

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Applebee's Neighborhood Grill + Bar

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: Rowen

Date: 7/30/2014

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: 7/30/14

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



DEPARTMENT USE ONLY

LICENSE NUMBER: _____ **CLASS:** _____

DEPOSIT DATE

AMT. DEPOSITED: _____ **BY:** _____

CK/MO/CASH: _____

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 11/01/2014

INDICATE TYPE OF PRIVILEGE: MALT SPIRITUOUS VINOUS

INDICATE TYPE OF LICENSE:

RESTAURANT (Class I,II,III,IV)

HOTEL-OPTINONAL 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.) Apple New England, LLC | | | 2. Business Name (D/B/A) Applebee's Neighborhood Grill & Bar | | |
| DOB: | | | DOB: | | |
| DOB: | | | Location (Street Address) 1 Amato Drive | | |
| Address PO Box 507 | | | City/Town Windham | State ME | Zip Code 04062 |
| DOB: | | | Mailing Address PO Box 507 | | |
| City/Town West Linn | State OR | Zip Code 97068 | City/Town West Linn | State OR | Zip Code 97068 |
| Telephone Number 503-722-2825 | | Fax Number | Business Telephone Number 207-892-3574 | | Fax Number 207-892-2419 |
| Federal I.D. # 45-2596142 | | | Seller Certificate # 1152316 | | |

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

4. State amount of gross income from period of last license: ROOMS \$ N/A FOOD \$ 1,776,657 LIQUOR \$ 401,728

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: Molly Costable

8. If business is NEW or under new ownership, indicate starting date: N/A

Requested inspection date: _____ Business hours: 11:00 am - 12:00 pm - Sun-Thur & 11:00 am to 1:00 am Fri-Sat

9. Business records are located at: 6200 Oak Tree Blvd. # 250, Independence, OH 44131

10. Is/are applicants(s) citizens of the United States? YES NO Applicant is a Delaware Limited Liability Company

11. Is/are applicant(s) residents of the State of Maine? YES NO Authority to transact business in Maine

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 |
|---|------------|----------------|
| For Applicant - See Supplementary Questionnaire | | |
| Molly Costable | 06/24/1981 | Portland, ME |
| Residence address on all of the above for previous 5 years (Limit answer to city & state) | | |
| Harpwell, 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: Lease
Amato Drive, LLC - One Canal Plaza, Suite 500, Portland, ME 04101

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) _____
Full service restaurant - see attached 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 Mile 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: _____

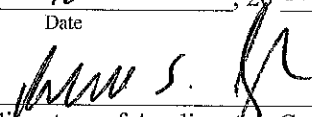
The Division of Liquor Licensing & Inspection is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also such books, records and returns during the year in which any liquor license is in effect.

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: Independence, Ohio on July 10, 2014
Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)


Signature of Applicant or Corporate Officer(s)

Print Name

Ronald Igarashi

Print Name



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

| | |
|-----------------------------|-------|
| For Office Use Only: | |
| 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:
Apple New England, LLC
- Other business name for your entity (DBA), if any:
Applebee's Neighborhood Grill & Bar
- Date of filing with the Secretary of State: 05/27/2011
- State in which you are formed: Delaware
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: 06/02/2011
- 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 % |
|---------------|------------------------------|---------------|-------------|
| See Exhibit A | | | |
| | | | |
| | | | |
| | | | |

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: Daniel Victor Krebsbach - President

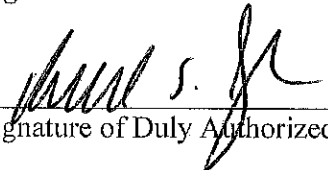
Date of Conviction: 1989

Offense: DUI

Location of Conviction: Minnesota

Disposition: Fine Paid

Signature:



Signature of Duly Authorized Person

7/10/14

Date

Ronald Igarashi

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

SUPPLEMENTAL QUESTIONNAIRE

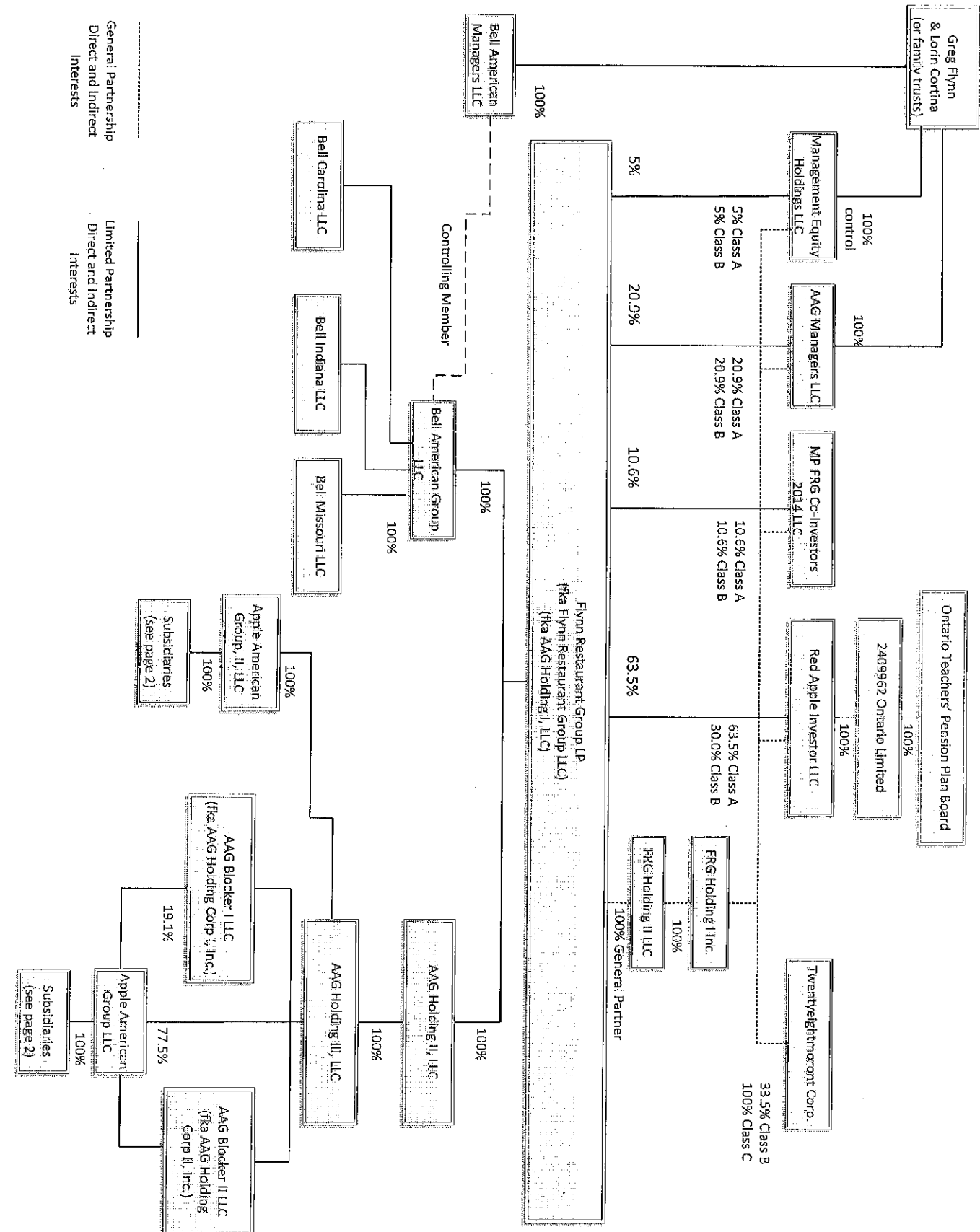
Applicant: Apple New England, LLC, a Delaware Limited Liability Company

| Name | DOB | Address/Prev 5 Years | Title | Interest |
|-------------------------|------------|---|---------------------|----------|
| Gregory Grant Flynn | 2/24/1964 | 3821 Jackson Street San Francisco, CA 94118 2001-Present | CFO | None |
| Daniel Victor Kresbach | 10/21/1959 | 7304 259th Place Northeast Redmond, WA 98053 2005 - Present | President | None |
| Lorin Miguel Cortina | 5/6/1966 | 2110 Redington Road Hillsborough, CA 94010 2006 - Present | Executive VP/CFO | None |
| Ronald Shigeru Igarashi | 8/31/1961 | 920 Eastlake Drive Eastlake, OH 44095 1996- Present | Secretary | None |

