

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

Applicant: Sebago Billiards

**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: See Attached

Date: 11/14/14

**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: 11/14/14

MEMO

TO: Tony Plante, Town Manager  
FROM: Rick Lewsen, Police Chief *RLJ*  
SUBJ: Jacqueline M. Steele d/b/a Sebago Billiards  
CC: Linda Morrell, Town Clerk  
DATE: November 14, 2014

In October of 2014, Gareth J. Steele applied for a liquor license. New England 9 Ball LLC – dba Sneaky Pete's Sports Bar and Billiards 824 Roosevelt Trail, Windham.

In November of 2014, Jacqueline M. Steele applied for a liquor license. Jacqueline M. Steele d/b/a Sebago Billiards, 824 Roosevelt Trail, Windham.

Gareth and Jacqueline have filed for divorce, there are two current Civil Protective Orders against each other.

I require a certified document withdrawing Gareth J. Steele's application.

No recommendation at this time.

## Linda Morrell

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**From:** Jacqueline Steele <jacqui.moulton@gmail.com>  
**Sent:** Friday, November 14, 2014 10:39 AM  
**To:** Linda Morrell  
**Subject:** Gary Crosby for Sebago Billiards

Hi Linda

I am the owner of Sebago plaza located at 824 Roosevelt tr. I wanted to let you know what is happening at my plaza so when Jackie applies for her beer and wine permit everything goes well. The old business New England nine ball no longer has a lease with me. It was vacated by Cumberland county court. I had to throw Garreth out due to no rental payment and other reports of drug problems and serving minors. I have chosen to lease the space to Jackie doing business as Sebago billiards. I believe Jackie will run it well and if not then the lease is written in a way that I can cure the problem very fast. I want the plaza to look and operate well. Garreth has a no trespass order on him regarding this property. In no way will he be allowed on my property again.

If he is applying for anything with this address it is under false pretenses. He has no lease with me and never will again. If there is any other information I can supply you with please don't hesitate to let me know.

Thank you

**Department of Public Safety  
Division**



**Liquor Licensing & Inspection**

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.

<b>BUREAU USE ONLY</b>	
License No. Assigned:	
Class:	
Deposit Date:	
Amt. Deposited:	

**PRESENT LICENSE EXPIRES** \_\_\_\_\_

**INDICATE TYPE OF PRIVILEGE:**  MALT  SPIRITUOUS  VINOUS

**INDICATE TYPE OF LICENSE:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI)       |
| <input type="checkbox"/> HOTEL-OPTIONAL FOOD (Class I-A)           | <input type="checkbox"/> HOTEL (Class I,II,III,IV)          |
| <input type="checkbox"/> CLASS A LOUNGE (Class X)                  | <input type="checkbox"/> CLUB-ON PREMISE CATERING (Class I) |
| <input type="checkbox"/> CLUB (Class V)                            | <input type="checkbox"/> GOLF CLUB (Class I,II,III,IV)      |
| <input type="checkbox"/> TAVERN (Class IV)                         | <input type="checkbox"/> 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., <i>JACQUERLINE STEELE</i> DOB: _____ DOB: _____ DOB: _____	<b>2. Business Name (D/B/A)</b> <i>SEBAGO BILLIARDS</i>
<b>Address</b> <i>43 SPIKED RIDGE DRIVE</i>	<b>Location (Street Address)</b> <i>824 ROOSEVELT TRAIL #10</i>
<b>City/Town</b> <i>DENMARK</i>	<b>City/Town</b> <i>WINDHAM</i>
<b>State</b> <i>ME</i>	<b>State</b> <i>ME</i>
<b>Zip Code</b> <i>04022</i>	<b>Zip Code</b> <i>04062</i>
<b>Telephone Number</b> <i>207 893 8237</i>	<b>Business Telephone Number</b> <i>207 893 8237</i>
<b>Fax Number</b> <i>207 441 3755</i>	<b>Fax Number</b> _____
<b>Federal I.D. #</b> <i>371620346</i>	<b>Seller Certificate #</b> <i>1153150</i>

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: 11/01/14  
Requested inspection date: \_\_\_\_\_ Business hours: \_\_\_\_\_
9. Business records are located at: 43 SPIKED RIDGE DRIVE, DENMARK, ME 04022
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
JACQUELINE MARIE STEELE (Moulton)	12/12/1969	WELLSBORO, VERMONT

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

DENMARK, 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: GARY CROSBY  
CIT S. PROPERTIES, 79 BEECH RIDGE RD, SCARBOROUGH, ME 04074

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) \_\_\_\_\_

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 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: INVESTMENT BY JOYCE L. MOULTON.

