

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

Applicant: Rose's Italian Restaurant

REVIEW BY FIRE CHIEF

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

The applicant's establishment is in conformance with The Town of Windham Fire Codes.

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

Signed: 

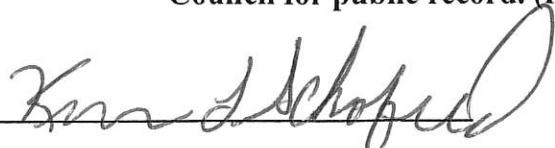
Date: 05/09/19

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: 

Date: 5/9/19

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: 5/9/19

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: MAINEQUOR@MAINE.GOV

DIVISION USE ONLY

License No:

Class: By:

Deposit Date:

Amt. Deposited:

Cash Ck Mo:

NEW application: Yes No

06/24/2018
PRESENT LICENSE EXPIRES

INDICATE TYPE OF PRIVILEGE: MALT VINOUS SPIRITUOUS

INDICATE TYPE OF LICENSE:

RESTAURANT (Class I,II,III,IV)
 HOTEL (Class I,II,III,IV)
 CLUB w/o Catering (Class V)
 TAVERN (Class IV)

RESTAURANT/LOUNGE (Class XI)
 HOTEL, FOOD OPTIONAL (Class I-A)
 CLUB with CATERING (Class I)
 QUALIFIED CATERING

CLASS A LOUNGE (Class X)
 BED & BREAKFAST (Class V)
 GOLF COURSE (Class I,II,III,IV)

OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: Windham House of Pizza INC	Business Name (D/B/A) Rose's Italian Restaurant		
APPLICANT(S) -(Sole Proprietor) Windham House of Pizza INC	DOB:	Physical Location: 690 roosevelt trail	
	DOB:	City/Town Windham	State ME Zip Code 04062
Address 690 Roosevelt Trail	Mailing Address Same as above		
City/Town Windham	State ME	Zip Code 04062	City/Town
Telephone Number 2078920010	Fax Number	Business Telephone Number 2078920010	Fax Number
Federal I.D. # 81-0610253	Seller Certificate #: 1070910 or Sales Tax #:		
Email Address: Please Print <i>Ruredi2@hotmail.com</i>	Website:		

No

If business is NEW or under new ownership, indicate starting date: **11 am -9pm 7-days**

Requested inspection date: _____ Business hours: _____

No

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: **815k**
2. State amount of gross income from period of last license: ROOMS \$ **815k** FOOD \$ **18.5k** LIQUOR \$ **18.5k**
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 permit dancing or entertainment on the licensed premises? YES NO

5. If manager is to be employed, give name:

Robert Hunt & Associates 70 ossipee trail.Standish,Me, 04084

6. Business records are located at: _____

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

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

9. 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
Redi N Dede	04/12/1976	Albania
Residence address on all of the above for previous 5 years (Limit answer to city & state)		
Portland Maine		

10. 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)

11. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?

Yes No If Yes, give name: _____

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

13. Does/do applicant(s) own the premises? Yes No If No give name and address of owner: Ademi LLC
10 Yale Street, Portland, ME 04103

14. Describe in detail the premises to be licensed: (On Premise Diagram Required) _____

15. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

YES NO Applied for: _____

16. 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? One thousand feet.

Which of the above is nearest? SCHOOL

17. 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.



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

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.

Widham House of Pizza INC

1. Exact legal name: _____

ROSE'S ITALIAN RESTAURANT

2. Doing Business As, if any: _____

05/01/2003

MAINE

3. Date of filing with Secretary of State: _____ State in which you are formed: _____

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 %
Redi N Dede	469 stevens Ave.Portland.Me	04/12/76	president	100%

(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: _____

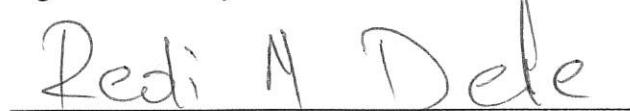
Disposition: _____

Signature:



5-7-19

Signature of Duly Authorized Person Date



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

Bureau of Alcoholic Beverages and Lottery Operations

Division of Liquor Licensing & 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

Approved

Not Approved

BY:

ON PREMISE DIAGRAM

In an effort to clearly define your license premise and the area that consumption and storage of liquor is allowed. The Division requires 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, restrooms, decks and all areas that you are requesting approval from the Division for liquor consumption.

