

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: \_\_\_\_\_

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: \_\_\_\_\_

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](mailto: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) ☐ RESTAURANT/LOUNGE (Class XI) ☐ CLASS A LOUNGE (Class X)  
☐ HOTEL (Class I,II,III,IV) ☐ HOTEL NO FOOD (Class I-A)  
☐ CLUB w/o Catering (Class V) ☐ CLUB with CATERING (Class I) ☐ GOLF COURSE (Class I,II,III,IV)  
☐ TAVERN (Class IV) ☐ QUALIFIED CATERING ☐ OTHER: \_\_\_\_\_

**REFER TO PAGE 3 FOR FEE SCHEDULE**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

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

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

Requested inspection date: \_\_\_\_\_ Business hours: \_\_\_\_\_

- If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: \_\_\_\_\_
- State amount of gross income from period of last license: ROOMS \$ 0 FOOD \$ 679,695 LIQUOR \$ 513,619
- 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.

- Do you permit dancing or entertainment on the licensed premises? YES ☒ NO ☐
- If manager is to be employed, give name: Ginny Davis, Margaret Moore
- Business records are located at: 930 Roosevelt Trail, Windham
- Is/are applicant(s) citizens of the United States? YES ☒ NO ☐
- 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
Genny Davis	8/26/79	Monticello, IN.
Margaret Moore	5/22/92	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 than 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)

Deek 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 11/1/2016  
Town/City, State Date

Roy A. Moore, Pres. Please sign in blue ink  
Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

Roy A. Moore, Pres.  
Print Name

Print Name

Roy A. Moore, Pres.



**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: Deek 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 %
Roy A. Moore	960 Roosevelt Trail Windham	2/19/55	Pres.	85
Margaret Moore	960 Roosevelt Windham, ME	5/22/92	—	10
Ginny C. Davis	960 Roosevelt Windham	8/26/79	—	5

(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

11/1/16  
Date

Roy A. Moore, Pres  
Print Name of Duly Authorized Person

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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](mailto:MaineLiquor@Maine.gov)

Total Seating  
For 160

