

TOWN OF WINDHAM  
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Lake Region Eagles # 4352

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: Ken Sher

Date: 8-16-16

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: Ken Murphy

Date: 8/16/16

**Department of Public Safety  
Division**

**Liquor Licensing & Inspection**

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.  
To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.



**BUREAU USE ONLY**

License No. Assigned:

Class:

Deposit Date:

Amt. Deposited:

**PRESENT LICENSE EXPIRES** 9-21-2016

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

**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: \_\_\_\_\_

**REFER TO PAGE 3 FOR FEE SCHEDULE**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

1. APPLICANT(S) -(Sole Proprietor, Corporation, Limited Liability Co., etc.)			2. Business Name (D/B/A)		
DOB:			Lake Region Eagles #4352		
DOB:					
DOB:			Location (Street Address)		
Address			456 Roosevelt Trail		
			City/Town	State	Zip Code
			Windham	ME	04092
			Mailing Address		
			456 Roosevelt Trail		
City/Town	State	Zip Code	City/Town	State	Zip Code
			Windham	ME	04092
Telephone Number	Fax Number		Business Telephone Number	Fax Number	
			894-2242		
Federal I.D. #			Seller Certificate #		
01-0496076			11041163		

3. If premises are a hotel, indicate number of rooms available for transient guests: \_\_\_\_\_

4. State amount of gross income from period of last license: ROOMS \$ \_\_\_\_\_ FOOD \$ 4,554.<sup>72</sup> LIQUOR \$ 189,847.02

5. Is applicant a corporation, limited liability company or limited partnership? YES ☐ NO ☒

complete Supplementary Questionnaire ,If YES

6. Do you permit dancing or entertainment on the licensed premises? YES ☒ NO ☐

7. If manager is to be employed, give name: \_\_\_\_\_

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

Requested inspection date: \_\_\_\_\_ Business hours: 11am - 11pm & 1am Fri + Sat

9. Business records are located at: 456 Roosevelt Trail, Windham ME

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
① Rick Jones	3-8-52	Portland, ME
② LeRoy Oyer	9-29-46	Lewiston, ME

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

① 105 Standish Neck Rd., Standish, ME  
② 643 Pond Rd., Standish, ME

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: \_\_\_\_\_

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: \_\_\_\_\_

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required)

456 Roosevelt Trail, Windham, ME (see diagram)

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? over 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: Mortgage T.D. Bank

The Division of Liquor Licensing & Inspection 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 August 3, 20 16

Town/City, State

Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

STATE OF MAINE  
Liquor Licensing & Inspection Unit  
164 State House Station  
Augusta, Maine 04333-0164  
Tel: (207) 624-7220 Fax: (207) 287-3424

SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

1. Exact Club Name: Lake Region Eagles Aerie #4352
2. Title, name, birth date and telephone number of each principal officer of the club:

Title	Name	Birth Date	Telephone #
President	Patricia Murphy-Dyer	12-15-51	
Past President	Robert Wheaton	10-1-55	
Secretary	Dawn Kime	4-21-67	
Treasurer	LeRoy Dyer	9-29-46	
Trustee	Brian Aaskov	10-31-58	
Trustee	Bick Jones	3-8-52	

