



Bureau of Alcoholic Beverages
Division of Liquor Licensing & Enforcement
164 State House Station
Augusta, ME 04330-0164
Tel: (207) 624-7220 Fax: (207) 387-3424

ON PREMISE TRANSFER APPLICATION

The undersigned, who is the holder on an On Premise Liquor License under the provisions of Title 28-A MRSA Section 605 hereby respectfully requests that said license be transferred from his present location:

824 Roosevelt trail Suite 9/10
Street Address

TO: 770 Roosevelt trail Suite 5
Street Address

Both premises being within the same municipality of:

North Windham
City/Town

Has the premises for which the transfer is requested been licensed by the Department of Human Services?

Yes ☐ No ☒

How many feet to the nearest school, school dormitory, church, chapel or parish house? 7 miles
Which of the above is nearest? School & church

Permanent License #: RES-2017-10487 Expiration Date: 09/17/2018

Name of Business: Windham Billiards

Contact Person: Sony Swensen Requested Transfer Date: FEB 14, 2018

Telephone Number: 207 408-1795 FAX Number: _____

Dated at: Windham Maine On FEB. 12, 20 18
City/Town, State Date

Sony Swensen
Signature of individual(s), or Duly Authorized Officer(s) of Corporation, or Partnership, by Members of Partnership

Dated at: Windham STATE OF MAINE Cumberland ss
City/Town Maine County

On: February 27, 2018

The undersigned being: Municipal Officers ☒ County Commissioners ☐ of the

City ☐ Town ☒ Unincorporated Place ☐ of: Windham

1. _____ 6. _____
2. _____ 7. _____
3. _____
4. _____
5. _____