

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant:

Pizza Hut

REVIEW BY POLICE CHIEF

I have made a search of our records for police contacts with the above listed Applicant and find:

K

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:

Kim Shultz

Date:

10/19/17

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:

Chet M

Date:

10/18/17

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

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

NEW application: Yes No

PRESENT LICENSE EXPIRES 1/5/18

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: GC Pizza Hut, LLC	Business Name (D/B/A) Pizza Hut		
APPLICANT(S) –(Sole Proprietor)	DOB:	Physical Location: 799 Roosevelt Trl	
	DOB:	City/Town Windham, ME 04062	State Zip Code
Address 116 Radio Circle Dr., Suite 30	Mailing Address c/o Amanda Williams - P.O. Box 919		
City/Town Mt. Kisco, NY 10549	State	Zip Code	City/Town Bangor, ME 04402-0919
Telephone Number (888) 418-3835	Fax Number	Business Telephone Number (207) 892-1445	Fax Number
Federal I.D. # 82-1212895	Seller Certificate #: 1185089 or Sales Tax #:		
Email Address: Please Print awilliams@vbk.com	Website:		

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

Requested inspection date: _____ Business hours: **Sun-Sat 11AM-10PM**

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: **N/A**
2. State amount of gross income from period of last license: ROOMS \$ **N/A** FOOD \$ **234,343** LIQUOR \$ **2013**
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 other Maine Liquor License? **YES** **NO**
If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

SEE ATTACHED SHEET (Use an additional sheet(s) if necessary.)

License #	Name of Business
Physical Location	City / Town

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

6. If manager is to be employed, give name: Stefanie N. McInnis

7. Business records are located at: 116 Radio Circle Dr., Suite 30, Mt. Kisco, NY 10549

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. Give maiden name, if married:
Use a separate sheet of paper if necessary.

Name in Full (Print Clearly)	DOB	Place of Birth
Stefanie N. McInnis	6/11/86	N. Conway, NH

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: _____
799 Jonlee Windham, LLC, 5050 Belmont Ave., Youngstown, OH 44505

15. Describe in detail the premises to be licensed: (On Premise Diagram Required) _____
44' x 104' brick building

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? 7/10 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: _____

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: Bazaar Mart on October 17, 2017
Town/City, State

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

Print Name

Signature of Applicant or Corporate Officer(s)

Paul R. Brown, registered agent

Print Name

FEE SCHEDULE

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

Class I Spirituous, Vinous and Malt\$ 900.00

CLASS I: 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.

Class I-A Spirituous, Vinous and Malt, Optional Food (Hotels Only)\$1,100.00

CLASS I-A: Hotels only that do not serve three meals a day.

Class II Spirituous Only\$ 550.00

CLASS II: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels.

Class III Vinous Only\$ 220.00

CLASS III: 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.

Class IV Malt Liquor Only\$ 220.00

CLASS IV: 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.

Class V Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts)\$ 495.00

CLASS V: Clubs without catering privileges.

Class X Spirituous, Vinous and Malt – Class A Lounge\$2,200.00

CLASS X: Class A Lounge

Class XI Spirituous, Vinous and Malt – Restaurant Lounge\$1,500.00

CLASS XI: 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.



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

For Office Use Only:

License #: _____

SOS Checked: _____

100% Yes No

**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.

1. Exact legal name: GC Pizza Hut, LLC

2. Doing Business As, if any: Pizza Hut

3. Date of filing with Secretary of State: 4/17/17 State in which you are formed: Delaware

4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:
4/26/17

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 %
GC Legacy Trust	116 Radio Circle Dr., Suite 30 Mt. Kisco, NY 10549	N/A	Sole Member	100%
Paul R. Brown	Bangor, ME 04401		Registered Agent - apt representative for license applications in Maine	0%

(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)

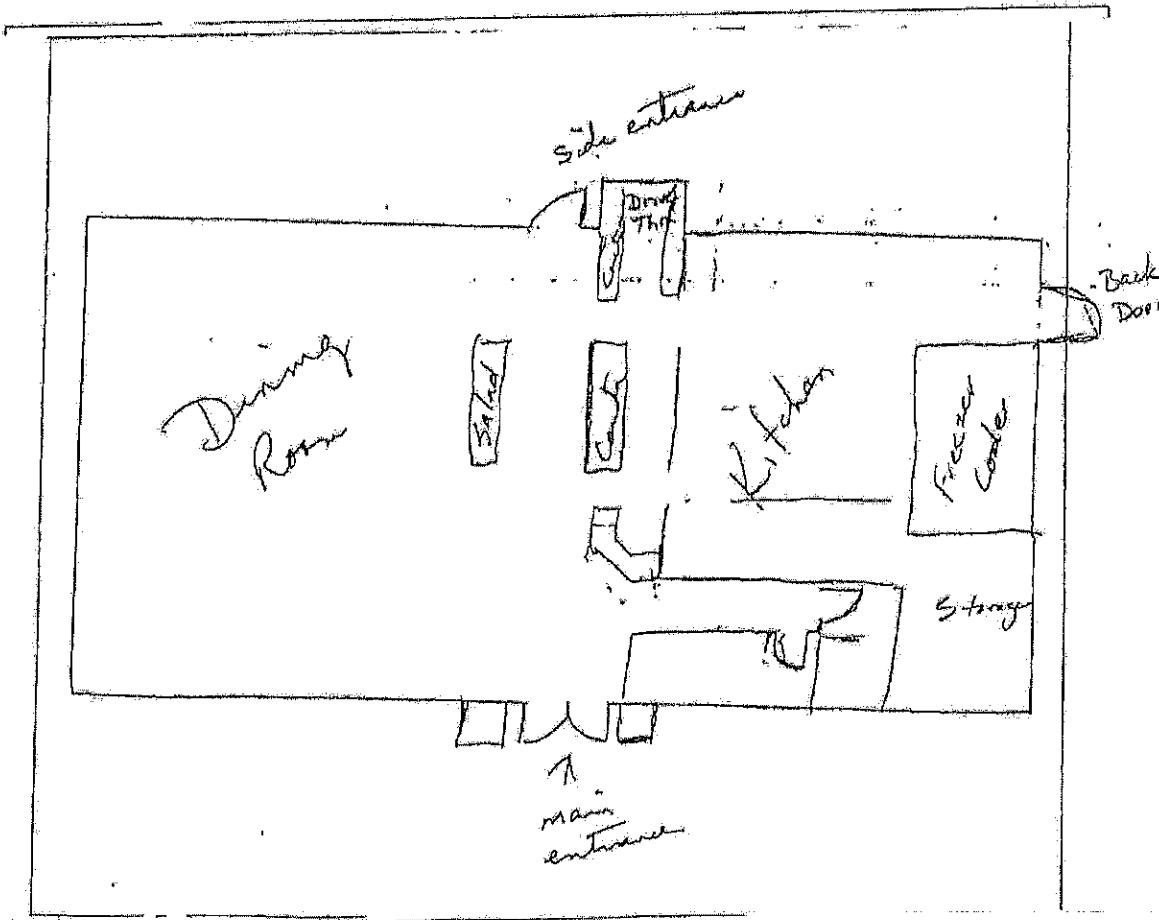
Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station, Augusta, ME 04333-0008
10 Water Street, Hallowell, ME 04347
Tel: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@maine.gov

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.



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:



10/11/17

Signature of Duly Authorized Person

Date

Paul R. Brown, Registered Agent

Print Name of Duly Authorized Person

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

**GC PIZZA HUT, LLC
LIQUOR LICENSES**