

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

Applicant: Franco's Bistro Inc.

**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:

Ken Deller

Date:

4/19/18

**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 M

Date:

4/19/18

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](mailto:MAINELIQUOR@MAINE.GOV)

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	

NEW application:  Yes  No

PRESENT LICENSE EXPIRES

5/4/2018

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: <i>Franco's Ristro Inc.</i>	Business Name (D/B/A) <i>Franco's Ristro</i>	
APPLICANT(S) -(Sole Proprietor) <i>Francisco Ristro</i>	DOB:	Physical Location: <i>907 Roosevelt Trail</i>
		City/Town <i>Windham</i> State <i>ME</i> Zip Code <i>04062</i>
Address	Mailing Address <i>PO Box 721</i>	
City/Town <i>Naples</i>	State <i>ME</i>	Zip Code <i>04055</i>
Telephone Number <i>207-892-3700</i>	Fax Number <i>—</i>	Business Telephone Number <i>207-892-3700</i> Fax Number
Federal I.D. # <i>47-3576900</i>	Seller Certificate #: or Sales Tax #: <i>1172870</i>	
Email Address: Please Print <i>Francos_Ristro@yahoo.com</i>	Website: <i>Francos_Ristro.com</i>	

If business is NEW or under new ownership, indicate starting date: \_\_\_\_\_

Requested inspection date: \_\_\_\_\_ Business hours: *4-8 T.W.T - 4-9-Fri-Sat*

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: \_\_\_\_\_
2. State amount of gross income from period of last license: ROOMS \$ \_\_\_\_\_ FOOD \$ *245,000* LIQUOR \$ *70,000.00*
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



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: Franco's Bistro Inc
2. Doing Business As, if any: Franco's Bistro
3. Date of filing with Secretary of State: 4/3/2015 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 %
Frank Morcos	106 Cooks Mill Rd - Naples, ME 04065	10/10/56	President	50%
Elaine M. Morcos	106 Cooks Mill Rd Naples, ME 04065	5/23/59	V.P.	50%

(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:

Frank M. Freed Jr. 4/17/18  
Signature of Duly Authorized Person      Date

Frank M. Freed Jr.  
Print Name of Duly Authorized Person

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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](mailto:MaineLiquor@Maine.gov)

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: Windham, Me on 8/17, 20 17

Town/City, State

Date

Frank Mercado  
Signature of Applicant or Corporate Officer(s)

Please sign in blue ink

Frank Mercado Jr  
Print Name

Elaine Mercado  
Signature of Applicant or Corporate Officer(s)

