

MEMO

TO: Town Council
FROM: Linda Morrell
DATE: 8/20/14
RE: Liquor License Addendum

I wanted to make you aware that Code Enforcement has not signed off on the liquor license addendum for Danielle's Sebago Diner's because she does not have her occupancy permit yet.

We will go ahead with the Public Hearing on 8/26. The Council can decide as to whether you want to approve her liquor license with a condition or bump the liquor license Order to a September meeting.

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Danielle's Sebago Diner
(old Stone Dog Cafe site)

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 Memo Date: 8-12-14

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: _____

MEMO

TO: Tony Plante, Town Manager
FROM: Rick Lewsen, Police Chief *RBL*
SUBJ: Matt Kaite Inc. D.B.A Danielle's Sebago Diner
CC: Linda Morrell, Town Clerk
DATE: August 12, 2014

Recommendation:

I recommend, the Windham Town Council approve a liquor license for Danielle's Sebago Diner at 862 Roosevelt Trail, Windham. (Formerly Stone Dog Cafe)

Background checks:

Primary applicant, owner & manager: Danielle DeSimon
For 13 years Danielle has managed Danielle's Sebago Diner at 1265 Roosevelt Trail, Raymond, Maine.

No criminal record, no remarkable traffic record.

**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.

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

PRESENT LICENSE EXPIRES _____

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

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.)			2. Business Name (D/B/A)		
Danielle			Danielles Sebago Diner		
DOB:					
Matt Kait Inc					
DOB:					
DOB:			Location (Street Address)		
Address			862 Roosevelt Roosevelt Trail		
P.O. Box 216			City/Town		State
Raymond Me			Windham		ME
04071			Mailing Address		Zip Code
207-655-2900					04062
City/Town			City/Town		State
State			State		Zip Code
Zip Code			Business Telephone Number		Fax Number
Telephone Number					
Fax Number					
Federal I.D. #			Seller Certificate #		
01-0544173			1058724		

- 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: Danielle DeSimon owner/manager
- 8. If business is NEW or under new ownership, indicate starting date: Oct-1 2014
Requested inspection date: Sept 2014 Business hours: 6am-2pm
- 9. Business records are located at: 1265 Roosevelt Trail Raymond Me 04071
- 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
Danielle DeSimon Standish Me	4-23-66	Portland, ME

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

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: _____
Randy Campbell

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) _____
862 Roosevelt Trail

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?
YES NO Applied for: mailed in to State early July.

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 1/2 miles 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: Renovation loan from Mechanics Savings 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, Maine on July 23rd, 2014
Town/City, State Date

Danielle DeSimon
Signature of Applicant or Corporate Officer(s)

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

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



SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES, AND LIMITED PARTNERSHIPS

- Exact Corporate Name: Matt Kart Inc
 Business D/B/A Name: Danielles Sebago Diner
- Date of Incorporation: 2001
- State in which you are incorporated: Maine
- If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine: _____
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percent of stock owned:

Name	<i>Print Clearly</i> Address Previous 5 years	Birth Date	% of Stock	Title
Danielle Desimeis	355 Northeast Rd Standish Me	4-23-66	100%	PRES/owner

- What is the amount of authorized stock? _____ Outstanding Stock? _____
- Is any principal officer of the corporation a law enforcement official? Yes No
- Has applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of the United States? Yes No
- If YES, please complete the following: Name: _____
 Date of Conviction: _____ Offense: _____
 Location: _____ Disposition: _____
 Dated at: _____ City/Town _____ On: _____ Date _____

