

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

Applicant: Sneaky Pete Billiards

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.

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

Signed: A. L...

Date: 10/08/2014

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: _____

Department of Public Safety
Division

Liquor Licensing & Inspection



Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded. To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

BUREAU USE ONLY	
License No. Assigned:	
Class:	
Deposit Date:	
Amt. Deposited:	

PRESENT LICENSE EXPIRES 10/3/2014

INDICATE TYPE OF PRIVILEGE: MALT SPIRITUOUS VINOUS

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

1. APPLICANT(S) --(Sole Proprietor, Corporation, Limited Liability Co., etc.) <u>New England 9 Ball LLC</u> DOB: _____		2. Business Name (D/B/A) <u>SNEAKY PACE BILLIARDS</u>	
DOB: _____		Location (Street Address) <u>824 ROOSEVELT TRL #10</u>	
Address <u>43 SAKED RIDGE DRIVE</u>		City/Town <u>WINNHAM</u>	State <u>ME</u> Zip Code <u>04062</u>
City/Town <u>DENMARK</u>		State <u>ME</u>	Zip Code <u>04062</u>
Telephone Number <u>(207) 441-2901</u>		Business Telephone Number <u>(207) 893-8237</u>	
Fax Number <u>(207) 853-8134</u>		Fax Number <u>(207) 893-8237</u>	
Federal I.D. # <u>371620346</u>		Seller Certificate # <u>1153150</u>	

- 3. If premises are a hotel, indicate number of rooms available for transient guests: _____
- 4. State amount of gross income from period of last license: ROOMS \$ _____ FOOD \$ 21 LIQUOR \$ 78
- 5. Is applicant a corporation, limited liability company or limited partnership? YES NO

complete Supplementary Questionnaire, if YES

- 6. Do you permit dancing or entertainment on the licensed premises? YES NO
- 7. If manager is to be employed, give name: _____
- 8. If business is NEW or under new ownership, indicate starting date: _____
Requested inspection date: _____ Business hours: _____
- 9. Business records are located at: 43 SAKED RIDGE DR, DENMARK, ME, 04062
- 10. Is/are applicants(s) citizens of the United States? YES NO GARETH STEELE - Perm. RES. JACQUELINE STEELE - US CITIZEN

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
GARETH JOHN STEELE	02/08/80	LONDON, UK
JACKLINE STEELE (MOUNTAIN)	12/18/89	NEUDRUKE, GERMANY

Residence address on all of the above for previous 5 years (Limit answer to city & state)
DENMARK, 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: GARY CROSBY, 610 ADRIANES, 79 BEECH RIDGE RD, CARBOROUGH, ME, 04074

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) _____

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? 1 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: INVESTMENT BY JAYCE MOUNTAIN

The Division of Liquor Licensing & Inspection 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: WINDHAM, ME on SEPTEMBER 18, 2014
Town/City, State Date

[Signature] Please sign in blue ink
Signature of Applicant or Corporate Officer(s) Signature of Applicant or Corporate Officer(s)
GARETH STEELE

STATE OF MAINE
Liquor Licensing & Inspection Unit
164 State House Station
Augusta, Maine 04333-0164
Tel: (207) 624-7220 Fax: (207) 287-3424

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS

1. Exact Corporate Name: NEW ENGLAND 9 BALL LLC
 Business D/B/A Name: SNEAKY PETE BILLIARDS
2. Date of Incorporation: FEBRUARY 14, 2011
3. State in which you are incorporated: MAINE
4. If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine: _____

5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list percent of stock owned:

Name	Address Previous 5 Years	Birth Date	% of Stock	Title
<u>GARETH STEELE</u>	<u>DENMARK, ME</u>	<u>02/01/80</u>	<u>50</u>	<u>MANAGING MEMBER</u>
<u>JACQUELINE STEELE</u>	<u>DENMARK, ME</u>	<u>12/18/69</u>	<u>50</u>	<u>MEMBER</u>

6. What is the amount of authorized stock? _____ Outstanding Stock? _____
7. Is any principal officer of the corporation a law enforcement official? () YES NO
8. Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation(s), of the United States? () YES NO.
9. If yes, please complete the following: Name: _____

