TOWN OF WINDHAM ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicanti Mi	tty's Cinema - Windham, LLC
	REVIEW BY POLICE CHIEF
I have made a search Applicant and find:	of our records for police contacts with the above listed
	No remarkable incidents during the past 12 months that would jeopardize a liquor license application.
Signed: Km	I request permission to personally address the Town Council for public record. (Relevant materials attached) Date:
	W BY COMMUNITY DEVELOPMENT DIRECTOR
yes'	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)

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:		

			<u> </u>	Cash Ck Mo:		
NEW application: ☐ Yes ■ No	•	PRES	ENT LICENSE	EXPIRES 3/25/	/2018	
INDICATE TYPE OF PRIVILEGE:	■ MALT	■ VINOUS	SPIRITU	OUS		
	IN	DICATE TYP	E OF LICENSE):		
☐ RESTAURANT (Class I,II,III,IV) ☐ HOTEL (Class I,II,III,IV) ☐ CLUB w/o Catering (Class V) ☐ TAVERN (Class IV)	□ HOTE □ CLUB □ QUAL	L, FOOD OPTI with CATERIN IFIED CATER		A) □BEI □GOI oTHER: Cinen	ASS A LOUNC D & BREAKFA LF COURSE na Pub	
Corporation Name:	ALL QUEST	TIONS MUST	BE ANSWEREI Business Name			
Smitty's Cinema - V	Vindha	m, LLC		,	- Windh	nam, LLC
APPLICANT(S) –(Sole Proprietor)		OB:	Physical Location			,
		DOB:	City/Town Windham	M	State E	Zip Code 04062
Address 123 West Main Street			Mailing Addres 123 West M			
City/Town S Merrimac M	State A (Zip Code 01860	City/Town Merrimac		State MA	Zip Code 01860
x	7ax Number 78-346-78	70	Business Teleph 978-346-78	30		ax Number -6-7870
Federal I.D. # 46-1401344			Seller Certificat or Sales Tax #:	** 1039	706	
Email Address: Please Print milton@smitt	yscinei	ma.com	Website: www.smittys	scinema.com)	
If business is NEW or under new owners	hip, indicate	aunung daw	N/A			
• •	<u></u>		ss hours: 10am			
1. If premise is a Hotel or Bed & Breakf					N/A	. 2061
2. State amount of gross income from pe	eriod of last li	cense: ROOMS	S \$ I	FOOD \$ 936K	LIQUOR	\$ <u> </u>
3. Is applicant a corporation, limited liab If Yes, please complete the Corporate In	oility compan formation req	y or limited par uired for Busin		ES ■ NO □ are licensees.		
4. Do you own or have any interest in an If yes, please list License Number, Name	y another Ma e, and physica	ine Liquor Lice al location of an	ense? □ Yes ay other Maine Li	No quor Licenses.		
License # Name of Business		(Use	an additional sh	eet(s) if necessary	y.)	
Physical Location City / Tow	<i>i</i> n				/ ,	