Elaine Mercado  
Print Name

#### FEE SCHEDULE

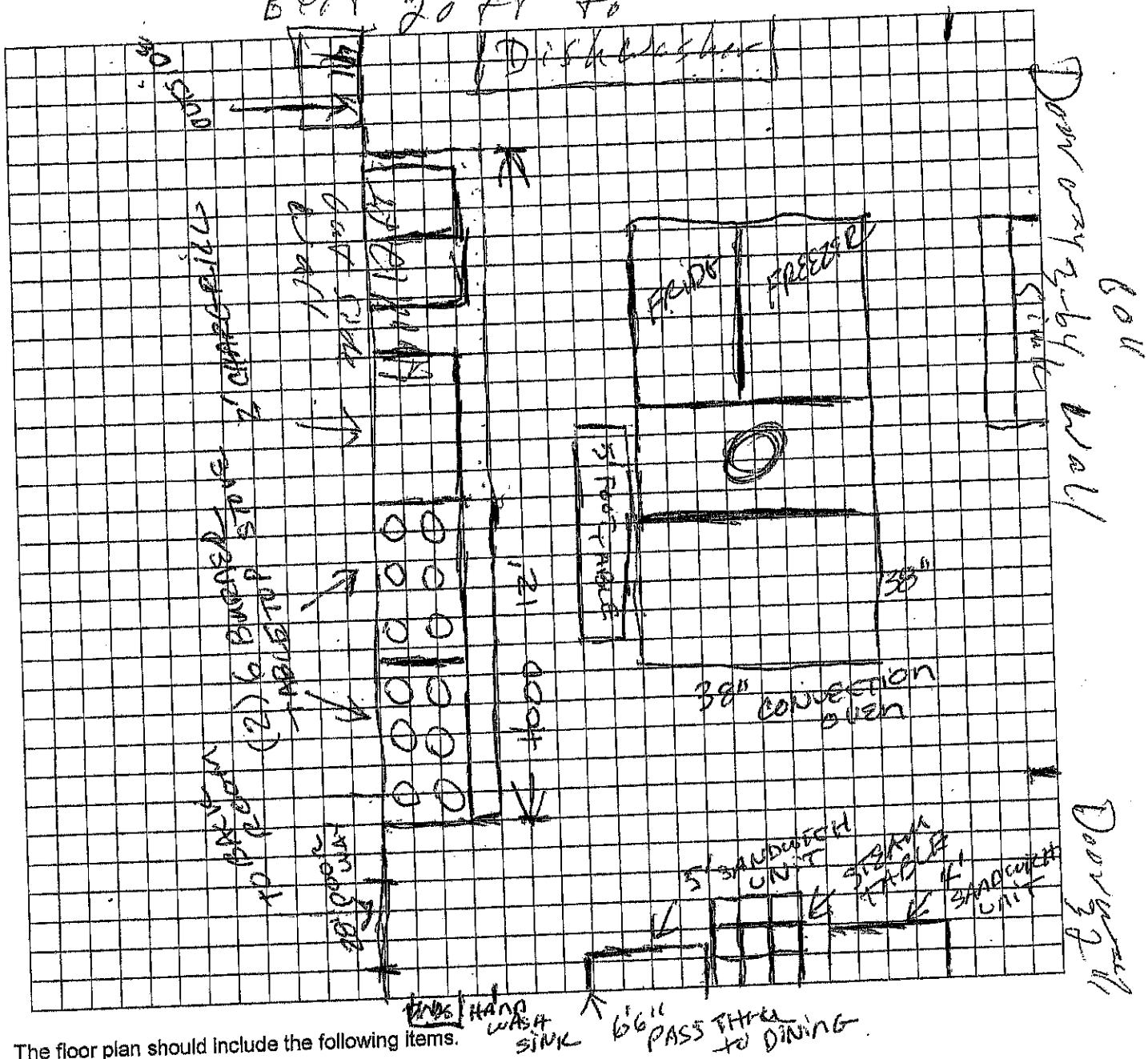
**FILING FEE:** (must be included on all applications).....\$ 10.00

<b>Class I</b>	Spirituous, Vinous and Malt .....	\$ <u>900.00</u>
<b>CLASS I:</b> 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.		
<b>Class I-A</b>	Spirituous, Vinous and Malt, Optional Food (Hotels Only) .....	\$ <u>1,100.00</u>
<b>CLASS I-A:</b> Hotels only that do not serve three meals a day.		
<b>Class II</b>	Spirituous Only .....	\$ <u>550.00</u>
<b>CLASS II:</b> Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels.		
<b>Class III</b>	Vinous Only .....	\$ <u>220.00</u>
<b>CLASS III:</b> 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.		
<b>Class IV</b>	Malt Liquor Only .....	\$ <u>220.00</u>
<b>CLASS IV:</b> 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.		
<b>Class V</b>	Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts) .....	\$ <u>495.00</u>
<b>CLASS V:</b> Clubs without catering privileges.		
<b>Class X</b>	Spirituous, Vinous and Malt – Class A Lounge .....	\$ <u>2,200.00</u>
<b>CLASS X:</b> Class A Lounge		
<b>Class XI</b>	Spirituous, Vinous and Malt – Restaurant Lounge .....	\$ <u>1,500.00</u>
<b>CLASS XI:</b> 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.

**9. Kitchen or Food Preparation Area Plan:**

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled. Please see the example on page 11.