Date of Conviction: _____ Offense: _____

Location: _____ Disposition: _____

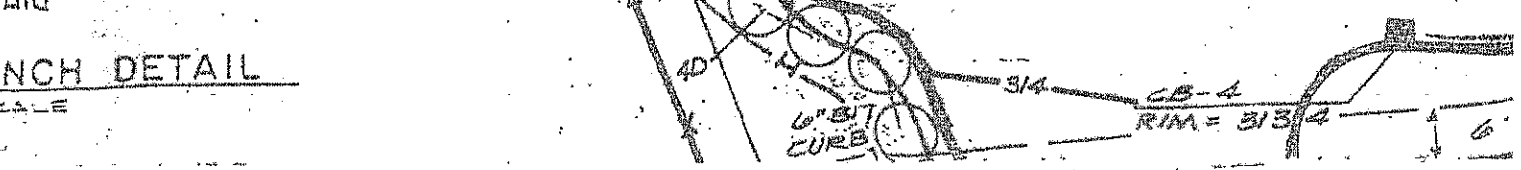
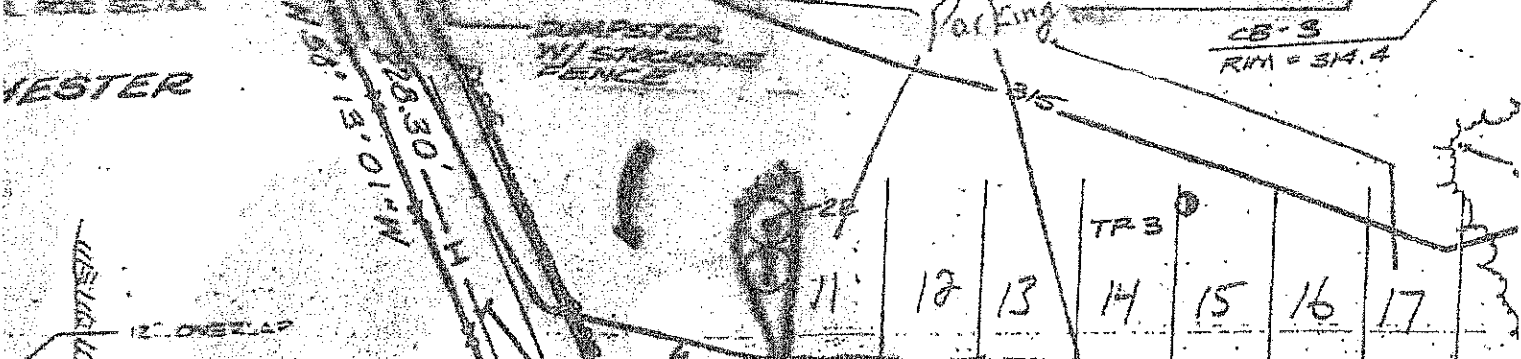
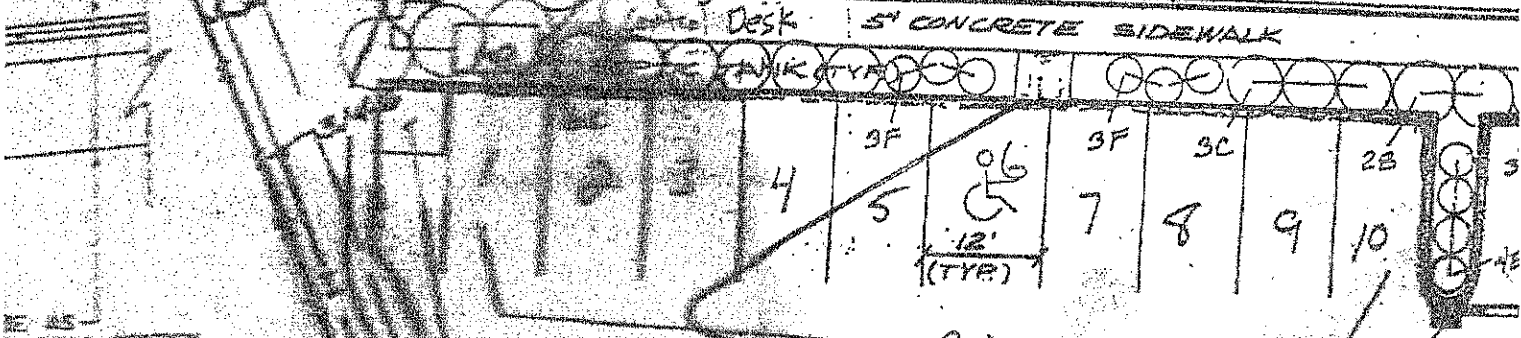
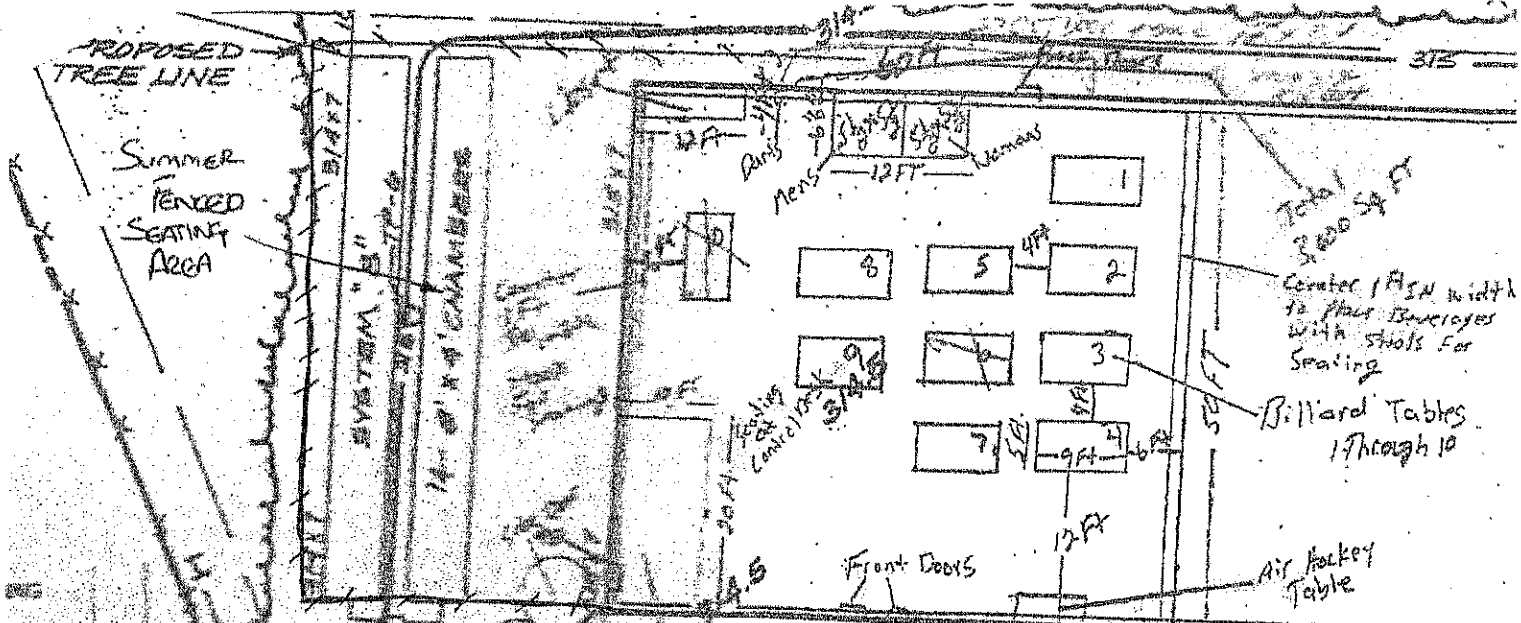
Dated at: _____ City/Town _____ On: _____ Date _____

Gareth Steele Date: 10/3/2014
 Signature of Duly Authorized Officer
GARETH STEELE
 Print Name of Duly Authorized Officer

PROPOSED TREE LINE

Summer FENCED SEATING AREA

313



NCH DETAIL

SCALE