

TOWN OF WINDHAM  
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Dena's Lobster House & Tavern

REVIEW BY POLICE CHIEF

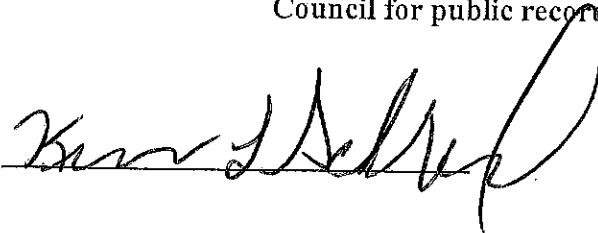
I have made a search of our records for police contacts with the above listed Applicant and find:

✓

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: 

Date: 3/13/17

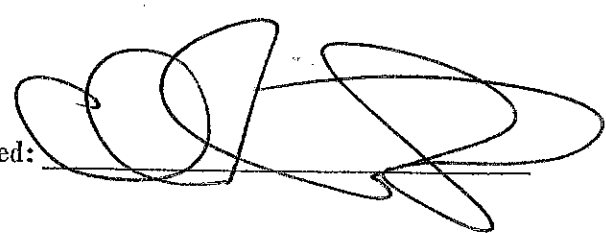
REVIEW BY COMMUNITY DEVELOPMENT DIRECTOR

✓

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: 

Date: 3-13-17

**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 4-19-17

INDICATE TYPE OF PRIVILEGE: ☒ MALT ☒ VINOUS ☒ SPIRITUOUS

**INDICATE TYPE OF LICENSE:**

- ☐ RESTAURANT (Class I,II,III,IV) ☒ RESTAURANT/LOUNGE (Class XI) ☐ CLASS A LOUNGE (Class X)  
☐ HOTEL (Class I,II,III,IV) ☐ HOTEL/NO FOOD (Class I-A)  
☐ CLUB w/o Catering (Class V) ☐ CLUB with CATERING (Class I) ☐ GOLF COURSE (Class I,II,III,IV)  
☐ TAVERN (Class IV) ☐ QUALIFIED CATERING ☐ OTHER: \_\_\_\_\_

**REFER TO PAGE 3 FOR FEE SCHEDULE**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

Corporation Name: <u>302 Club LLC</u>		Business Name (D/B/A) <u>Dena's Lobsterhouse &amp; Tavern</u>	
APPLICANT(S) - (Sole Proprietor) <u>Ken Ray</u>		DOB: <u>3/14/58</u>	
Address <u>Po Box 388</u>		Physical Location: <u>765 Roosevelt Trail</u>	
City/Town <u>Windham</u>		State <u>Maine</u>	
Zip Code <u>04062</u>		Mailing Address <u>Po Box 388</u>	
City/Town <u>Windham</u>		State <u>Maine</u>	
Zip Code <u>04062</u>		Mailing Address <u>Po Box 388</u>	
Telephone Number <u>892 1302</u>		Fax Number <u>—</u>	
Business Telephone Number <u>207 892 1302</u>		Fax Number <u>—</u>	
Federal I.D. # <u>26-3898479</u>		Seller Certificate #: or Sales Tax #:	
Email Address: Please Print <u>Dena's Lobsterhouse and Tavern</u>		Website: <u>—</u>	

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

Requested inspection date: \_\_\_\_\_ Business hours: Tues-THURS 11-11 Fri + Sat 11-1 am Sun 11-10

- 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 \$ \_\_\_\_\_ LIQUOR \$ \_\_\_\_\_
- Is applicant a corporation, limited liability company or limited partnership? YES ☒ NO ☐ LLC

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 ☐
- If manager is to be employed, give name: Dena Withney
- Business records are located at: 765 Roosevelt Trail - Windham
- Is/are applicants(s) citizens of the United States? YES ☒ NO ☐
- Is/are applicant(s) residents of the State of Maine? YES ☒ NO ☐

9. 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
Ken Ray	3/14/58	Lewiston, ME
Dena Withay	4/7/75	Kansas

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

Ken - Cumberland, ME  
Dena - Cornish, ME

10. 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)

11. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?  
Yes ☐ No ☒ If Yes, give name: \_\_\_\_\_

12. Has/have applicant(s) formerly held a Maine liquor license? YES ☒ NO ☐

13. Does/do applicant(s) own the premises? Yes ☒ No ☐ If No give name and address of owner: \_\_\_\_\_

14. Describe in detail the premises to be licensed: (On Premise Diagram Required) See attachment

15. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?  
YES ☒ NO ☐ Applied for: \_\_\_\_\_

16. 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? 1/4 mile Which of the above is nearest? Church

17. 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: \_\_\_\_\_

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

YES ☒ NO ☐ Applied for on: \_\_\_\_\_

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? 1/4 of a 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.



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: 302 Club LLC
2. Doing Business As, if any: Dena's Lobsterhouse & Tavern
3. Date of filing with Secretary of State: 2008 State in which you are formed: Maine
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: (attach additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
Ken Ray	15 Eisenhower Pr Westbrook Maine	3/14/58	member	100%
	57 Foreside Rd Cumberland ME 04110			

(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:**

Kenneth S. Ray - Member 3/10/17  
Signature of Duly Authorized Person Date

Kenneth S. Ray  
Print Name of Duly Authorized Person

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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)

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**

☐ Approved

☐ 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.

