

Date: 12/13/18

**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**

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:** 1/5/19

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: Sun-Sat - 11AM-10PM

**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:	
State		Zip Code	
Address 116 Radio Circle Dr., Suite 200		Mailing Address c/o Amanda Williams, P.O. Box 919	
City/Town Mt. Kisco, NY 10549		City/Town Bangor, ME 04402-0919	
State		State	
Zip Code		Zip Code	
Telephone Number (888) 418-3835		Fax Number	
Business Telephone Number (207) 892-1445 or (207) 735-0886		Fax Number	
Federal I.D. # 82-1212895		Seller Certificate #: or Sales Tax #:	
Email Address: Please Print awilliams@vbk.com		Website:	

- If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: \_\_\_\_\_
- State amount of gross income from period of last license: ROOMS \$ \_\_\_\_\_ FOOD \$ 579,194.54 LIQUOR \$ 3349.03
- 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 ☒
- Do you permit dancing or entertainment on the licensed premises? YES ☐ NO ☒

6. 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.  
SEE ATTACHED

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

Physical Location \_\_\_\_\_ City / Town \_\_\_\_\_

7. If manager is to be employed, give name: Stefanie Nicole McInnis

8. Business records are located at: 116 Radio Circle Dr., Suite 200, Mt. Kisco, NY 10549

9. Is/are applicants(s) citizens of the United States? YES ☒ NO ☐

10. Is/are applicant(s) residents of the State of Maine? YES ☐ NO ☒

11. List name, date of birth, and place of birth for all applicants, managers, and bar managers.

Full Name (Please Print)	DOB	Place of Birth
Stefanie Nicole McInnis	6/11/86	Conway, NH

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

Name: Stefanie Nicole McInnis	City: Paris	State: ME
Name: _____	City: _____	State: _____
Name: _____	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: \_\_\_\_\_ (use additional sheet(s) if necessary)

14. Will any law enforcement official benefit directly 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: \_\_\_\_\_  
799 Jonlee Windham, LLC, 5050 Belmont Ave., Youngstown, OH 44505

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

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? 7/10 mile

Which of the above is nearest? Church



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: Amanda Williams on November 28, 2018  
Town/City, State Date

**Please sign in blue ink**

Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

Amanda Williams, Appointed Agent for Maine licenses only

Print Name

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.	

**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

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

**For Office Use Only:**

License #: \_\_\_\_\_

SOS Checked: \_\_\_\_\_

100% Yes ☐ No ☐

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 200 Mt. Kisco, NY 10549	N/A	Sole Member	100%
Amanda Williams	P.O. Box 919, Bangor, ME 04402-0919	N/A	Appointed Agent for Maine licenses only	0%
Paul R. Brown, Esq.	P.O. Box 919, Bangor, ME 04402-0919	N/A	Registered Agent/ Appointed Agent for Maine licenses	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)

7. 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

8. 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 Owner or Corporate Officer

11/28/18  
Date

Amanda Williams, Appointed Agent for Maine licenses only

Print Name of Owner or Corporate Officer

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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)

GC PIZZA HUT, LLC  
MEMBER'S CERTIFICATE

I, Jonathan Childs, am the duly appointed trustee of GC Legacy Trust, the sole member of GC Pizza Hut, LLC, a Delaware limited liability company (the "Company").

The Limited Liability Company Agreement of the Company provide that the Members have given authority to appoint agents of the Company, which authority has not been amended, modified, or revoked, and is in full force and effect as of the date hereof.

I hereby further certify that the following individual has been granted authority to appoint agents for the Company to sign any and all documents related to the application for liquor, eating place and victualer licenses, and all other documents related thereto which the State of Maine or individual Maine Cities/Town departments may require:

Jonathan Childs, Trustee

IN WITNESS WHEREOF, the undersigned has executed this Member's Certificate as of the date written below.

Dated: Sept. 24, 2018

GC Legacy Trust

By: [Signature]  
Jonathan Childs, Trustee

STATE OF New York  
COUNTY OF Westchester

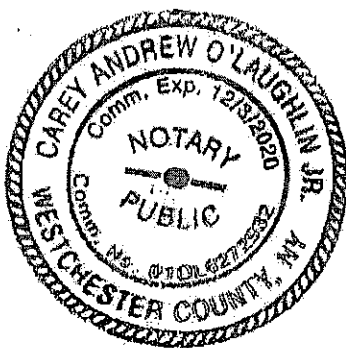
September 24, 2018

Then personally appeared the above-named Jonathan Childs, Trustee of the GC Legacy Trust and acknowledged the foregoing to be his free act and deed in said capacity and the free act and deed of the GC Legacy Trust, the sole member of GC Pizza Hut, LLC.