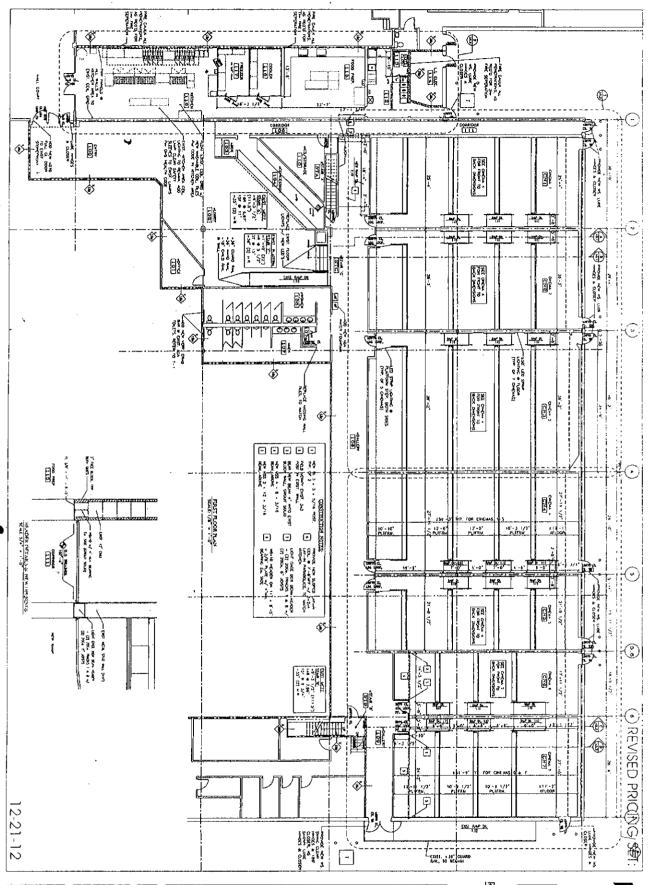
1			
5. Do you permit dancing or entertainment on t	ne licensed premises? YES D NO		
6. If manager is to be employed, give name:	Tracy Lambert		
7. Business records are located at: On Premis	e and at Corp Office in Merrimac M/	\	
8. Is/are applicants(s) citizens of the United	l States? YES NO	3	
9. Is/are applicant(s) residents of the State of	f Maine? YES □ NO ■		
10. List name, date of birth, and place of bir Use a separate sheet of paper if necessar	= = :	bar managers. Give	e maiden name, if married
Name in Full (Pr	int Clearly)	DOB	Place of Birth
Milton Stepha	n Smith	09/07/1971	Haverhill, MA
Benton Grove	r Smith	08/17/1966	Haverhill, MA
Cabot Bruce	Smith	12/26/1961	Haverhill, MA
Residence address on all of the above for	** * * · · · · · · · · · · · · · · · ·	<u> </u>	
	West Newbury, MA		
	Merrimac, MA		
			,
Has/have applicant(s) or manager ever l of any State of the United States? YE Name:	s □ no ■		inor traffic violations,
Offense:		n:	
Disposition:			
12. Will any law enforcement official benef Yes □ No ■ If Yes , give name	it financially either directly or indi		
13. Has/have applicant(s) formerly held a M	faine liquor license? YES 🗏 🗎	NO 🗆	
14. Does/do applicant(s) own the premises? 5050,Belmont Ave Youngstown, OH 44		ne and address of ov	wner: Jonlee Windham LLC
15. Describe in detail the premises to be lice in a shopping mall plaza	ensed: (On Premise Diagram Req	uired) appro	x 19137 sq ft
16. Does/do applicant(s) have all the necess YES ■ NO □ Applied for:		epartment of Human	1 Services?
17. What is the distance from the premises measured from the main entrance of the or parish house by the ordinary course of	premises to the main entrance of the	ormitory, church, ch ne school, school do	apel or parish house, rmitory, church, chapel
Which of the above is nearest?	School		
18. Have you received any assistance finance self in the establishment of your business	cially or otherwise (including any n	nortgages) from any	source other than your-
If VES give details:	n la		

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:	· VII	nuary 5	, ₂₀ <u>18</u>		
Ì	Town/City, State	Date			
(Please sign in blue				
•	of Applicant or Corporate Officer(s)	Signature of Applic	ant or Corporate Officer(s)		
Milton S			7. 4 N.T		
	Print Name	Pr	int Name		
•	FEE SCHEDU	ULE			
FILING F	EE: (must be included on all applications)		\$ 10.00		
Class I	Spirituous, Vinous and Malt	rants: Clubs with caterin	g privileges; Dining		
Class I-A	Class I-A Spirituous, Vinous and Malt, Optional Food (Hotels Only)				
Class H Spirituous Only					
Class III Vinous Only CLASS III: 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.					
Class IV Malt Liquor Only					
Class V	Spirituous, Vinous and Malt (Clubs without Catering, B CLASS V: Clubs without catering privileges.	ed & Breakfasts)	\$ 495.00		
Class X	Spirituous, Vinous and Malt – Class A Lounge		\$2,200.00		
Class XI	Spirituous, Vinous and Malt – Restaurant Lounge CLASS XI: Restaurant/Lounge; and OTB.	•••••••••••••••••••••••••••••••••••••••	\$1,500.00		

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.



Smitty's Windham 7
795 Roosevelt Trall- Windham Mall Windham ME 04062











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 □ N	о 🗆	

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: Smitty's Cinema - Windhan	n, LLC	
2. Doing Business As, if any: Same		
3. Date of filing with Secretary of State: 12/2012	State in which you are formed	_{l:} Maine
4. If not a Maine business entity, date on which you were a	uthorized to transact business in	the State of Maine:
5. List the name and addresses for previous 5 years, birth d ownership: (attach additional sheets as needed)	ates, titles of officers, directors a	nd list the percentag
	Date of	Ownership

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
Milton S Smith	West Newbury, MA	09/07/71	Pres	25
Benton G Smith	West Newbury, MA	08/17/66	VP	25
Cabot B Smith	Merrimac, MA	12/22/61	Treasurer	25
MacGregor Smith	Merrimac, MA	12/23/51	Secr	25

(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
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7. Is any principal person i	nvolved with the entity a law	enforcement official?
Yes 🗌 No 🔳	If Yes, Name:	Agency:
8. Has any principal person traffic violations, in		een convicted of any violation of the law, other than min
Yes No 🔳		
9. If Yes to Question 8, ple	ease complete the following: ((attached additional sheets as needed)
Name:		
Date of Conviction:	·	
Offense:		
Location of Convict	ion:	
Disposition:		
Signature:		
1,21	1/5/18	
Signature of Duly Authoriz		·
Milton S Smith		
Print Name of Duly Author	ized Person	
Submit Completed Forms to	o:	
Bureau of Alcoholic Bevera		

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