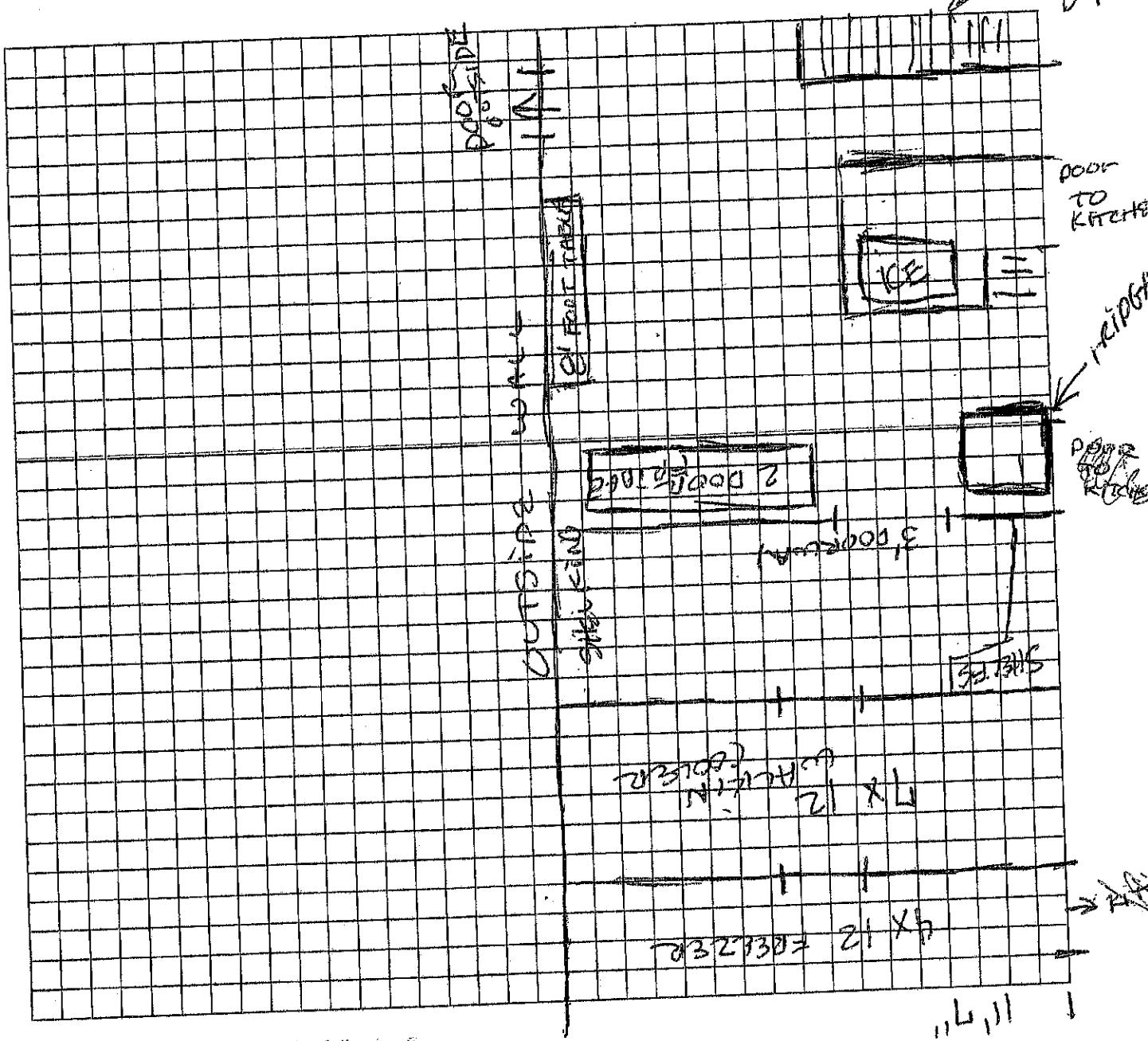


The floor plan should include the following items: SINK PASS TO DINING

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Water Closets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Lavatories	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

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4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

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

6. If manager is to be employed, give name: \_\_\_\_\_

7. Business records are located at: 907 - Roosevelt Tr. - Windham, Me 04062

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
Frank Marcel JR	10/10/56	Bridgewater N.Y.
Elaine M. Everett	5/23/59	Waterbury Connecticut
Residence address on all of the above for previous 5 years (Limit answer to city & state)		
106 Cooks Mill Rd. - Naples, Me		

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: \_\_\_\_\_

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

Refer To 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? Within - in 1 mile

Which of the above is nearest? Church

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: American Express - Funding