### TOWN OF WINDHAM ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant:	Ruggiero's l'izza
	REVIEW BY POLICE CHIEF
I have made a Applicant and	a search of our records for police contacts with the above listed d 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: 8/7/2014
<u> </u>	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: 8/6/14

## Department of Public Safety Division

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.



### Liquor Licensing & Inspection

BUREAU U	ISE ONLY
License No. Assigned:	
Class:	
Deposit Date:	
Amt. Deposited:	
Ant. Deposited.	

PRESENT LICENSE EXPIRES 92944

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-ON PREMISE CATERING (Class I)

GOLF CLUB (Class I,II,III,IV)

REFER TO PAGE 3 FOR FEE SCHEDULE

ے OTHER: \_\_

(MITER TO THEE P	
ALI, OUESTIONS MUST	BE ANSWERED IN FULL
1. APPLICANT(S) -(Sole Proprietor, Corporation, Limited Liability Co.,	2. Business Name (D/B/A)
etc.) Joseph RuggicocooB: 1/1/1/64	Ruggiero's Fize9
DOB:	
DOB:	Location (Street Address) 106 Mg/n ST
Address JwashouTway	City/Town State Zip Code  wincham me. 04062
	Mailing Address  State Zip Code
City/Town State Zip Code	City/Town State Zip Code
Telephone Number Fax Number	Business Telephone Number Fax Number
Federal I.D. # 6-3666194  The remaining are a hotel indicate number of rooms available	Seller Certificate # //65/34/
3. If premises are a hotel, indicate number of rooms available	e 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 lin	nited partnership? YES 🛎 NO 🕹
complete Supplementary Questionnaire, If YES	and the second
6. Do you permit dancing or entertainment on the licensed p	remises? YES 4 NO 4
7. If manager is to be employed, give name:	
Reduested inspection date.	siness hours:
9. Business records are located at:	The state of the s
10. Is/are applicants(s) citizens of the United States?	YES W NO 3

11. Is/are applicant(s) residents of the State of Maine? YES	no ڠ	
<ul><li>12. List name, date of birth, and place of birth for all applicants, manag</li><li>Use a separate sheet of paper if necessary.</li></ul>	ers, and bar managers. G	ive maiden name, if married:
Name in Full (Print Clearly)	DOB	Place of Birth
Name in Full (Finit Clearly)		Waynecounty
Joseph Anthony Ruggiero Joseph Ruggiero	812V 39	newark ny
Joseph jaggress	777	
Residence address on all of the above for previous 5 years (Limit answers)	wer to city & state	7(
Windham nie Ruskin	F-1	
13. Has/have applicant(s) or manager ever been convicted of any violation of any State of the United States? YES in NO		
Name.	Date of Conviction:	
Offense:	Location:	
Disposition:		
14. Will any law enforcement official benefit financially either directly Yes in No in If Yes, give name:  15. Has/have applicant(s) formerly held a Maine liquor license? YEs	S & NO &	
16. Does/do applicant(s) own the premises? Yes in No if If No Mike Hand v	VIIONARY	
17. Describe in detail the premises to be licensed: (Supplemental Diag	ram Required)	
18. Does/do applicant(s) have all the necessary permits required by the YES & NO & Applied for:		
19. What is the distance from the premises to the NEAREST school, s measured from the main entrance of the premises to the main entrance or parish house by the ordinary course of travel? / Miles Wi	nich of the above is neares	st?
20. Have you received any assistance financially or otherwise (including self in the establishment of your business? YES کتاب NO نات	ng any mortgages) from a	ny source other than your-
If YES give details: Owner Finguer	<u> 19</u>	
The Division of Liquor Licensing & Inspection is hereby authorized to pertaining to the business, for which this liquor license is requested, a in which any liquor license is in effect.  NOTE: "I understand that false statements made on this form information on this form is a Class D offense under the Criminal Compository fine of up to \$2,000 or both."	and also such books, reconsidered and also such books, reconsidered punishable by law.  ode, punishable by confin	Knowingly supplying falsement of up to one year or b
Dated at: Whicham ne. on &	Date Date	,20/4
Please sign in blue in		( Company of Officerate)
(Signature of Applicant or Corporate Officer(s)	Signature of Applicar	nt or Corporate Officer(s)
(A)	<u> </u>	
No.		

#### STATE OF MAINE

### Liquor Licensing & Inspection Unit 164 State House Station

Augusta, Maine 04333-0164 Tel: (207) 624-7220 Fax: (207) 287-3424

# SUPPLEMENTARY QUESTIONAIRE FOR CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS

- DOME NAME PLACE OF	05 Pizza			
Business D/B/A Name: Reggion	2013			
Date of Incorporation: Sest 17	^			
. State in which you are incorporated:	inc		<del></del>	
. If not a Maine Corporation, date corporation w	as authorized to transact business t	within the	State of M	aine:
	the state of the s		5.50	
. List the name and addresses for previous 5 year	rs, birth dates, titles of officers, dire	ectors and	list percen	
Name	Address Previous 5 Years	Birth Date	% of Stock	Title
		27 A		
			<u> </u>	
			<u> </u>	
			<u> </u>	
		<u> </u>		<u> </u>
6. What is the amount of authorized stock?	Outstanding Stock:			
- 1 - 55 car of the corneration a la	w enforcement official? ( ) YES (	WNO -		
7. Is any principal officer of the corporation a la		19.00		
	a delication of the low other	r than a m	inor traine	violation(s), o
8. Has applicant(s) or manager ever been convict United States? ( ) YES (/) NO.	ted of any violation of the law, othe		inor tram	e violation(s), o
8. Has applicant(s) or manager ever been convict United States? ( ) YES (/) NO.	ted of any violation of the law, othe		inor train	e violation(s), 0
Has applicant(s) or manager ever been convic	ted of any violation of the law, othe		inor tram	e violation(s), 0
<ul> <li>8. Has applicant(s) or manager ever been convict United States? ( ) YES (/) NO.</li> <li>9. If yes, please complete the following: Name:</li></ul>	ted of any violation of the law, othe	<del>.</del>	inor tram	e violation(s), 0
<ul> <li>8. Has applicant(s) or manager ever been conviction.</li> <li>United States? ( ) YES ( ) NO.</li> <li>9. If yes, please complete the following: Name:</li></ul>	ted of any violation of the law, othe	<del>.</del>	inor tram	e violation(s), 0
8. Has applicant(s) or manager ever been convict United States? ( ) YES (/) NO.  9. If yes, please complete the following: Name:  Date of  Conviction:  Offens  Location:	se:			
8. Has applicant(s) or manager ever been conviction. United States? ( ) YES ( ) NO.  9. If yes, please complete the following: Name:  Date of  Conviction:  Offens  Location:	se:Disposition:			
8. Has applicant(s) or manager ever been convict United States? ( ) YES (/) NO.  9. If yes, please complete the following: Name:  Date of  Conviction:  Offens  Location:	ted of any violation of the law, otherse:  Disposition:			
8. Has applicant(s) or manager ever been convict United States? ( ) YES (/) NO.  9. If yes, please complete the following: Name:	se:On:On:	Date		
8. Has applicant(s) or manager ever been convict United States? ( ) YES (/) NO.  9. If yes, please complete the following: Name:	se:Disposition:	Date		

