

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Rustler's Steakhouse

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

Date: _____

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: 4-19-17



WINDHAM POLICE DEPARTMENT

375 Gray Road, Windham, Maine 04062 • (207) 892-2525

Kevin L. Schofield
Chief of Police
Lt. James C. Boudreau
Executive Officer

MEMORANDUM

To: Linda Morrel; Town Clerk
From: Kevin L. Schofield, Chief of Police
Subject: Rustlers Liquor License
Date: April 18, 2017

Linda, I am in receipt of the liquor license application for the new owners of Rustlers, Hayley Moon and Mark Moon of 21 Pond Road Raymond, Maine. I have checked online investigative software we subscribe to. Hayley appears to have previous last names of Osborne and Collins which are most likely previously married and maiden names. I have also checked the names in our in-house system neither persons have any adverse police contacts or active arrest warrants. There does appear to be a small tax lien of approx. \$700 on their property in Raymond.

For a complete criminal history check the names would have to be checked using the Towns info. Me. account. Please let me know if you have any questions.

BUREAU OF ALCOHOLIC 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: MAINE.LIQUOR@MAINE.GOV

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	

NEW application: Yes No

PRESENT LICENSE EXPIRES _____

INDICATE TYPE OF PRIVILEGE: MALT VINOUS SPIRITUOUS

INDICATE TYPE OF LICENSE:

- | | |
|--|---|
| <input checked="" type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI) |
| <input type="checkbox"/> HOTEL-OPTINONAL FOOD (Class I-A) | <input type="checkbox"/> HOTEL (Class I,II,III,IV) |
| <input type="checkbox"/> CLASS A LOUNGE (Class X) | <input type="checkbox"/> CLUB-ON PREMISE CATERING (Class I) |
| <input type="checkbox"/> CLUB (Class V) | <input type="checkbox"/> GOLF CLUB (Class I,II,III,IV) |
| <input type="checkbox"/> TAVERN (Class IV) | <input type="checkbox"/> OTHER: _____ |

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name:		Business Name (D/B/A)	
APPLICANT(S) --(Sole Proprietor)		Physical Location:	
Hayley Moon 12 Diamond Point Rd Windham ME 04062		Rustler's Steakhouse 754 Roosevelt Trail Windham ME 04062	
Telephone Number: 207-776-9725 Fax Number: 207-892-8803		Business Telephone Number: 207-892-8808 Fax Number:	
Federal ID. #: 82-1003607		Seller Certificate #: _____ or Sales Tax #: _____	
Email Address: info@rustlerssteakhouse.com		Website: _____	

If business is NEW or under new ownership, indicate starting date: 5/1/17

Requested inspection date: 5/1/17 Business hours: 11-10

3. If a premise is 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

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: Jen Laurier / Kristen Godfrey

9. Business records are located at: 754 Roosevelt Trail Windham, ME 04062

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
Hayley Moon	2/15/81	Mass-(Gloucester)

Residence address on all of the above for previous 5 years (Limit answer to city & state)
Hayley Moon 21 Pond Rd Raymond ME 04071

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: John Peters
Westbrook, ME

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

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? 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: _____

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 4/18/2017

Signature of Applicant or Corporate Officer(s)
Hayley Moon
Print Name

Please sign in blue ink
Signature of Applicant or Corporate Officer(s)
Print Name



State of Maine
 Division of Alcoholic Beverages and
 Lottery Operations
 Division of Liquor Licensing and Enforcement

For Office Use Only:	
License #:	_____
SOS Checked:	_____
100% Yes	<input type="checkbox"/> No <input type="checkbox"/>

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

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.

- Exact legal name: Rustlers Windham Inc.
- Doing Business As, if any: Rustler's Windham Inc. ^{Steakhouse}
- Date of filing with Secretary of State: 5/1/17 State in which you are formed: ME
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
- 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 %
Hayley Moon	12 Diamond Pt. Rd Wind 21 Pond Rd. Raymond	2/15/81	Manag owner	50%
Mark Moon	12 Diamond Pt Rd Windham 21 Pond Rd Raymond	6/5/79	owner	50%

(Stock ownership in non-publicly traded companies must add up to 100%.)

