TOWN OF WINDHAM ADDENDUM TO LIQUOR LICENSE APPLICATION

| Applicant: | 2t's Pizza |
|--|--|
| | REVIEW BY POLICE CHIEF |
| I have made a searc Applicant and find: | ch of our records for police contacts with the above listed: |
| X | 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: <u>Bho</u> | - Lach Date: 9/6/18 |
| ŘEV) | IEW 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: M | Date: 9/19/18 |

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: | Ву: |
| Deposit Date: | |
| Amt. Deposited: | |
| Cash Ck Mo: | |

| | | | Cash Cl | k Mo: | |
|---|-------------------|------------------|---------------------------------------|--------------------|--------------|
| | | PRESENT | LICENSE EXPIRES_ | 11-1-18 | |
| NEW application: ☐ Yes ☒ N | | | | | |
| If business is NEW or under new owner | rship, indicate | starting date: _ | | | |
| Requested inspection date: | | Busine | ess hours: | | |
| INDICATE TYPE OF PRIVILEGE: | ☑ MALT | ☑VINOUS | ⊠ SPIRITUOUS | | |
| | IN | DICATE TYP | PE OF LICENSE: | | |
| ☑ RESTAURANT (Class I,II,III,IV) | □ RESTA | AURANT/LOU | JNGE (Class XI) | ☐ CLASS A LOUNGE | E (Class X) |
| ☐ HOTEL (Class I,II,III,IV) | □ ноте | L, FOOD OPT | IONAL (Class I-A) | ☐ BED & BREAKFAS | ST (Class V) |
| ☐ CLUB w/o Catering (Class V) | ☐ CLUB | with CATERII | | ☐ GOLF COURSE (C | , |
| ☐ TAVERN (Class IV) | | | ING DTHER: | • | |
| , | | | FOR FEE SCHEDULE | | |
| | ALL OUEST | TONS MIIST | BE ANSWERED IN FU | тт | |
| Corporation Name: | ALL QUEST | 1010 01051 | Business Name (D/B/A) | | |
| ĴMA Enterprises Inc | | | Pat's Pizza`- Wind | | |
| APPLICANT(S) –(Sole Proprietor) | D | OB: | Physical Location: | | |
| | | | 844 Roosevelt | Trail | |
| | | DOB: | City/Town | State | Zip Code |
| | | | Windham | ME | 04062 |
| Address | : | | Mailing Address | | |
| 844 Roosevelt Trail | Ct. | 71 0 1 | same as above | | |
| • | State | Zip Code | City/Town | State | Zip Code |
| Windham Telephone Number | ME Fax Number | 04062 | Business Telephone Nur | mhou For | - Marsah an |
| 207-892-1700 | rax inumber | | - | nder rax | Number |
| Federal I.D. # | | | 207-671-5861 Seller Certificate #: | | |
| 45-3321620 | | | 0.1.70 // | 1153432 | |
| Email Address: | | <u>-</u> . | Website: | 1100402 | |
| Please Print patswindham@yah | oo.com | | | | |
| | | | | | |
| 1. If premise is a Hotel or Bed & Break | fast, indicate n | umber of room | ns available for transient g | uests: | |
| 2. State amount of gross income from p | eriod of last lie | cense: ROOMS | 5 \$FOOD \$ | 1953487.0@IQUOR \$ | 732869.52 |
| 3. Is applicant a corporation, limited lia If Yes, please complete the Corporate In | | | | NO 🗆 sees. | |
| 4. Do you own or have any interest in ar If yes, please list License Number, Nam- | | l location of an | | enses. | |
| License # Name of Business | | (Use | an additional sheet(s) II h | iccessary.) | |
| Physical Location City / Tov | vn | | | | |

| 5. Do you permit dancing or entertainment on the licensed premises? YES LI N | | |
|---|------------------------|---------------------------|
| 6. If manager is to be employed, give name: Nicole Ross, Jeremy Bragdon, J | leffery Ross | |
| 7. Business records are located at: 844 Roosevelt Trail Windham and 155 He | earthside Rd Standi | sh |
| 8. Is/are applicants(s) citizens of the United States? YES 🔼 NO | | |
| 9. Is/are applicant(s) residents of the State of Maine? YES 🗵 NO | | |
| 10. List name, date of birth, and place of birth for all applicants, managers, an | nd bar managers. | |
| Full Name (Please Print) | DOB | Place of Birth |
| see attached | | |
| | | |
| | | |
| Residence address on all of the above for previous 5 years (Limit answer to | city & state) | |
| see attached | | |
| | | |
| | | |
| | | |
| | | |
| 11. Has/have applicant(s) or manager ever been convicted of any violation of | the law, other then r | ninor traffic violations, |
| of any State of the United States? YES \(\square\) NO \(\square\) | | |
| Name: Date of | of Conviction: | |
| Offense: Locati | on: | |
| Disposition: (use add | itional sheet(s) if ne | cessary) |
| 12. Will any law enforcement official benefit directly in your license, if issued Yes □ No □ If Yes, give name: | | |
| 13. Has/have applicant(s) formerly held a Maine liquor license? YES 💆 | NO □ | |
| 14. Does/do applicant(s) own the premises? Yes ☒ No ☐ If No give na | ame and address of c | owner: |
| 15. Describe in detail the premises to be licensed: (On Premise Diagram Rec | | |
| 16. Does/do applicant(s) have all the necessary permits required by the State I YES ☒ NO ☐ Applied for: | Department of Huma | an Services? |
| 17. What is the distance from the premises to the NEAREST school, school of measured from the main entrance of the premises to the premise the premise the premise that the premise the premise the premise that the premise that the premise the premise that the p | | ormitory, church, chapel |
| Which of the above is nearest? school and church | | |
| 18. Have you received any assistance financially or otherwise (including any self in the establishment of your business? YES ☒ NO ☐ | mortgages) from any | y source other than your- |
| If YES, give details: Mortgage: Evergreen Credit Union and Small Bu | siness Association | |