[Signature]  
Notary Public

12/3/2020

My commission expires:

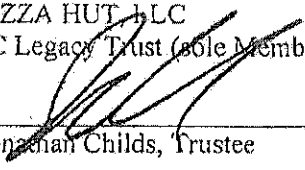


KNOW ALL MEN BY THESE PRESENTS

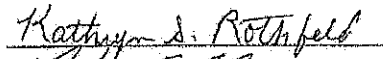
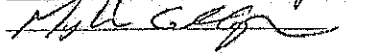
That **PAUL R. BROWN** and **AMANDA P. WILLIAMS** are hereby appointed as agents for GC Pizza Hut, LLC and are authorized to sign on behalf of and in the name of the Company any and all documents, including initial applications and renewal applications, or any other necessary documents for the purpose of obtaining liquor, eating place or victualer licenses for all of the Pizza Hut locations in the State of Maine, including any such documents as the State of Maine or Maine City/Town departments may require to approve such license applications.

GC PIZZA HUT, LLC  
By GC Legacy Trust (sole Member)

Dated: September 24, 2018

By:   
Jonathan Childs, Trustee

Attest:



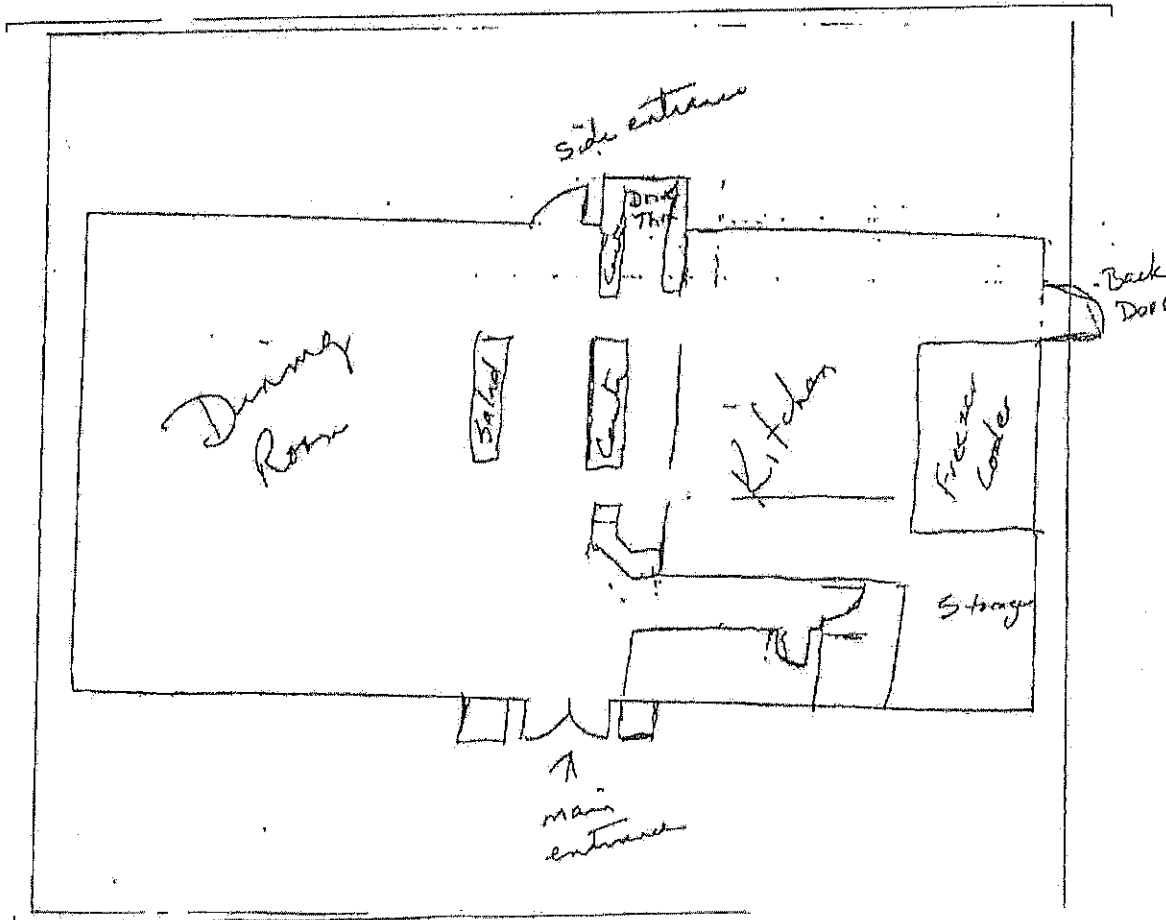
Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing & Enforcement  
8 State House Station, Augusta, ME 04333-0008  
10 Water Street, Hallowell, ME 04347  
Tel: (207) 624-7220 Fax: (207) 287-3434  
Email Inquiries: [MaineLiquor@maine.gov](mailto:MaineLiquor@maine.gov)

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.



GC PIZZA HUT, LLC  
LIQUOR LICENSES

[illegible]