

**BUREAU OF ALCOHOLIC BEVERAGES  
DIVISION OF LIQUOR LICENSING & ENFORCEMENT  
164 STATE HOUSE STATION  
AUGUSTA, ME 04333-0164**



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.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 6-24-14

INDICATE TYPE OF PRIVILEGE:  MALT  SPIRITUOUS  VINOUS

**INDICATE TYPE OF LICENSE:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI)       |
| <input type="checkbox"/> HOTEL-OPTINONAL FOOD (Class I-A)          | <input type="checkbox"/> HOTEL (Class I,II,III,IV)          |
| <input type="checkbox"/> CLASS A LOUNGE (Class X)                  | <input type="checkbox"/> CLUB-ON PREMISE CATERING (Class I) |
| <input type="checkbox"/> CLUB (Class V)                            | <input type="checkbox"/> GOLF CLUB (Class I,II,III,IV)      |
| <input type="checkbox"/> TAVERN (Class IV)                         | <input type="checkbox"/> OTHER: _____                       |

**REFER TO PAGE 3 FOR FEE SCHEDULE**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

<b>1. APPLICANT(S)</b> --(Sole Proprietor, Corporation, Limited Liability Co., etc.) <u>Windham House of Pizzeria</u>	<b>2. Business Name (D/B/A)</b> <u>Rose's Italian Restaurant</u>
DOB: _____	DOB: _____
Address <u>690 Roosevelt Trail</u>	Location (Street Address) <u>690 Roosevelt Trail</u>
City/Town <u>Windham</u> State <u>ME</u> Zip Code <u>04062</u>	City/Town <u>Windham</u> State <u>ME</u> Zip Code <u>04062</u>
Mailing Address _____	Mailing Address <u>same</u>
City/Town <u>Windham</u> State <u>ME</u> Zip Code <u>04062</u>	City/Town _____ State _____ Zip Code _____
Telephone Number <u>8920010</u> Fax Number _____	Business Telephone Number <u>8920010</u> Fax Number _____
Federal I.D. # <u>810610253</u>	Seller Certificate # <u>1070919</u>

3. If premises is a hotel, indicate number of rooms available for transient guests: NO
4. State amount of gross income from period of last license: ROOMS \$ \_\_\_\_\_ FOOD \$ 485K LIQUOR \$ 12K
5. Is applicant a corporation, limited liability company or limited partnership? YES  NO
- If YES, complete Supplementary Questionnaire
6. Do you permit dancing or entertainment on the licensed premises? YES  NO
7. If manager is to be employed, give name: Redi N Dede
8. If business is NEW or under new ownership, indicate starting date: \_\_\_\_\_
- Requested inspection date: \_\_\_\_\_ Business hours: \_\_\_\_\_
9. Business records are located at: Rober Hunt & Associates Standish ME

10. Is/are applicant(s) citizens of the United States? YES  NO
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
REDI M DEDE	4-12-1976	Albania

Residence address on all of the above for previous 5 years (Limit answer to city & state)

\_\_\_\_\_

\_\_\_\_\_

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: ADEMI LLC  
157ALE STREET Portland, ME 04103

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) 3100 SQ Feet

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? 2000 FT Which of the above is nearest? SCHOOL

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: \_\_\_\_\_

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/Maine on 5-16-, 20 14

Redi M Dede  
Signature of Applicant or Corporate Officer(s)  
Redi M Dede  
Print Name

Please sign in blue ink

\_\_\_\_\_  
Signature of Applicant or Corporate Officer(s)  
\_\_\_\_\_  
Print Name

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: Windham House of Pizza  
 Business D/B/A Name: Rose's Italian Restaurant
2. Date of Incorporation: 5-1-03
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
REDI M DEDE	469 Stevens Ave Portland ME 04103	4/12/76	100%	President

6. What is the amount of authorized stock? X Outstanding Stock? X
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: \_\_\_\_\_ On: \_\_\_\_\_ Date

City/Town

*Redi M Dede* Date: 5-16-14  
 Signature of Duly Authorized Officer

Redi M Dede  
 Print Name of Duly Authorized Officer

# MAINE DEPT OF PUBLIC SAFETY

STATE OF MAINE  
Liquor Licensing & Inspection Division  
164 State House Station  
Augusta ME 04330-0164  
Tel: (207) 624-8745 Fax: (207) 624-8767



## SUPPLEMENTAL APPLICATION FORM ON/OFF-PREMISE DIAGRAM

In an effort to clearly define your license premise and the areas that consumption and storage of liquor is allowed, The Liquor Licensing & Inspection Division is requiring 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, decks and all areas that you are requesting approval from the Department for liquor consumption.