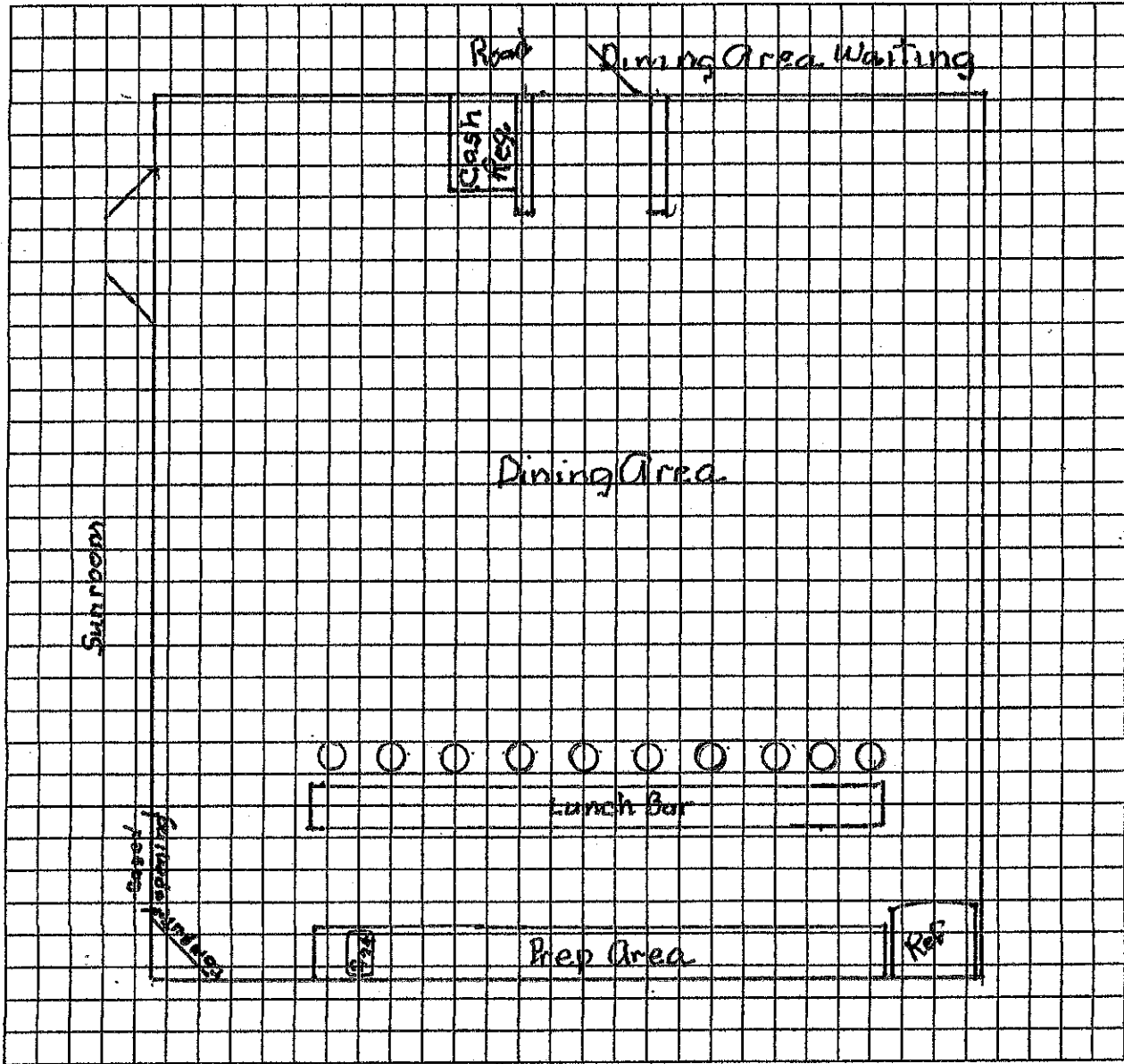
Signature of Duly Authorized Officer

Date

Print Name of Duly Authorized Officer

9. Kitchen or Food Preparation Area Plan:

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled. Please see the example on page 11.

