#### STATE OF MAINE

# DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

### Application for an On-Premises License

All Questions Must Be Answered Completely. Please print legibly.

Division Use Only				
License No:				
Class:	Ву:			
Deposit Date:				
Amt. Deposite	ed:			
Payment Type	e:			
OK with SOS	: Yes □	No □		

Section I:	Licensee/Applicant(s) Information
	Type of License and Status

Legal Business Entity Applicant Name (corporation, LLC):	Business Name (D/B/A):
Coppersmith's Enterprises LLC Individual or Sole Proprietor Applicant Name(s):	Lake House Tavern Physical Location: 907 Roosevelt trail
Individual or Sole Proprietor Applicant Name(s):	·
	Windham Maine 04062
Individual or Sole Proprietor Applicant Name(s):	Mailing address, if different:
Mailing address, if different from DBA address:	Email Address:
•	bob cppr at Yahoo. Com Business Telephone # Fax #:
Telephone # Fax #:	Business Telephone # Fax #:
207-939-9388	207-939-9388
Federal Tax Identification Number:	Maine Seller Certificate # or Sales Tax #:
99-3065027	1193-7356
Retail Beverage Alcohol Dealers Permit:	Website address:
1. New license or renewal of existing license?	ew Expected Start date: 7-1-24
□ R	enewal Expiration Date: 7-1-24
	enewar Expiration Date.
2. The dollar amount of gross income for the licensure perio	d that will end on the expiration date above:
Food: 420,000 Beer, Wine or Spirits:	80,000 Guest Rooms:
3. Please indicate the type of alcoholic beverage to be sold:	check all that apply)
Malt Liquor (beer) Wine	Spirits
	•

4.	Indica	te the type of license apply	ing for	: (choose only one)				
	<b>*</b>	Restaurant (Class I, II, III, IV)		Class A Restaurant/Lounge (Class XI)			Class A	A Lounge X)
		Hotel (Class I, II, III, IV)		Hotel – Food Optional (Class I-A)			Bed & (Class	Breakfast V)
		Golf Course (included optic (Class I, II, III, IV)	onal licen	ses, please check if apply)	Auxilia	ary		Mobile Cart
		Tavern (Class IV)		Other:				
		Qualified Caterer		☐ Self-Sponsored Even	ts (Qual	ified Ca	aterers (	Only)
		Refer	to Sectio	on V for the License Fee Schedule of	n page 9			
	90	ress records are located at the Reserve 14 reserve 14 reserve 14 reserve 14 reserve 15 reserve 16 r	tail	windham Ma	ine C	540( Yes	<u> </u>	No
7.	Is the l	icensee/applicant(s) a resi	dent of	the State of Maine?		Yes		No
		OTE: Applicants that are siness entity.	not cit	izens of the United States ar	e requir	ed to f	ile for t	he license as a
8.	Is licer	nsee/applicant(s) a busines	s entity	like a corporation or limited	liability	compar	ıy?	
	×	Yes □ No	If Yes,	complete Section VII at the 6	end of th	is appli	cation	
9.	manag	er, shareholder or partner	have in	ess entity as noted in Section any way an interest, directly f a wholesaler license granted	y or indi	rectly,	in their	capacity in an
		Yes 🔼 No						
		Not applicable – licen	see/app	licant(s) is a sole proprietor				

O. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.					
□ Yes 💢 No					
If yes, please provide details:					
11. Do you own or have any interest in any a	nother Maine Liquor	License? □	l Yes □ No		
If yes, please list license number, busines pages as needed using the same format)	_		n address: (attach additional		
Name of Business	License Number	Complete Phys	sical Address		
12. List name, date of birth, place of birth licensee/applicant. Provide maiden name format)					
Full Name		DOB	Place of Birth		
Robert Coppersmith		09/17/58	Portland, Maine		
Robert Coppersmith		01   16   55	Bangor Maine		
Residence address on all the above for previ	ous 5 years				
	Address: 62	Anslein	RI Many a Olyana		
Name Robert Coppersmith  Name Paula Coppersmith	Address:	2 Ansleri Vindham	RS Maine 04062 RS Maine 04062		
Name	Address:				
Name	Address:				

13. Will any law enforcement officer directly benefit finan	icially from this license, if issued?
□ Yes 🕏 No	
If Yes, provide name of law enforcement officer ar	nd department where employed:
14. Has the licensee/applicant(s) ever been convicted of an the United States? ☐ Yes No	
If Yes, please provide the following information a format.	and attach additional pages as needed using the same
Name:	Date of Conviction:
Offense:	Location:
Disposition:	
15. Has the licensee/applicant(s) ever been convicted of violations, in Maine or any State of the United States? If Yes, please provide the following information a format.	
Name:	Date of Conviction:
Offense:	Location:
Disposition:	
16. Has the licensee/applicant(s) formerly held a Maine liq	uor license? Yes $\square$ No
17. Does the licensee/applicant(s) own the premises?	□ Yes ⊅ No
If No, please provide the name and address of the o	owner:
Frank Mercel 106 Cooks	Mill Rd Naples Maine 04055

18. If you are applying for a liquor license for a Hotel or rooms available:	r Bed & Breakfast, please provide the number of guest
19. Please describe in detail the area(s) within the premi diagram in Section VI. (Use additional pages as needed	
Refer To Diag	ram
· · · · · · · · · · · · · · · · · · ·	rest school, school dormitory, church, chapel or parishises to the main entrance of the school, school dormitory to of travel?
Name: Our Lady of Perpetus Distance: 2 - 10 +ns of a mi	al Help le
Section II: Signature of Applicant(s)	
	rstands that false statements made on this application are on on this application is a Class D Offense under Maine's year, or by monetary fine of up to \$2,000 or by both.
Please sign and date in blue ink.	
Dated: 5-29-24	
DI Espath	Roule Oc
Signature of Duly Authorized Person	Signature of Duly Authorized Person
Robert Coppersmith Printed Name Duly Authorized Person	Paula Coppersmith Printed Name of Duly Authorized Person
Timed Frame Dury Authorized Ferson	I Innea Ivanie of Dary AddionZed Feison

#### Section III: For use by Municipal Officers and County Commissioners only

## This Application will Expire 60 Days from the date of Municipal or County Approval unless submitted to the Bureau

Included below is the section of Maine's liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <a href="http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html">http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html</a>

§653. Hearings; bureau review; appeal

1. Hearings. The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms.

## 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.

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he floor plan sh	d Include the following Items.	to Divina

Sinks:	Tollet Facilities:	Refrigeration:	racilities:
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	S. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
	7, 04,01	5. Ice Maker	5. Equipment/Counters/Seats/Tables
5. Dipper Wells		6. Other	6. Dry Storage/All Other Storage
6. Other		O. Olifor	

#### Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

All Questions Must Be Answered Completely. Please print legibly.

	Exact legal name: Coppersmith's Enterprises LLC
2.	Doing Business As, if any: Lake House Tavern
3.	Date of filing with Secretary of State: $4-30-24$ 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, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title "	Percentage of Ownership
Robot Coppermith	62 Anskr. Polywhany ME	9-17.53	pres	50
Paula Coppersmith	62 Ansler: Rd Windham ME	1-14-55	Dires	50

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