

**BUREAU OF ALCOHOLIC BEVERAGES**  
**DIVISION OF LIQUOR LICENSING & ENFORCEMENT**  
 164 STATE HOUSE STATION  
 AUGUSTA, ME 04333-0164



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.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 6/15/14

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-OPTINONAL 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

1. APPLICANT(S) - (Sole Proprietor, Corporation, Limited Liability Co., etc.) <u>Treble Enterprises</u> DOB: _____			2. Business Name (D/B/A) <u>Gilberts Chandler House II</u>		
<u>James Gilbert</u> DOB: _____			<u>61 Tandberg Trail</u>		
DOB: _____			Location (Street Address) <u>Windham Maine 04062</u>		
Address <u>308 Chandlers Wharf</u>			City/Town State Zip Code		
<u>Portland ME 04101</u>			Mailing Address <u>same</u>		
City/Town State Zip Code			City/Town State Zip Code		
Telephone Number <u>207-939-2755</u> Fax Number _____			Business Telephone Number <u>207-893-0700</u> Fax Number _____		
Federal I.D. # <u>01-0483824</u>			Seller Certificate # <u>0268627</u>		

3. If premises is a hotel, indicate number of rooms available for transient guests: \_\_\_\_\_
4. State amount of gross income from period of last license: ROOMS \$ X FOOD \$ 300,000 LIQUOR \$ 100,000
5. Is applicant a corporation, limited liability company or limited partnership? YES  NO
- If YES, complete Supplementary Questionnaire
6. Do you permit dancing or entertainment on the licensed premises? YES  NO
7. If manager is to be employed, give name: Melissa Gilbert
8. If business is NEW or under new ownership, indicate starting date: \_\_\_\_\_  
 Requested inspection date: \_\_\_\_\_ Business hours: \_\_\_\_\_
9. Business records are located at: 61 Tandberg Trail Windham

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
Melissa Gilbert	11/2/68	Portland, ME

Residence address on all of the above for previous 5 years (Limit answer to city & state)  
80 Webbs Mill Rd Raymond 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: \_\_\_\_\_

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

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? 4000 Which of the above is nearest? School

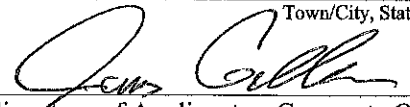
20. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? YES  NO

If YES, give details: Key Bank

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 5/13/14, 20  
Town/City, State Date

  
Signature of Applicant or Corporate Officer(s)  
James Gilbert  
Print Name

Please sign in blue ink

\_\_\_\_\_  
Signature of Applicant or Corporate Officer(s)  
\_\_\_\_\_  
Print Name



**State of Maine**  
 Bureau of Alcoholic Beverages  
 Division of Liquor Licensing and Enforcement

<b>For Office Use Only:</b>
License #: _____
Date Filed: _____

**Supplemental Information Required for  
 Business Entities Who Are Licensees**

For information required for Questions 1 to 4, this information is on file with the Maine Secretary of State's office and must match their record information. Please clearly complete this form in its entirety.

- Exact legal name:  
Treblig Enterprises
- Other business name for your entity (DBA), if any:  
Gilberts Chowder House II
- Date of filing with the Secretary of State: 10/15/1994
- State in which you are formed: ME
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: \_\_\_\_\_
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

Name	Address for Previous 5 years	Date of Birth	Ownership %
James Gilbert	308 Chandlers Wharf Portland ME	03/18/1951	100

7. Is any principal person involved with the entity a law enforcement official?

Yes  No

8. If Yes to Question 7, please provide the name and law enforcement agency:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

9. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?

