 04402-0919
<b>Telephone Number</b>	<b>Fax Number</b>		<b>Business Telephone Number</b>	<b>Fax Number</b>	
<b>Federal I.D. #</b>			<b>Seller Certificate #</b>		

3. If premises are a hotel, indicate number of rooms available for transient guests: N/A

4. State amount of gross income from period of last license: ROOMS \$ \_\_\_\_\_ FOOD \$ 423,275 LIQUOR \$ 3,580

5. Is applicant a corporation, limited liability company or limited partnership? YES ~~XX~~ 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: Stefanie Niemeis McINNES

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

Requested inspection date: \_\_\_\_\_ Business hours: 11AM-12AM

9. Business records are located at: 3445 N. Webb Road, Wichita, KS

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
Stefanie N. MCINNIS	10/11/86	N. Conway, NH

Residence address on all of the above for previous 5 years (Limit answer to city & state)  
So. Paris, ME  
Oxford, ME

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: \_\_\_\_\_  
Wendham Mall Associates, 12 Brooks Street West, Wellsley, MA 02818

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) \_\_\_\_\_  
Brick w/wood frame 45' x 85'

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? 7/10 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: Wichita, KS on October 11, 2014  
Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s) \_\_\_\_\_  
 Signature of Applicant or Corporate Officer(s) Samuel W. [Signature]  
Vice President

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 CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS**

1. Exact Corporate Name: Capital Pizza Huts, Inc.  
 Business D/B/A Name: Pizza Hut
2. Date of Incorporation: June 15, 1972
3. State in which you are incorporated: Colorado
4. If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine:  
December 20, 1982
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list percent of stock owned:

Name	Address Previous 5 Years	Birth Date	% of Stock	Title
Kenneth J. Wagnon	Wichita, KS	5/23/38	85%	stock holder
Sharol B. Rasberry	Wichita, KS	10/15/47	15%	President
Daniel N. Wiese	Wichita, KS	12/26/54		VP/Sec/Treas.

6. What is the amount of authorized stock? 50,000 Outstanding Stock? 8,385
7. Is any principal officer of the corporation a law enforcement official? ( ) YES (X) NO
8. Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation(s), of the United States? ( ) YES (X) NO.
9. If yes, please complete the following: Name: \_\_\_\_\_  
 Date of Conviction: \_\_\_\_\_ Offense: \_\_\_\_\_  
 Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
 Dated at: \_\_\_\_\_ City/Town \_\_\_\_\_ On: \_\_\_\_\_ Date \_\_\_\_\_

*Daniel N. Wiese* Date: 10/11/14  
 Signature of Duly Authorized Officer

Daniel N. Wiese, Vice President  
 Print Name of Duly Authorized Officer

**MAINE DEPT OF  
PUBLIC SAFETY**

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



**SUPPLEMENTAL APPLICATION FORM  
ON-PREMISE DIAGRAM**

In an effort to clearly define your license premise and the areas that consumption and storage of liquor is allowed, The Liquor Licensing & Inspection Division is requiring all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, decks and all areas that you are requesting approval from the Department for liquor consumption.