Applicant Owner: Apple American Group II, LLC - 100% Member/Manager

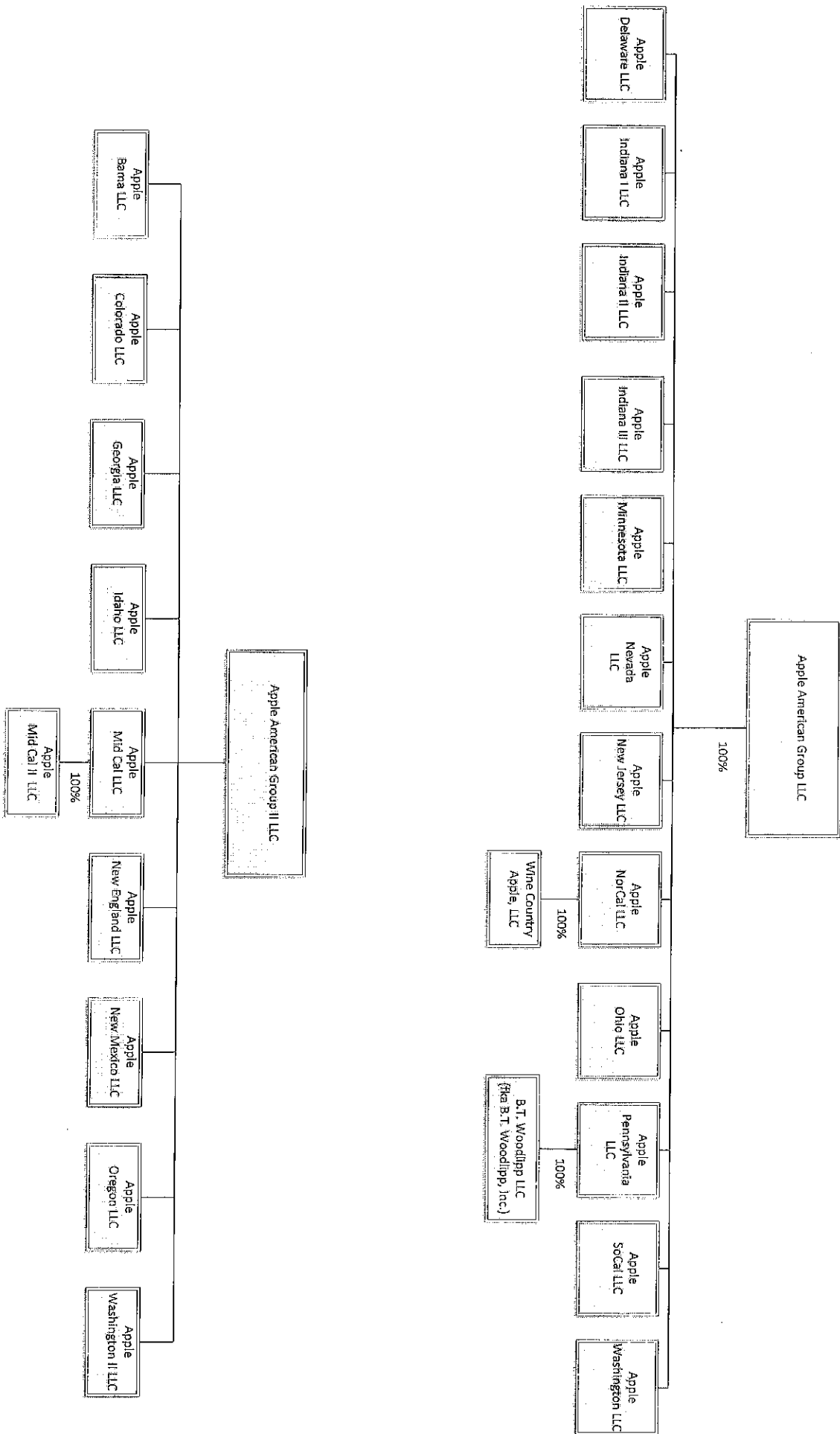
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| David Bradley Pettinger | 5/30/1959 | 15029 21st Drive SE Mill Creek, WA 98012 2006 - Present | COO | None |
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See Attached Organizational Chart



