

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Erik's Church, LLC

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 Chief's memo of

Date: 1/24/18

REVIEW BY COMMUNITY DEVELOPMENT DIRECTOR

Occupancy Permit The applicant's establishment is in conformance with
will not be issued until The Town's Land Use Code and has an occupancy permit
Finished and Inspected by Code Enforcement and the Fire Dept.

_____ I request permission to personally address the Town Council
For public record. (Relevant materials attached)

Signed: Ch. M

Date: 1/22/18



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 Morrell, Town Clerk
From: Kevin L. Schofield, Chief of Police
Subject: Background check Kenneth Cianchette Eric's Church
Date: January 24, 2018

Hello Linda, I have received the applicant information for Eric's Church a proposed new business on Roosevelt trail. I have confirmed the applicants name is Kenneth Cianchette DOB 10-10-1987. I have checked that name in our in-house Spillman records and another investigative software program available to me. I have found no police contacts locally or apparent criminal record associated with this name.

I cannot legally query the name through the state criminal history system for the purpose, to check official state records; the town can use the State of Maine Info. ME. data base.

Please let me know if you need anything further.

BUREAU OF ALCHOLIC 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:

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

Corporation Name: <i>Erik's Church, LLC</i>	Business Name (D/B/A)	
APPLICANT(S) (Sole Proprietor) <i>Ken Gendtelle</i>	DOB: <i>10-10-87</i>	Physical Location: <i>824 Roosevelt Trail Unit 7</i>
	DOB:	City/Town <i>WINDHAM</i> State <i>ME</i> Zip Code <i>04062</i>
Address <i>43 Winn Rd</i>	Mailing Address <i>43 Winn Rd</i>	
City/Town <i>Cumberland</i> State <i>ME</i> Zip Code <i>04021</i>	City/Town <i>Cumberland</i> State <i>ME</i> Zip Code <i>04021</i>	Fax Number
Telephone Number <i>707-776-8282</i>	Business Telephone Number <i>62-138-6117</i> Fax Number	
Federal ID. # <i>62-138-6117</i>	Seller Certificate #: or Sales Tax #:	
Email Address: Please Print <i>Kenneth.Gendtelle@gmail.com</i>	Website: <i>www.erikschurch.com</i>	

If business is NEW or under new ownership, indicate starting date: *2-23-18*

Requested inspection date: *2-22-18* Business hours: *11am to 1am*

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: *Ken Gendtelle*

9. Business records are located at: *43 Winn Rd Cumberland, ME*

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
Kenneth Charles He	10-10-87	Portland, ME

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

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? 1500 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

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 , 20

City, State _____ Date _____

on 11 , 20

Date

www.ijerph.com

Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

Ren Giacchette
Point Neches

Print Name



State of Maine
Division of Alcoholic Beverages and
Lottery Operations
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: Erik's Church, LLC
2. Doing Business As, if any:
3. Date of filing with Secretary of State: 4-28-17 State in which you are formed: ME
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>Ken Carchette</u>	<u>43 Winn Rd Cumberland, ME 04021</u>	<u>10/10/87</u>	<u>Owner/ Mgt</u>	<u>100</u>

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

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:



Signature of Duly Authorized Person

1-14-18

Date

Ken Landette
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

