TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant Smitty's Cinema - Windham, 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: [signature] Date: 1/11/18

REVIEW BY COMMUNITY DEVELOPMENT DIRECTOR

yes 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: [signature] Date: 1/4/17

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 3/25/2018

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, FOOD OPTIONAL (Class I-A) ☐ BED & BREAKFAST (Class V)
☐ CLUB w/o Catering (Class V) ☐ CLUB with CATERING (Class I) ☐ GOLF COURSE (Class I,II,III,IV)
☐ TAVERN (Class IV) ☐ QUALIFIED CATERING ■ OTHER: Cinema Pub

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: Smitty's Cinema - Windham, LLC	Business Name (D/B/A) Smitty's Cinema - Windham, LLC
APPLICANT(S) –(Sole Proprietor) DOB:	Physical Location: 795 Roosevelt Trail Unit #21
DOB:	City/Town: Windham State: ME Zip Code: 04062
Address: 123 West Main Street	Mailing Address: 123 West Main Street
City/Town: Merrimac State: MA Zip Code: 01860	City/Town: Merrimac State: MA Zip Code: 01860
Telephone Number: 978-346-7830 Fax Number: 978-346-7870	Business Telephone Number: 978-346-7830 Fax Number: 978-346-7870
Federal I.D. #: 46-1401344	Seller Certificate #: or Sales Tax #: 1039706
Email Address: Please Print milton@smittyscinema.com	Website: www.smittyscinema.com

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

Requested inspection date: _____ Business hours: 10am-1am Mon-Sun

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: N/A

2. State amount of gross income from period of last license: ROOMS $ N/A FOOD $ 936K LIQUOR $ 206K

3. 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.

4. 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.

_____ _____ (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: Tracy Lambert

7. Business records are located at: On Premise and at Corp Office in Merrimac MA

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
Milton Stephan Smith	09/07/1971	Haverhill, MA
Benton Grover Smith	08/17/1966	Haverhill, MA
Cabot Bruce Smith	12/26/1961	Haverhill, MA
Residence address on all of the above for previous 5 years (Limit answer to city & state		
West Newbury, MA		
Merrimac, MA		

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: _____ 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: Jonlee Windham LLC
5050 Belmont Ave Youngstown, OH 44505

15. Describe in detail the premises to be licensed: (**On Premise Diagram Required**) approx 19137 sq ft
in a shopping mall plaza

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? .5

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: Mtg.

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: Merrimac MA on January 5, 20 18
Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

Milton S Smith
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.

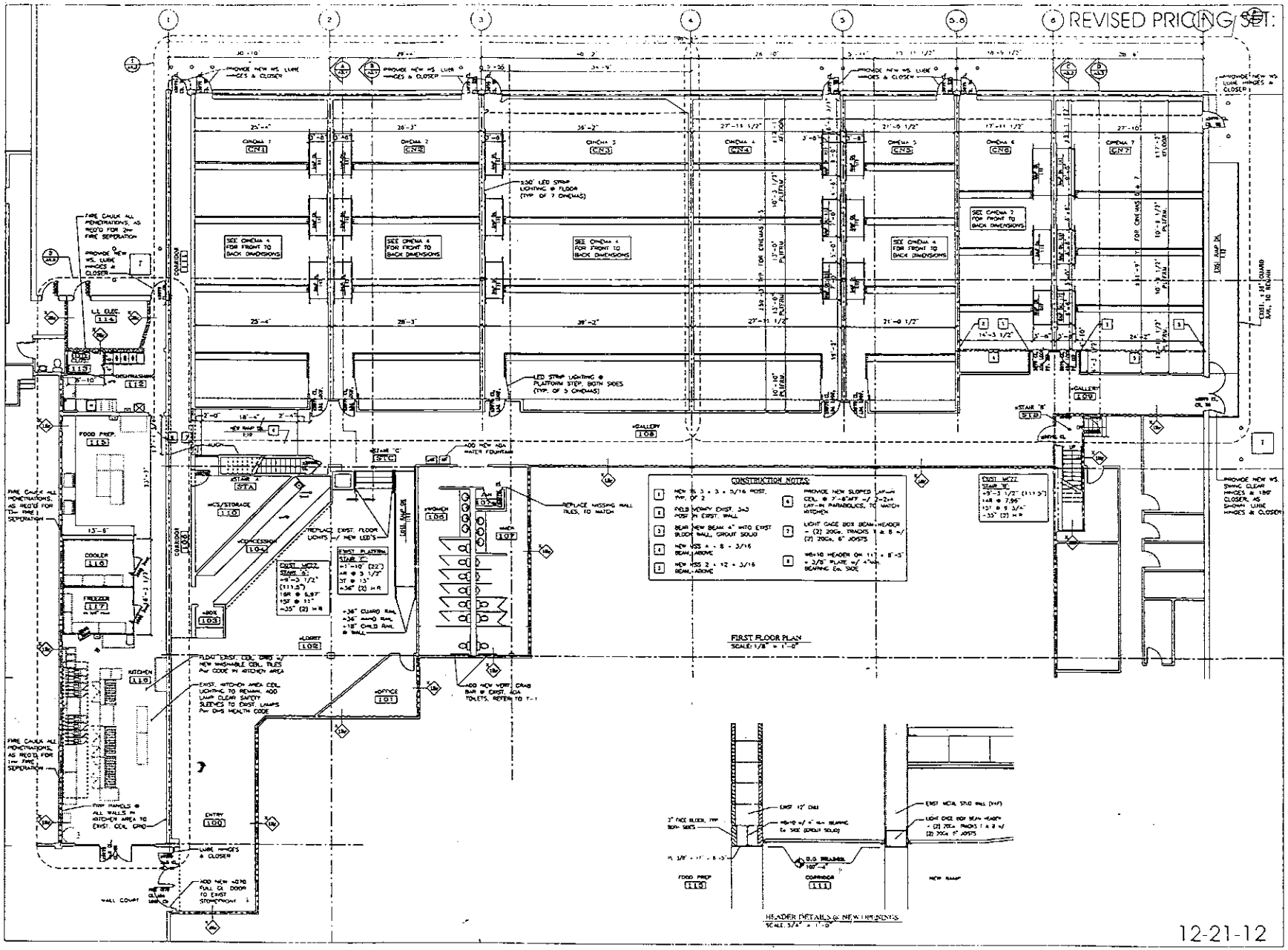
Class IV Malt Liquor Only ..... $ 220.00
CLASS IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.

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.**



ALPHAarchitects
17 CHESTNUT STREET
PORTLAND, ME 04101
PHONE: 207.761.9600
FAX: 207.761.9696

REVISED PRICING SET:
NOT FOR CONSTRUCTION

Smitty's Windham 7

795 Roosevelt Trail- Windham Mall
Windham, ME 04062

JOB 12154

ISSUE DATE	
PRELIM	08-28-12
P BOARD	-
SPMO	-
CDs	-
REV. 1	-
PRINT	12-21-12

FIRST FLOOR PLAN

A1.1

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: Smitty's Cinema - Windham, LLC
2. Doing Business As, if any: Same
3. Date of filing with Secretary of State: 12/2012 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: (attach additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
Milton S Smith	West Newbury, MA	09/07/71	Pres	25
Benton G Smith	West Newbury, MA	08/17/66	VP	25
Cabot B Smith	Merrimac, MA	12/22/61	Treasurer	25
MacGregor Smith	Merrimac, MA	12/23/51	Secr	25

(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:

_____ 1/5/18 _____
Signature of Duly Authorized Person Date

Milton S Smith
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