- 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: _____

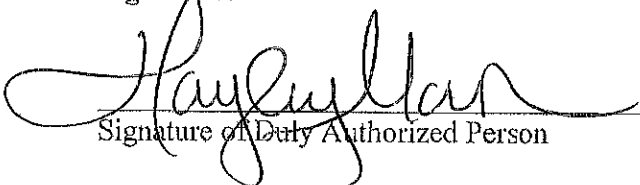
Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:


Signature of Duly Authorized Person

4/18/17
Date

Hayley Moran
Print Name of Duly Authorized Person

Submit Completed Forms To:

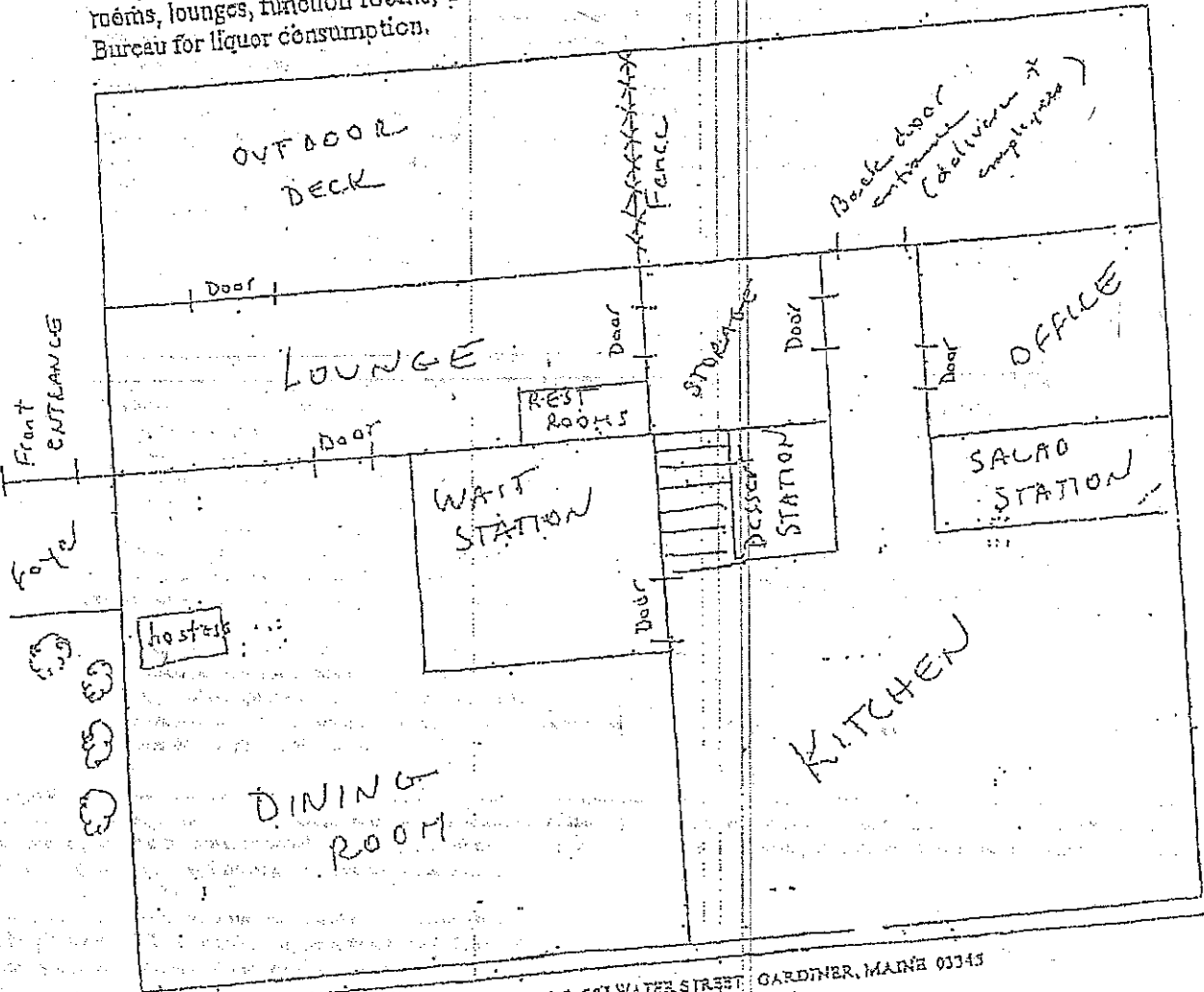
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@Maine.gov



SUPPLEMENTAL APPLICATION FORM ON-PREMISE DIAGRAM

In an effort to clearly define your licensed premise and the areas that consumption and storage of liquor is allowed, The Bureau of Liquor Enforcement is requiring all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, decks and all areas that you are requesting approval from the Bureau for liquor consumption.



OFFICES LOCATED AT: 597 WATER STREET GARDNER, MAINE 03345