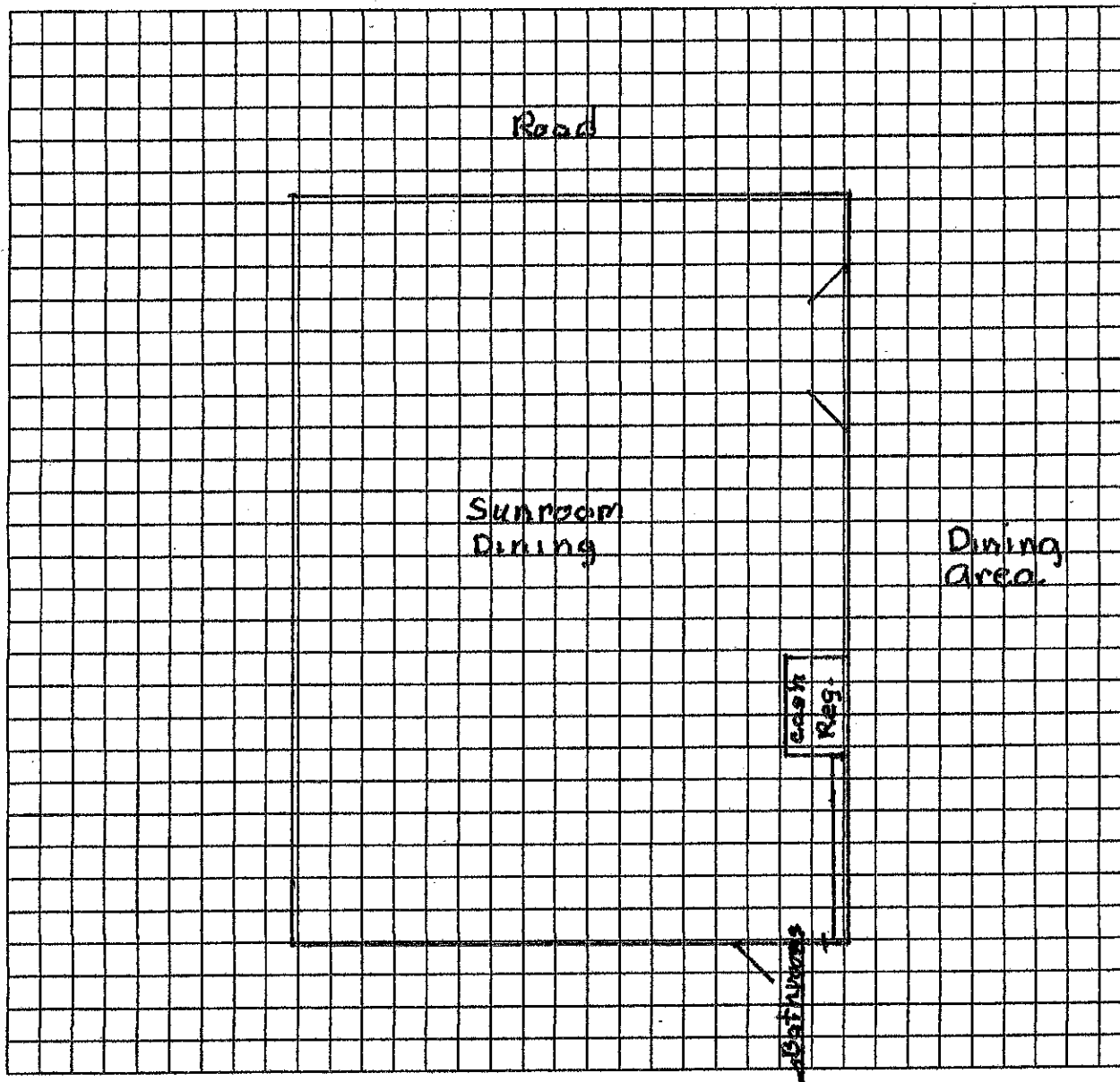


The floor plan should include the following items.