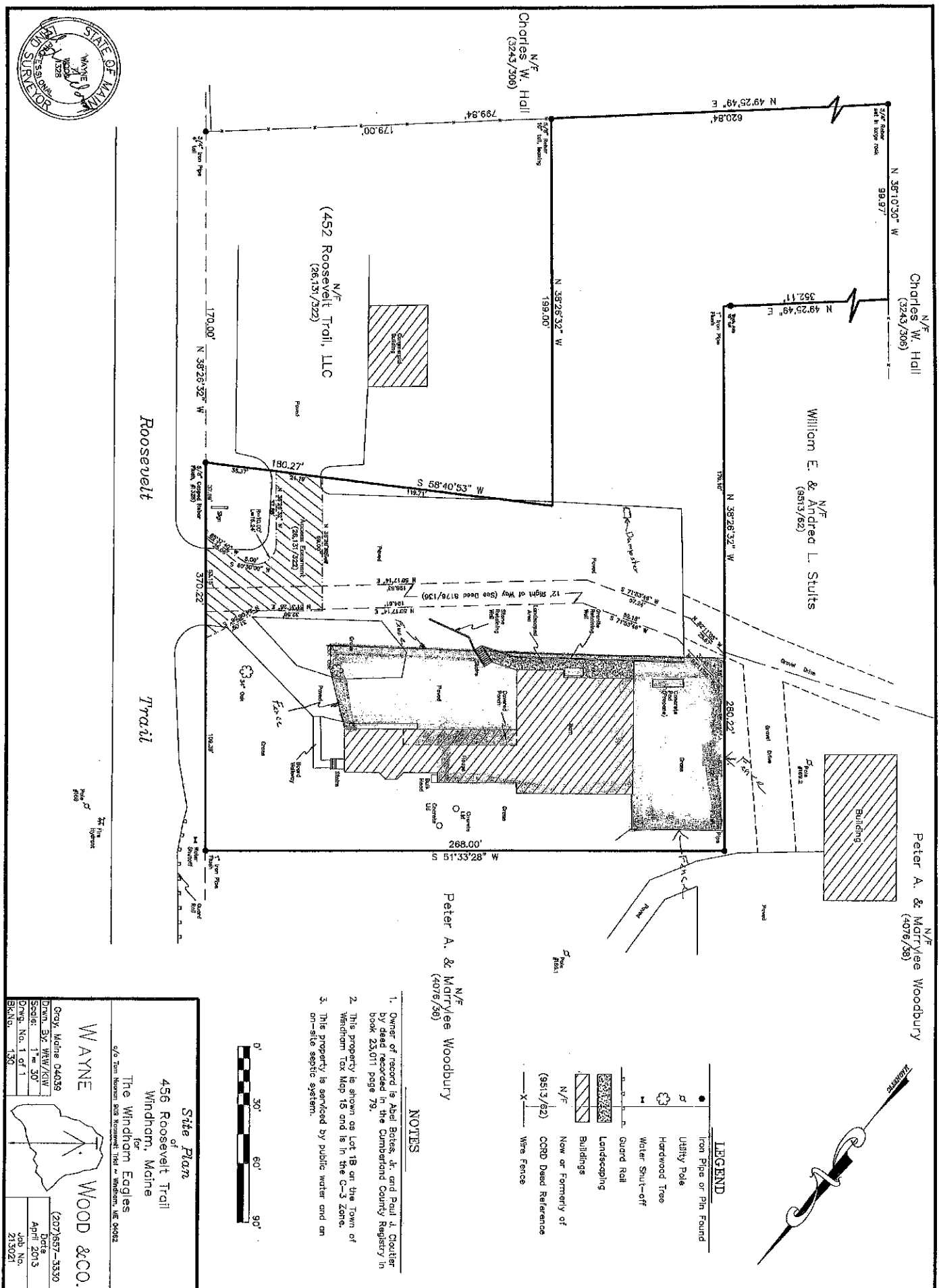
3. Date Club was incorporated: Sept 14<sup>th</sup>, 1995
4. Purpose of Club: ( ) Social ( ) Recreational ( ) Patriotic (X) Fraternal
5. Date regular meetings are held: 1<sup>st</sup> & 3<sup>rd</sup> Wednesday, monthly
6. Date of election of Club Officers: Annually May
7. Date elected officers are installed: Annually June
8. Total Membership: \_\_\_\_\_ Annual Dues: 30<sup>00</sup> Payable When: May 31<sup>st</sup>
9. Does the Club cater to the public or to groups of non-members on the premises? ( ) YES (X) NO
10. Excluding salaries, will any person other than the Club, receive any of the financial profits from the sale of liquor? \_\_\_\_\_  
( ) YES (X) NO

11. If a manager or steward is employed, complete the following:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

LeRoy S. Dyer Treasurer  
Signature and Title of Club Officer  
LeRoy S. Dyer Treasurer  
Print Name and Title of Club Officer

## Premise Diagram



Highlighted area drinking area/storage