

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Deck House Sports Tavern

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: Brian Deller

Date: 11-9-16

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: COO

Date: 11-2-16

BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS
 DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
 8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008
 10 WATER STREET, HALLOWELL, ME 04347
 TEL: (207) 624-7220 FAX: (207) 287-3434
 EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV

DIVISION USE ONLY

License No:

Class: By:

Deposit Date:

Amt. Deposited:

Cash Ck Mo:

NEW application: Yes No

PRESENT LICENSE EXPIRES 12/11/16

INDICATE TYPE OF PRIVILEGE: MALT VINOUS SPIRITUOUS

INDICATE TYPE OF LICENSE:

RESTAURANT (Class I,II,III,IV)
 HOTEL (Class I,II,III,IV)
 CLUB w/o Catering (Class V)
 TAVERN (Class IV)

RESTAURANT/LOUNGE (Class XI)
 HOTEL NO FOOD (Class I-A)
 CLUB with CATERING (Class I)
 QUALIFIED CATERING

CLASS A LOUNGE (Class X)
 GOLF COURSE (Class I,II,III,IV)
 OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: <i>Seacoast Park, Inc.</i>	Business Name (D/B/A) <i>Deck House Sports Tavern</i>		
APPLICANT(S) - (Sole Proprietor) <i>Roy Moore, Pres</i>	DOB: <i>2/17/55</i>	Physical Location: <i>930 Roosevelt Trail</i>	
Address <i>960 Roosevelt Tr.</i>	City/Town <i>Windham</i>	State <i>ME</i>	Zip Code <i>04062</i>
City/Town <i>Windham</i>	State <i>ME</i>	Zip Code <i>04062</i>	Mailing Address <i>P.O. Box 620</i>
Telephone Number <i>207-756-4624</i>	Fax Number	Business Telephone Number <i>307-892-5952</i>	
Federal I.D. # <i>01-0470440</i>	Seller Certificate #: or Sales Tax #: <i>1176000</i>		
Email Address: Please Print <i>roy@seacoastadventure.com</i>	Website:		

If business is NEW or under new ownership, indicate starting date: _____

Requested inspection date: _____ Business hours: _____

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: _____
2. State amount of gross income from period of last license: ROOMS \$ *0* FOOD \$ *679,695* LIQUOR \$ *513,619*
3. Is applicant a corporation, limited liability company or limited partnership? YES NO

If Yes, please complete the Corporate Information required for Business Entities who are licensees.

4. Do you permit dancing or entertainment on the licensed premises? YES NO
5. If manager is to be employed, give name: *Ginny Davis, Margaret Moore*
6. Business records are located at: *930 Roosevelt Trail, Windham*
7. Is/are applicants(s) citizens of the United States? YES NO
8. Is/are applicant(s) residents of the State of Maine? YES NO

9. 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
Ginny Davis Margaret Moore	8/26/79 5/22/92	Monticello, IN, Portland, Me.

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

Windham, Me.
Windham, Me.

10. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES NO

Name: _____

Date of Conviction: _____

Offense: _____

Location: _____

Disposition: _____

(use additional sheet(s) if necessary)

11. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?

Yes No If Yes, give name: _____

12. Has/have applicant(s) formerly held a Maine liquor license? YES NO

13. Does/do applicant(s) own the premises? Yes No If No give name and address of owner: _____

14. Describe in detail the premises to be licensed: (On Premise Diagram Required)

Deck House Sports Tavern @ Seacoast Park

15. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

YES NO Applied for: _____

16. 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? 1/4 mile Which of the above is nearest? Church

17. 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: Androscoggin Bank, Commercial Loan

The Division of Liquor Licensing & Enforcement 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 11/11/16
Town/City, State Date

Roy A. Moore, Pres.
Signature of Applicant or Corporate Officer(s)

Roy A. Moore, Pres.
Print Name

Roy A. Moore, Pres.

Signature of Applicant or Corporate Officer(s)

Print Name



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

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

For Office Use Only:

License #: _____

SOS Checked: _____

100% Yes No

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety.

1. Exact legal name: Seacoast Park, Inc
2. Doing Business As, if any: Dee's House Sports Tavern
3. Date of filing with Secretary of State: Feb. 11, 1992 State in which you are formed: Maine
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
5. 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 (5 YEARS)	DATE OF BIRTH	TITLE	OWNERSHIP %
<u>Roy A. Moore</u>	<u>960 Roosevelt Trail Windham</u>	<u>2/19/55</u>	<u>Pres.</u>	<u>25</u>
<u>Margaret Moore</u>	<u>960 Roosevelt Windham, me</u>	<u>5/22/92</u>	<u>—</u>	<u>10</u>
<u>Ginny C. Davis</u>	<u>960 Roosevelt Windham</u>	<u>8/26/79</u>	<u>—</u>	<u>5</u>

(Ownership must equal 100% for Corporations, LLC's etc.)

6. If Co-Op # of members: _____ (list primary officers in the above boxes)

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

Yes No If Yes, Name: _____ Agency: _____

8. 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

9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:

Roy A. Moore, Pres.

Signature of Duly Authorized Person

6/1/16

Date

Roy A. Moore, Pres

Print Name of Duly Authorized Person

Submit Completed Forms To:

Bureau of Alcoholic Beverages

Division of Liquor Licensing and Enforcement

8 State House Station, Augusta, Me 04333-0008 (Regular address)

10 Water Street, Hallowell, ME 04347 (Overnight address)

Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434

Email Inquiries: MaineLiquor@Maine.gov

Total Seating
For 1960

