

**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

12/11/17

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.) <u>Seacoast Park, Inc</u> DOB: _____		2. Business Name (D/B/A) <u>Deek House Sports Tavern</u>	
DOB: _____			
Roy Moore, Pres. DOB: <u>2/19/55</u>		Location (Street Address) <u>930 Roosevelt Trail</u>	
Address <u>960 Roosevelt Tr</u>		City/Town <u>Windham</u> State <u>ME</u> Zip Code <u>04062</u>	
<u>Windham ME 04062</u>		Mailing Address <u>P.O. Box 620</u>	
City/Town <u>Windham</u> State <u>ME</u> Zip Code <u>04062</u>		City/Town <u>Windham</u> State <u>ME</u> Zip Code <u>04062</u>	
Telephone Number <u>207-756-4624</u> Fax Number _____		Business Telephone Number <u>207-892-5952</u> Fax Number _____	
Federal I.D. # <u>01-0470440</u>		Seller Certificate # <u>1176000</u>	

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 \$ _____ LIQUOR \$ _____

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: Ginny Davis, Margaret Moore

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

Requested inspection date: _____ Business hours: _____

9. Business records are located at: 930 Roosevelt Trail

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
Ginny Davis	8/26/79	Monticello, IN.
Margaret Moore	5/22/92	Portland, ME.

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

Windham, ME
Windham, 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)

Deck House Sports Tavern @ Seacoast Park

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? 1/4 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: Androscoggin Bank, Comm. Loan

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, ME on 11/22, 20 17
Town/City, State Date

Ray G. Moore
Signature of Applicant or Corporate Officer(s)

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

Ray A. Moore

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 CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES AND
LIMITED PARTNERSHIPS**

1. Exact Corporate Name: Searcoast Park, Inc
Business D/B/A Name: Deek House Sports Tavern
2. Date of Incorporation: Feb. 11, 1992
3. State in which you are incorporated: Maine
4. If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine:

5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list percent of stock owned:

Name	Address Previous 5 Years	Birth Date	% of Stock	Title
Roy A. Moore	960 Roosevelt Trail	2/19/55	85	Pres.
Margaret Moore	" Same "	5/22/92	10	—
Ginny Davis	" Same "	8/26/79	5	—

6. What is the amount of authorized stock? 100 Outstanding Stock? 100
7. Is any principal officer of the corporation a law enforcement official? () YES (☒) NO
8. Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation(s), of the United States? () YES (☒) NO.
9. If yes, please complete the following: Name: _____

Date of
Conviction: _____ Offense: _____

Location: _____ Disposition: _____

Dated at: _____ On: _____
City/Town Date

Roy A. Moore, Pres Date: 11/22/2017
Signature of Duly Authorized Officer
Roy A. Moore,
Print Name of Duly Authorized Officer

Total Seating
For 160

