

TOWN OF WINDHAM  
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Microtel Inn & Suites

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: [Signature] Date: 07/02/19

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: [Signature (Capt.)] Date: 6/19/19

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: [Signature] Date: 6/17/19

**BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS**  
**DIVISION OF LIQUOR LICENSING AND ENFORCEMENT**  
 8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008 (Regular Mail)  
 10 WATER STREET, HALLOWELL, ME 04347 (Overnight Mail)  
 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:	
Good SOS & DBA: YES <input type="checkbox"/> NO <input type="checkbox"/>	

**PRESENT LICENSE EXPIRES:** 8/22/19

NEW application:  Yes  No

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

Requested inspection (New Licensees/ Ownership Changes Only) Date : \_\_\_\_\_ Business hours: \_\_\_\_\_

**INDICATE TYPE OF PRIVILEGE:**  MALT  VINOUS  SPIRITUOUS

**INDICATE TYPE OF LICENSE:**

- |  |  |  |
|--|--|--|
| <input 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 checked="" type="checkbox"/> HOTEL, FOOD OPTIONAL (Class I-A) | <input type="checkbox"/> BED & BREAKFAST (Class V) |
| <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: _____                    |  | <input type="checkbox"/> SELF-SPONSORED EVENTS     |

(QUALIFIED CATERERS ONLY)

**REFER TO PAGE 3 FOR FEE SCHEDULE**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

<b>Corporation Name:</b> Kennebec Hospitality LLC			<b>Business Name (D/B/A)</b> Microtel Inn & Suites		
<b>APPLICANT(S) –(Sole Proprietor)</b> Erik Heyland		<b>DOB:</b> 5-5-66	<b>Physical Location:</b> 965 Roosevelt Trail Windham ME 04062		
<b>Address</b> 965 Roosevelt Trail			<b>Mailing Address</b> Same As Above? <input type="checkbox"/> 194 Central St #2		
<b>City/Town</b> Windham	<b>State</b> ME	<b>Zip Code</b> 04062	<b>City/Town</b> Saugus	<b>State</b> MA	<b>Zip Code</b> 01906
<b>Telephone Number</b> 207-893-8870		<b>Fax Number</b> 207-363-0822	<b>Business Telephone Number</b> 781-233-7298		<b>Fax Number</b> 781-417-0020
<b>Federal I.D. #</b> 30-0810084			<b>Seller Certificate #:</b> or Sales Tax #:		
<b>Email Address:</b> eheyland@heylanddevelopment.com c.glazier@heylanddevelopment.com			<b>Website:</b> www.microtelinn.com		

- If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: 74
- State amount of gross income from period of last license:  
 ROOMS \$ 1,139,000.<sup>00</sup> FOOD \$ 0 LIQUOR \$ 7,825.<sup>00</sup>
- 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.
- Do you permit dancing or entertainment on the licensed premises? YES  NO

5. Do you own or have any interest in any another Maine Liquor License?  Yes  No (Use an additional sheet(s) if necessary.) If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License # \_\_\_\_\_ Name of Business \_\_\_\_\_

Physical Location \_\_\_\_\_ City / Town \_\_\_\_\_  
 6. If manager is to be employed, give name: Kelley Hamlin, Tammy Dayton

7. Business records are located at: 194 Central St #2 Saugus MA 01906

8. Is/are applicant(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.

Full Name (Please Print)	DOB	Place of Birth
Kelley Hamlin	7-9-83	Norway ME
Tammy Irving Dayton	7-12-67	Dover, NH
Erik D Heyland	5-5-66	Lynn, MA

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

Name:	City:	State:
14 Vew St Naples Maine - Kelley Hamlin		
Tammy Dayton	Sanford	ME
Erik Heyland	Cape Neddick	ME

12. 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)

13. Will any law enforcement official benefit directly in your license, if issued?  
 Yes  No  If Yes, give name: \_\_\_\_\_

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

15. Does/do applicant(s) own the premises? Yes  No  If No give name and address of owner: \_\_\_\_\_

16. Describe in detail the premises to be licensed: (On Premise Diagram Required) See attached diagram  
\* Function room for liquor consumption

17. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?  
 YES  NO  Applied for: \_\_\_\_\_

18. 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? 2 miles  
 Which of the above is nearest? Church

19. 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

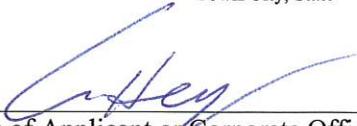
If YES, give details: Mortgage

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 6-17, 20 19  
Town/City, State Date

**PLEASE SIGN IN BLUE INK**

  
 Signature of Applicant or Corporate Officer(s)  
Erik Heyland  
 Print Name

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

**FEE SCHEDULE**

<b>FILING FEE: (must be included on all applications).....</b>	<b>\$ 10.00</b>
<b>Class I</b> Spirituous, Vinous and Malt .....	\$ 900.00
<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) .....	\$1,100.00
<b>CLASS I-A:</b> Hotels only that do not serve three meals a day.	
<b>Class II</b> Spirituous Only .....	\$ 550.00
<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 .....	\$ 220.00
<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 .....	\$ 220.00
<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 III &amp; IV</b> Malt & Vinous Only .....	\$ 440.00
<b>CLASS III &amp; 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; Vessels; Pool Halls; and Bed and Breakfasts.	
<b>Class V</b> Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts) .....	\$ 495.00
<b>CLASS V:</b> Clubs without catering privileges.	
<b>Class X</b> Spirituous, Vinous and Malt – Class A Lounge .....	\$2,200.00
<b>CLASS X:</b> Class A Lounge	
<b>Class XI</b> Spirituous, Vinous and Malt – Restaurant Lounge .....	\$1,500.00
<b>CLASS XI:</b> Restaurant/Lounge; and OTB.	
<b>SELF-SPONSORED EVENTS: Qualified Caterers Only .....</b>	<b>\$ 700.00</b>

