



Town of Windham
 8 School Rd, Windham ME, 04062
 Chapter 11

APPLICATION FOR SPECIAL AMUSEMENT PERMIT

NEW RENEWAL

Name of Business Smoked Windham
 Address of Business 1060 MAIN ST
 Business Mailing Address 92 Scottow Hill Rd Scarborough, Me. 04074
 Owner's Name Michael Harris DOB 7-8-72
 Owner's Mailing Address 92 Scottow Hill Rd Scarborough, Me. 04074
 Business Phone 207-892-2337 Contact Phone 207-329-1789
 E-Mail MIKE@SMOKEDMAINE.COM Website _____

Please check where you would like your permit mailed:

Owner's Mailing Address Business Mailing Address

**** Special Amusement Permits expire at the same time as a Liquor License ****

List names & addresses of all Officers for the proceeding 3 years:

1. Michael Harris DOB 7-8-72
92 Scottow Hill Rd
Scarborough Me 04074
2. _____ DOB _____
3. _____ DOB _____

Have any of the Officers been convicted of a Class A, B, or C crime in the last 5 years?

No Yes – If yes, Who and or what offense (describe situation):

Describe the premises (including security measures, size, seating, etc.):

Full Service Restaurant
Indoor & Out door SEATING
24 in / 36 out

Has Applicant ever had a permit denied or revoked? Yes No

If yes, describe the circumstances: _____

Specify type of entertainment: Acoustic Singer

List days and hours of entertainment: THURS & SUN. 11AM-11PM

& on SPECIAL OCCASIONS

Contact person(s) available during the business hours of 8:00am to 4:00pm Monday – Friday:

Name MICHAEL HARRIS

Phone 207-329-1789

E-mail MIKEHARRIS2@MSN.COM

Notice to Applicant

Upon approval of this application for a Special Amusement Permit, the named business is required to comply with all regulations contained in section 11.5 (C) of the Special Amusement Ordinance as well as any conditions made as part of its approval. Any regulated activity under this ordinance may not take place until is has been documented and verified by a Code Enforcement Officer that the regulations and condition 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 application's 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."

4-30-200

Date

[Signature]
Applicant, Acknowledgement

Please return Application, \$150.00 permit fee, plus all advertising costs to:

Town Clerk, 8 School Rd, Windham ME 04062

AUTHORIZED SIGNATURES:

Code Enforcement Officer

[Signature]

Chief of Police

[Signature]