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, ME on NOVEMBER 3<sup>RD</sup>, 20 14  
Town/City, State Date

Please sign in blue ink

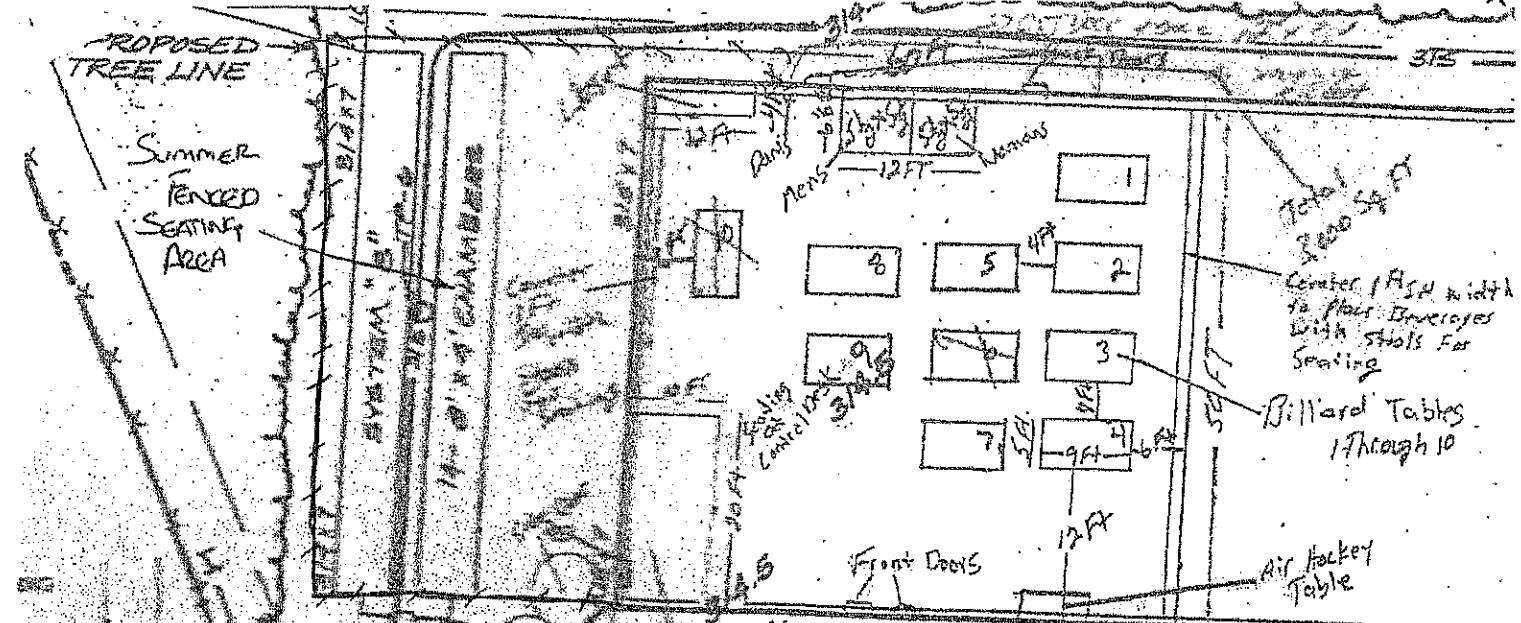
Signature of Applicant or Corporate Officer(s)