Yes  No

10. If Yes to Question 9, please complete the following: (attached additional sheets as needed)

Name: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_

Location of Conviction: \_\_\_\_\_

Disposition: \_\_\_\_\_

Signature:



Signature of Duly Authorized Person

Date

5/13/14



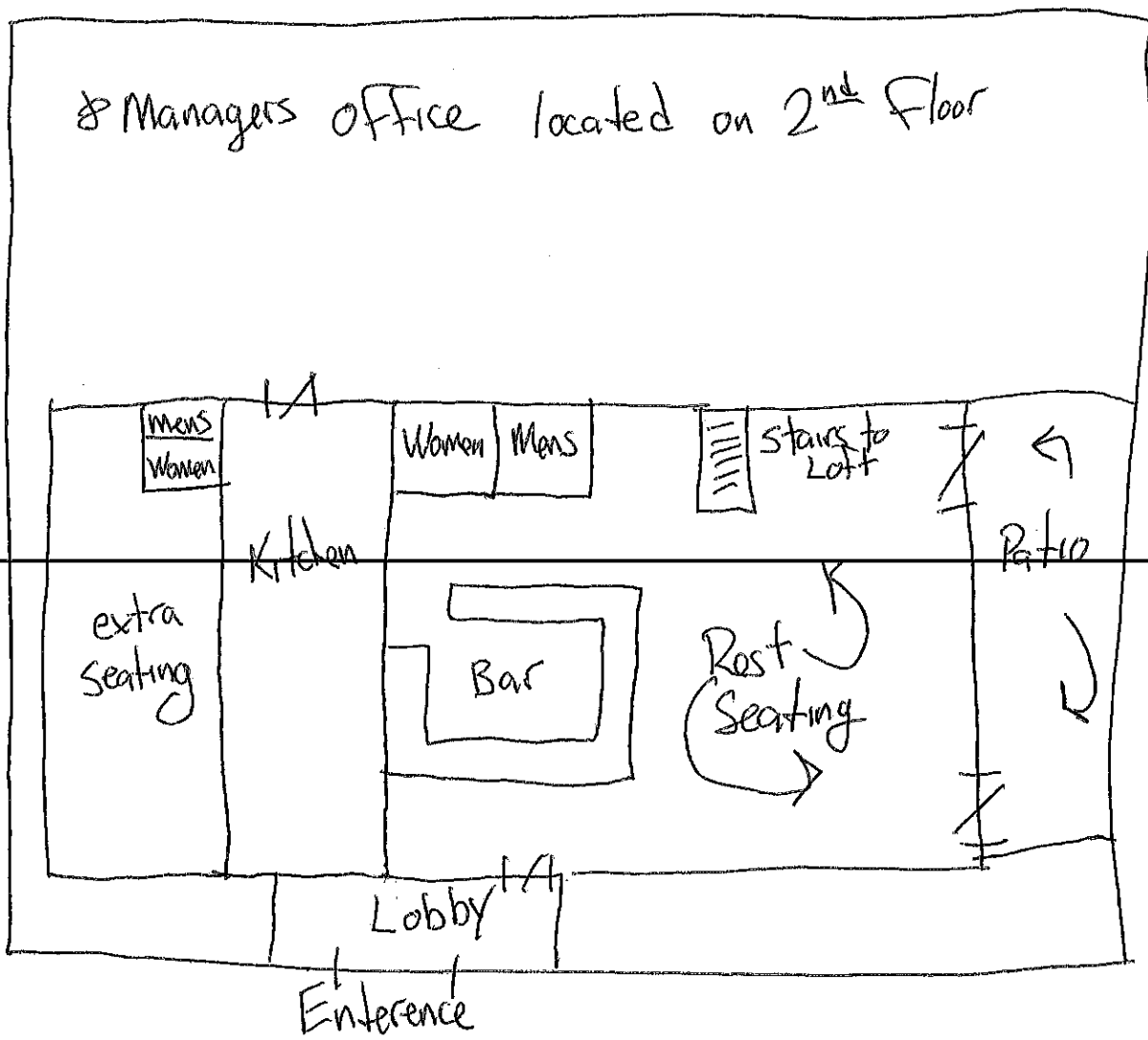
Print Name of Duly Authorized Person

If you have questions regarding the legal name or assumed (DBA) name on file with the Secretary of State's office, please call (207) 624-7752. The SOS can only speak to the information on file with their office, not the filing of this supplemental information – please direct any questions about this form to our office at the number below.

Submit Completed Forms To: Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing and Enforcement  
164 State House Station  
Augusta, Me 04333-0101  
Telephone Inquiries: (207) 624-7220  
Fax: (207) 287-3424  
Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

# Premise Diagram

2014  
No changes



TOWN OF WINDHAM  
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Gilbert's

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: 

Date: 5/14/2014

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: 

Date: 5/13/14