

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Take A Break Billiards

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.

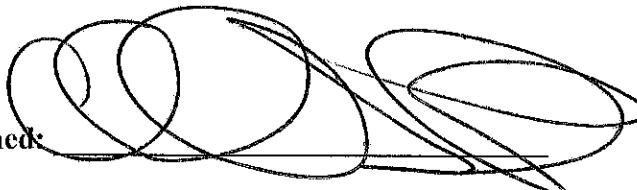
_____ I request permission to personally address the Town Council for public record. (Relevant materials attached)

Signed: See Attached Date: _____

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: 

Date: 9-20-16



WINDHAM POLICE DEPARTMENT

375 Gray Road, Windham, Maine 04062 • (207) 892-2525

Kevin L. Schofield
Chief of Police
Lt. James C. Boudreau
Executive Officer

MEMORANDUM

To: Linda Morrell; Town Clerk
From: Kevin L. Schofield, Chief of Police
Subject: Liquor License; Take A Break Billiards
Date: September 19, 2016

Linda, I have received a copy of the liquor license application for the co-owners of the new business Take A Break Billiards. I checked our in-house records for any police contacts as well an online investigate software for both Craig M. Newton 2/13/1970 and Michelle Allain-Newton 7-31-1969. Neither person had any adverse police contacts or detected criminal history.

As I had mentioned, I cannot use the State Metro system or NCIC for this type of check. I believe the Town has an account with Info Maine which can be used for this function, if the town wishes to double check via that method.

Please let me know if you need anything further

BUREAU OF ALCHOLIC 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: MAINE.LIQUOR@MAINE.GOV

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

NEW application: Yes No

PRESENT LICENSE EXPIRES _____

INDICATE TYPE OF PRIVILEGE: MALT VINOUS SPIRITUOUS

INDICATE TYPE OF LICENSE:

RESTAURANT (Class I,II,III,IV)
 HOTEL-OPTIONAL FOOD (Class I-A)
 CLASS A LOUNGE (Class X)
 CLUB (Class V)
 TAVERN (Class IV)

RESTAURANT/LOUNGE (Class XI)
 HOTEL (Class I,II,III,IV)
 CLUB-ON PREMISE CATERING (Class I)
 GOLF CLUB (Class I,II,III,IV)
 OTHER: POOL HALL

REFER TO PAGE 3 FOR FEE SCHEDULE CLASS III CLASS IV

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: TAKE A BREAK BILLIARDS	Business Name (D/B/A) TAKE A Break BILLIARDS	
APPLICANT(S) - (Sole Proprietor) CRAIG M. NEWTON	DOB: 2-13-1970	Physical Location: 824 ROOSEVELT TRAIL SUITE 10
Address 8 COBB FARM Rd.	City/Town WINDHAM	State ME
City/Town WINDHAM	State ME	Zip Code 04062
Telephone Number 207-310-4999	Fax Number	Business Telephone Number 207-310-4999
Federal I.D. # 81-3877679	Fax Number	
Email Address: Please Print CRAIG. NEWTON@TAKEABREAKBILLIARDS.COM	Seller Certificate #: _____ or Sales Tax #: PENDING	
Website: .com	Business Telephone Number NOV. 1 2016	

If business is NEW or under new ownership, indicate starting date: NOV. 1 2016

Requested inspection date: 10.18.16 Business hours: 4PM TO 11PM

3. If a premise is a hotel, indicate number of rooms available for transient guests: _____

4. State amount of gross income from period of last license: ROOMS \$ _____ FOOD \$ _____ LIQUOR \$ _____

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: CRAIG NEWTON

9. Business records are located at: 824 ROOSEVELT TRAIL SUITE 10 WINDHAM, ME 04062

10. Is/are applicants(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
CRAIG MICHAEL NEWTON	02-13-1970	LEOMINSTER, MA
MICHELLE LEE (ACKLEY) ALLAIN-NEWTON	07-31-1969	WINDHAM, CT

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

520 HOWARD ST. LUNENBURG, MA 01462
203 MAPLE HURST AVE, MANCHESTER, N.H. 03103

13. 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: _____

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:

TWILIGHT YEARS, LLC 32 HARRIMAN HILL RD. RAYMOND, NH 03077

17. Describe in detail the premises to be licensed; (On Premise Diagram Required) Pool Hall with 8
PRO LEAGUE TABLES FOR TOURNAMENTS.

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

YES NO Applied for: 9.15.2016

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? 8 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 & 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, MAINE on SEPTEMBER 15, 2016
Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

CRAIG M. NEWTON

Print Name

Craig M. Allain-Newton

Signature of Applicant or Corporate Officer(s)

MICHELLE L. ALLAIN-NEWTON

Print Name



State of Maine
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 <input type="checkbox"/> No <input type="checkbox"/>

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: TAKE A BREAK BILLIARDS
2. Doing Business As, if any: " "
3. Date of filing with Secretary of State: 9.14.2016 State in which you are formed: ME
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: (attached additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
CRAIG M. NEWTON	520 HOWARD ST. LUNENBURG, MA 01462	02/13/1970	PRESIDENT	50%
MICHELLE ALLIAN-NEWTON	203 MAPLEHURST AVE. MANCHESTER, NH 03103	07/31/1969	VICE PRESIDENT	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: _____

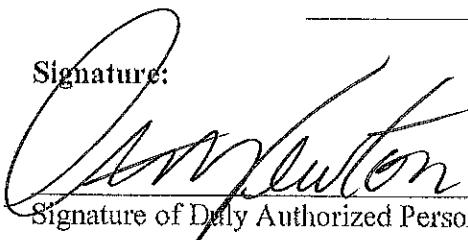
Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:



Signature of Duly Authorized Person

SEPTEMBER 15, 2016

Date

CRAIG M. NEWTON

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)

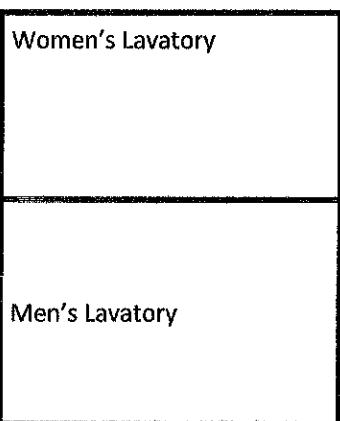
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434

Email Inquiries: MaineLiquor@Maine.gov

Take a Break Billiards

Fire Exit

Pool Hall Table area



Main Entrance

Fire Exit