General Partnership
Direct and Indirect
Interests

Limited Partnership
Direct and Indirect
Interests



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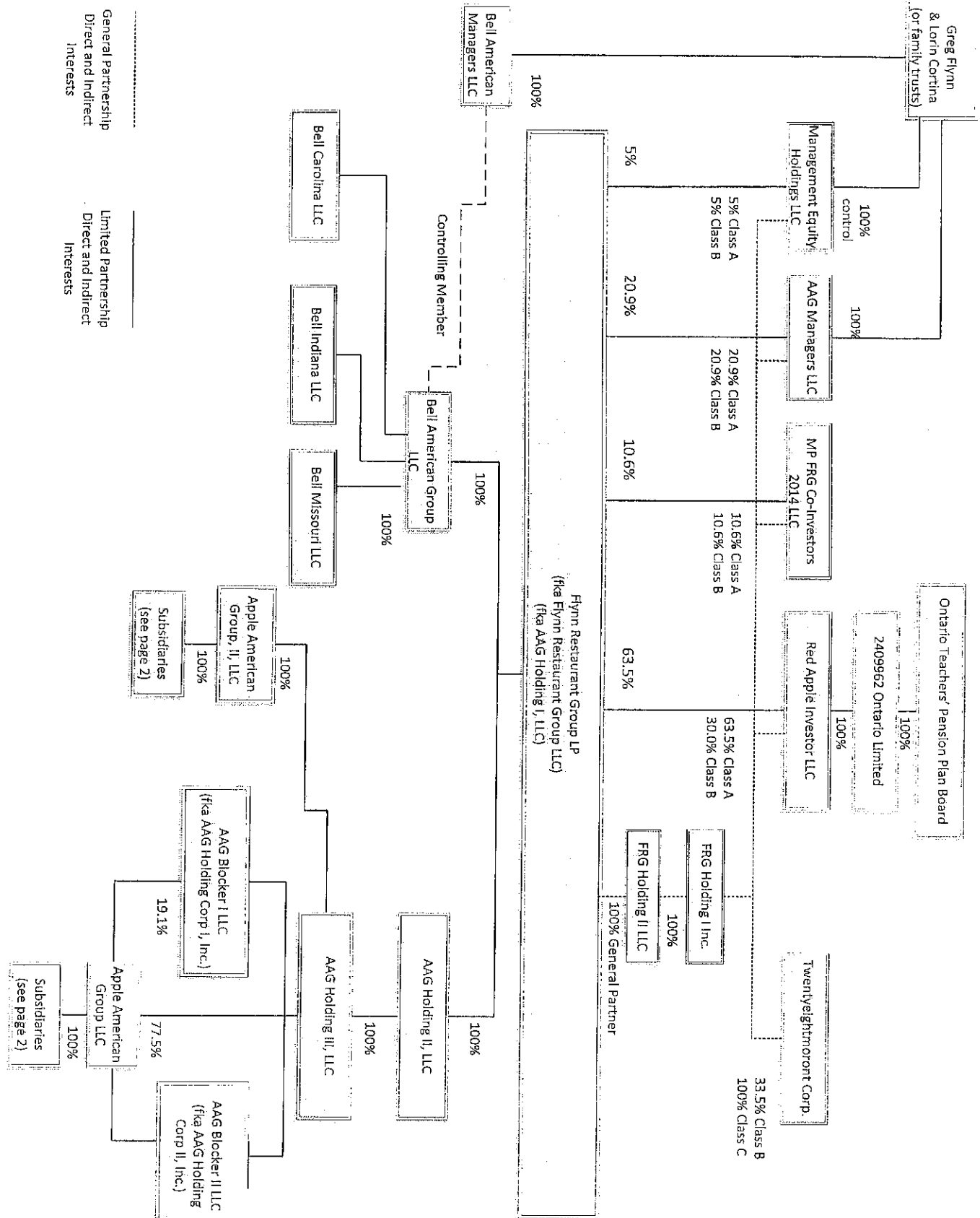
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