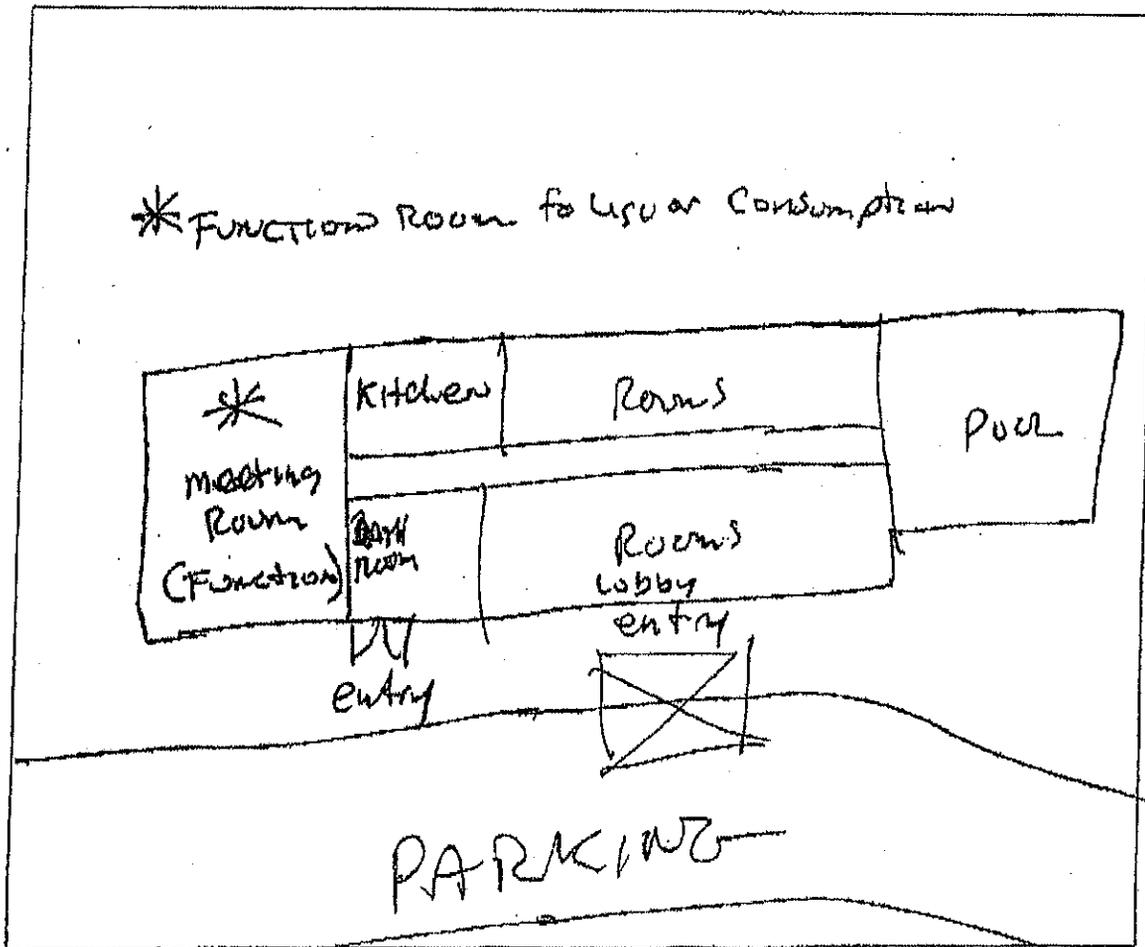
Bureau of Alcoholic Beverages and Lottery Operations  
 Division of Liquor Licensing & Enforcement  
 8 State House Station, Augusta, ME 04333-0008  
 10 Water Street, Hallowell, ME 04347  
 Tel: (207) 624-7220 Fax: (207) 287-3434  
 Email Inquiries: [MaineLiquor@maine.gov](mailto:MaineLiquor@maine.gov)

DIVISION USE ONLY	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	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.



RECEIVED

JUN 01 2018

Liquor licensing  
& Enforcement



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

**Corporate Information Required for  
 Business Entities Who Are Licensees**

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.

- Exact legal name: Kennebec Hospitality LLC
- Doing Business As, if any: Microtel Inn & Suites
- Legal Entity's FEIN #: 30-0810084
- Date of filing with Secretary of State: 10/8/2008 State in which you are formed: Maine
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: \_\_\_\_\_
- 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 %
Erik D. Heyland	61 Pine Mountain Rd Cape, Neddick, ME 03902	5/5/66	member manager	50
Daniel Gaquin	45 Rockmaple Ave Hamilton, MA 01982	1/11/61	member	50

(Stock ownership in non-publicly traded companies must add up to 100%.)

- If Co-Op # of members: \_\_\_\_\_ (list primary officers in the above boxes)

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:**

**PLEASE SIGN IN BLUE INK**

  
\_\_\_\_\_  
Signature of Owner or Corporate Officer

5-30-2019  
Date

Erik D. Heyland  
\_\_\_\_\_  
Print Name of Owner or Corporate Officer

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)