JACQUELINE STEELE

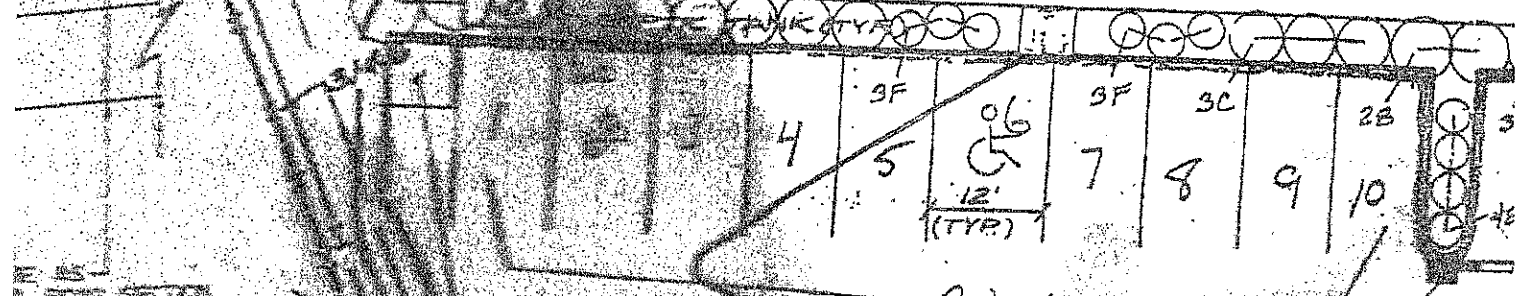
Signature of Applicant or Corporate Officer(s)

PROPOSED TREE LINE

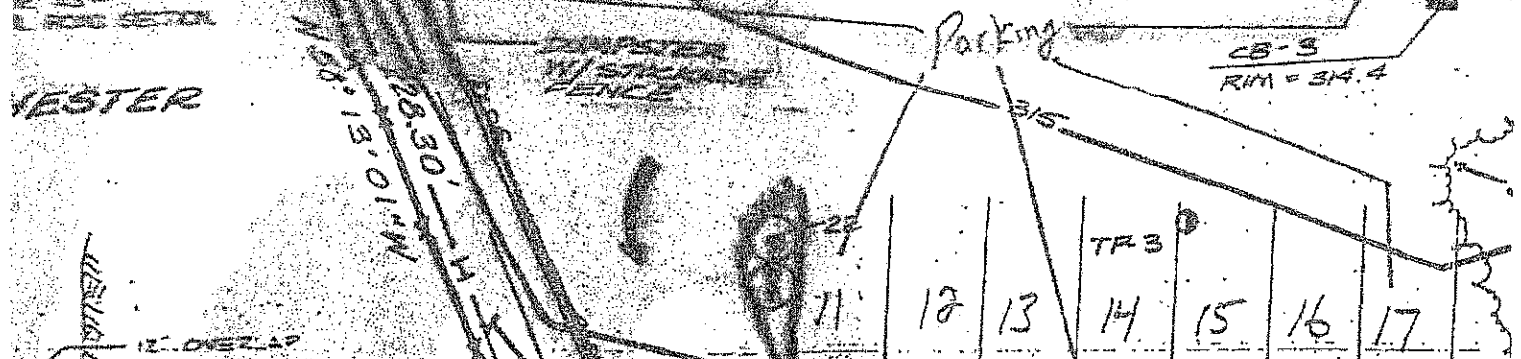
SUMMER FENCED SEATING AREA



DESK 5' CONCRETE SIDEWALK



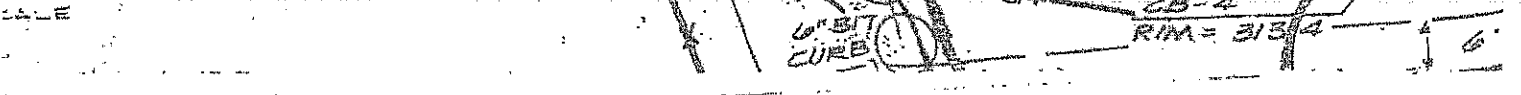
VESTER



12\"/>

GEOTEXTILE (MIR35 150 N' OR APPROVED EQUAL)

NCH DETAIL



URBIT CURE

CB-4 RIM = 313.4