

**TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION**

Applicant: Applebee's Neighborhood Grill & Bar

REVIEW BY POLICE CHIEF

I have made a search of our records for police contacts with the above listed Applicant and find:

X

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: Ken Shultz

Date: 7/10/18

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: Chris W.

Date: 7/19/18

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 11/01/2018

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"/> CLASS A LOUNGE (Class X)
<input type="checkbox"/> HOTEL (Class I,II,III,IV)	<input type="checkbox"/> HOTEL, FOOD OPTIONAL (Class I-A)	<input type="checkbox"/> BED & BREAKFAST (Class V)
<input type="checkbox"/> CLUB w/o Catering (Class V)	<input type="checkbox"/> CLUB with CATERING (Class I)	<input type="checkbox"/> GOLF COURSE (Class I,II,III,IV)
<input type="checkbox"/> TAVERN (Class IV)	<input type="checkbox"/> QUALIFIED CATERING	<input type="checkbox"/> OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: Apple New England LLC	Business Name (D/B/A) Applebee's Neighborhood Grill & Bar	
APPLICANT(S) –(Sole Proprietor)	DOB:	Physical Location: 1 Amato Dr
	DOB:	City/Town State Zip Code Windham, ME 04062
Address PO Box 507	Mailing Address PO Box 507	
City/Town West Linn, OR 97068-0507	State	Zip Code
Telephone Number (503) 722-2825 (216) 328-1580	Fax Number	Business Telephone Number Fax Number (207) 892-3574, (216) 328-1580
Federal I.D. # 45-2596142	Seller Certificate #: or Sales Tax #: 1152316	
Email Address: Please Print Cmills@flynnrg.com	Website:	

If business is NEW or under new ownership, indicate starting date: N/A

Requested inspection date: _____ Business hours: Sun-Thurs 11am - 12am, Fri-Sat 11am - 1am

- 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 \$ _____ FOOD \$ 2,323,500 LIQUOR \$ 520,349
- 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 own or have any interest in any another Maine Liquor License? Yes No
If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

See Attached

(Use an additional sheet(s) if necessary.)

License #

Name of Business

Physical Location

City / Town

5. Do you permit dancing or entertainment on the licensed premises? YES NO

6. If manager is to be employed, give name: Justin Good

7. Business records are located at: 6200 Oak Tree Blvd Ste 250, Independence, OH 44131

8. Is/are applicants(s) citizens of the United States? YES NO

9. Is/are applicant(s) residents of the State of Maine? YES NO

10. 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
Justin Good	05/19/1979	Lancaster, PA
Residence address on all of the above for previous 5 years (Limit answer to city & state)		
65 Outlook Dr		
Auburn, ME 20410		

11. 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: ***See attached License Violations List Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____ (use additional sheet(s) if necessary)

12. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes No If Yes, give name: _____

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

14. Does/do applicant(s) own the premises? Yes No If No give name and address of owner: Amato Drive LLC, One Canal Plaza Suite 500, Portland, ME 04101

15. Describe in detail the premises to be licensed: **(On Premise Diagram Required)** Full service restaurant - see attached diagram

16. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES NO Applied for: _____

17. 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? School

18. 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: Independence, OH on June 29, 20 18
Town/City, State Date



Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

Ronald S. Igarashi

Print Name

Signature of Applicant or Corporate Officer(s)

Print Name

FEE SCHEDULE

FILING FEE: (must be included on all applications).....\$ 10.00

Class I Spirituous, Vinous and Malt\$ 900.00

CLASS I: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers; OTB.

Class I-A Spirituous, Vinous and Malt, Optional Food (Hotels Only)\$1,100.00

CLASS I-A: Hotels only that do not serve three meals a day.

Class II Spirituous Only\$ 550.00

CLASS II: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels.

Class III Vinous Only\$ 220.00

CLASS III: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.

Class IV Malt Liquor Only\$ 220.00

CLASS IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.

Class V Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts)\$ 495.00

CLASS V: Clubs without catering privileges.

Class X Spirituous, Vinous and Malt – Class A Lounge\$2,200.00

CLASS X: Class A Lounge

Class XI Spirituous, Vinous and Malt – Restaurant Lounge\$1,500.00

CLASS XI: Restaurant/Lounge; and OTB.

UNORGANIZED TERRITORIES \$10.00 filing fee shall be paid directly to County Treasurer. All applicants in unorganized territories shall submit along with their application evidence of payment to the County Treasurer.



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: Apple New England LLC
2. Doing Business As, if any: Applebee's Neighborhood Grill & Bar
3. Date of filing with Secretary of State: 05/27/2011 State in which you are formed: DE
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:
06/02/2011
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attach additional sheets as needed)

NAME	ADDRESS (5 YEARS)	DATE OF BIRTH	TITLE	OWNERSHIP %
See Exhibit A				

(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: Daniel Victor Krebsbach - President

Date of Conviction: 1989

Offense: DUI

Location of Conviction: Minnesota

Disposition: Fine Paid

Signature:

6/29/18

Signature of Duly Authorized Person

Date

Ronald S/ Igarashi

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 Questionnaire

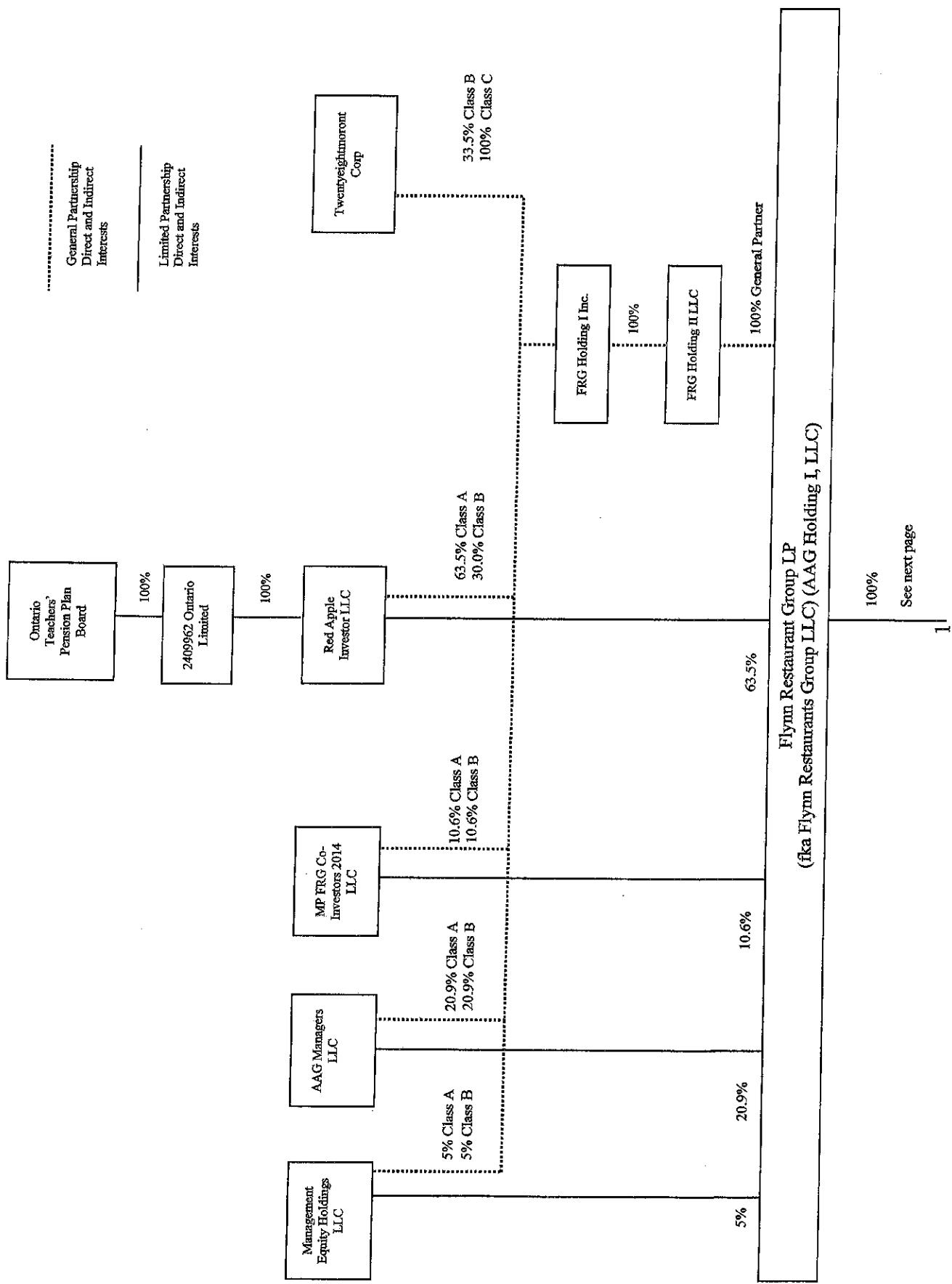
Applicant: Apple New England, LLC, a Delaware Limited Liability Company

Name	DOB	Address/Prev 5 Years	Title	Interest
Gregory Grant Flynn	2/24/1964	3821 Jackson Street San Francisco, CA 94118 2001 – Present	CFO	None
Daniel Victor Kresbach	10/21/1959	7304 259 th Place Northeast Redmond, WA 98053 2005 – Present	President	None
Lorin Miguel Cortina	5/6/1966	2110 Redington Road Hillsborough, CA 94010 2006 Present	Executive VP/CFO	None
Ronald Shigeru Igarashi	8/31/1961	920 Eastlake Drive Eastlake, OH 44095 1996 – Present	Secretary	None

Applicant Owner: Apple American Group II, LLC – 100% Member/Manager

Name	DOB	Address/Prev 5 Years	Title	Interest
Gregory Grant Flynn	2/24/1964	3821 Jackson Street San Francisco, CA 94118 2001 – Present	President CFO	None
David Bradley Pettinger	05/30/1959	218 Manson View Drive Manson, WA 98831	COO	None
Lorin Miguel Cortina	5/6/1966	2110 Redington Road Hillsborough, CA 94010 2006 Present	Executive VP/CFO	None
Ronald Shigeru Igarashi	8/31/1961	920 Eastlake Drive Eastlake, OH 44095 1996 – Present	Secretary	None

See Attached Organizational Chart



- All percentages rounded to the nearest tenth of 1%