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Water Closets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Lavatories	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

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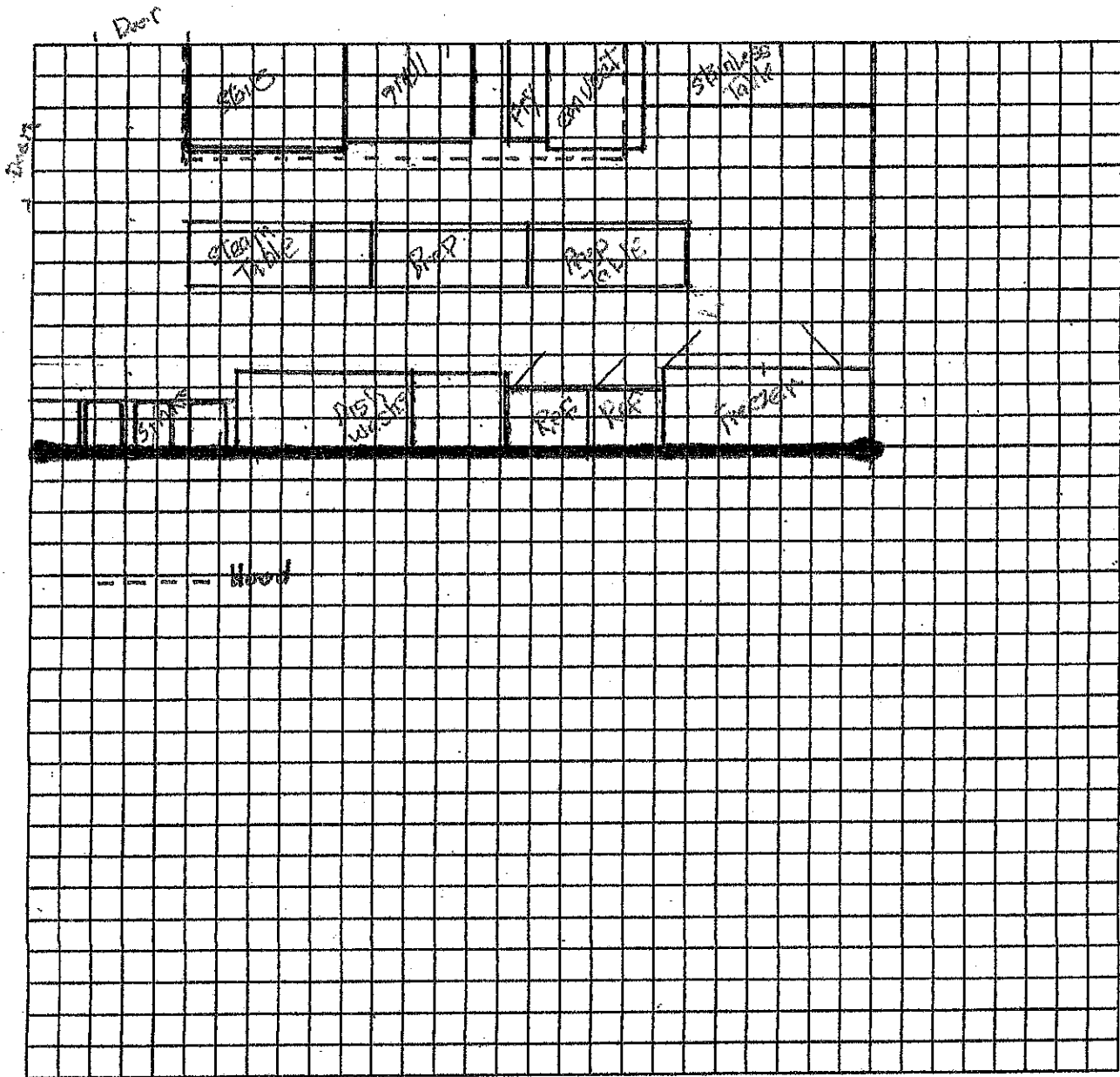


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