

TOWN OF WINDHAM, MAINE

SPECIAL AMUSEMENT

APPLICATION

- A. NAME OF APPLICANT Smoke This Two, LLC
- B. ADDRESS OF APPLICANT 4 TURNING WOOD DR. WINDHAM, ME
- C. NAME OF BUSINESS Bucks Soaked BBQ
- D. BUSINESS ADDRESS same
- E. MAILING ADDRESS IF DIFFERENT same
- F. DATE OF BIRTH _____
- G. HOME TELEPHONE# _____ BUSINESS # 207-893-0600
- H. LIST THE NAMES & ADDRESS OF ALL OFFICERS & RESIDENCY FOR THE PROCEEDING 3 YEARS.

OFFICER (1) NAME Wesley Coisse
DATE OF BIRTH 3-22-63
ADDRESS LAST 3 YRS. 47 Beach Hill Rd.
Freeport, Me 04032

OFFICER (2) NAME Alisa Coisse
DATE OF BIRTH 1-14-72
ADDRESS LAST 3 YRS. same as

OFFICER (3) NAME AL Brown
DATE OF BIRTH 11/13/56
ADDRESS LAST 3 YRS. 6 Rocky Ave
Topsham, ME

- I. HAVE ANY OF THE OFFICERS BEEN CONVICTED OF A CLASS A, B, OR C CRIME IN THE LAST (5) YEARS? IF SO, WHO AND PLEASE DESCRIBE THE OFFENSE. _____

- J. PLEASE DESCRIBE THE PREMISES INCLUDING SECURITY MEASURES BEING TAKEN, SIZE, SEATING, ETC. Restaurant & Bar Seating
at 4 TURNING WOOD DR.
Manager on Duty.

K. HAS APPLICANT EVER HAD A LICENSE DENIED OR REVOKED? IF SO, DESCRIBE THE CIRCUMSTANCES. no

L. THE FEE MUST BE PAID AT TIME OF APPLICATION, THE APPLICATION FEE IS \$100.00 PLUS ALL ADVERTISING COSTS.

M. PLEASE SPECIFY TYPE OF ENTERTAINMENT
Live 2-3 piece bands

N. LIST DAYS AND HOURS OF ENTERTAINMENT:
11:00 - 11:00 pm

Designated responsible contact person(s) available during the business hours of 8:00 am - 4:30 pm, Monday - Thursday.

Name: Al Brown
Phone: 207-332-6445
E-mail: albrown@bucksdotknd-bkg.com

NOTE: Upon approval of this application for a Special Amusement Permit, the named business is required to comply with all regulations contained in section 56.5 (C) of the Special Amusement Ordinance as well as any conditions made part of its approval. Any regulated activity under this ordinance may not take place until it has been documented and verified by a Code Enforcement Officer that the regulations and conditions have been met and implemented in accordance with the approval. Any concerns you may have regarding the implementation of the requirements contained in the Special Amusement Ordinance should be made part of your application or voiced at your hearing prior to the permit applications approval.

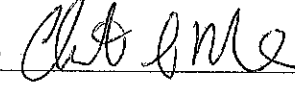
"I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D Offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$500.00 or both."



SIGNATURE OF APPLICANT/DATE

*NOTE: SPECIAL AMUSEMENT PERMITS EXPIRE AT THE SAME TIME AS A LIQUOR LICENSE.

FOR TOWN CLERK'S USE ONLY

AUTHORIZED SIGNATURES:

CEO  12/27/17

CHIEF OF POLICE  12/27/17