| Manager Name | DOB | Place of Birth Residence | |
|----------------|------------|--------------------------|-------------|
| | | | |
| Jana Merrill | 10/19/1965 | Maine | Standish ME |
| Jeremy Bragdon | 04/17/1980 | Maine | Windham ME |
| Nicole Ross | 05/30/1991 | Maine | Windham ME |
| Jeffery Ross | 06/16/1992 | Maine | Windham ME |
| | | • | |

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: | Windham, ME on | 9-6,20/8 |
|-----------|---|--|
| | Please sign in blue in | Date ${f k}$ |
| Signature | of Applicant or Corporate Officer(s) | Signature of Applicant or Corporate Officer(s) |
| (7 | | <i>3</i> (-) |
| Jana | A Merrill | |
| | Print Name | Print Name |
| | FEE SCHEDU | Æ |
| FILING F | EE: (must be <u>included</u> on all applications) | \$ 10.00 |
| Class I | Spirituous, Vinous and Malt | \$ 900.00 |
| | CLASS I: Airlines; Civic Auditoriums; Class A Restaura | |
| | Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor | |
| | OTB. | |
| Class I-A | Spirituous, Vinous and Malt, Optional Food (Hotels Only |)\$1,100.00 |
| | CLASS I-A: Hotels only that do not serve three meals a | day. |
| Class II | Spirituous Only | |
| | CLASS II: Airlines; Civic Auditoriums; Class A Restaur | |
| | Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor | |
| Class III | Vinous Only | |
| | CLASS III: Airlines; Civic Auditoriums; Class A Restau | , 21 2 , |
| | Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Club | s; Indoor Tennis Clubs; Restaurants; |
| | Vessels; Pool Halls; and Bed and Breakfasts. | Φ. 222.00 |
| Class IV | Malt Liquor Only | |
| | CLASS IV: Airlines; Civic Auditoriums; Class A Restau | |
| | Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Cl Halls; and Bed and Breakfasts. | ubs; indoor Tennis Clubs; Restaurants; Taverns; Pool |
| Class V | Spirituous, Vinous and Malt (Clubs without Catering, Bed | & Breakfasts) \$ 405.00 |
| Crass v | CLASS V: Clubs without catering privileges. | (& Dicariasts) 433.00 |
| Class X | Spirituous, Vinous and Malt – Class A Lounge | \$2,200.00 |
| ₩ | CLASS X: Class A Lounge | Ψ2,200.00 |
| Class XI | Spirituous, Vinous and Malt – Restaurant Lounge | \$1,500.00 |
| | CLASS XI: Restaurant/Lounge; and OTB. | φ., |
| | | |

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.

All applications for NEW or RENEWAL liquor licenses must contact their Municipal Officials or the County Commissioners in unincorporated places for approval and signatures for liquor licenses prior to submitting them to the bureau.

All fees must accompany application, make check payable to the Treasurer, State of Maine.



Bureau of Alcoholic Beverages

Division of Liquor Licensing & Enforcement

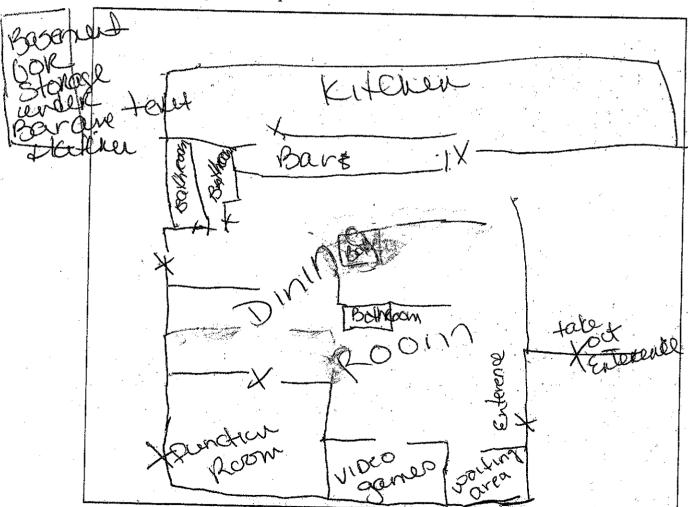
8 State House Station Augusta, ME 04333-0008

Tel: (207) 624-7220 Fax: (207) 287-3434

SUPPLEMENTAL APPLICATION FORM ON-PREMISE DIAGRAM

In an effort to clearly define your license premise and the areas 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, decks and all areas that you are requesting approval from the Division for liquor consumption.





Division of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing and Enforcement

| For Office Use Only: |
|----------------------|
| License #: |
| SOS Checked: |
| 100% Yes □ No □ |

Corporate Information Required for Business Entities Who Are Licensees

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 for | m in its entirety. | | | |
|---|---|------------------|-------------------|--------------------|
| 1. Exact legal name:JMA En | terprises Inc | | | |
| 2. Doing Business As, if any: | Pat's Pizza Windham | | | |
| 3. Date of filing with Secretary | of State:August 2011State | in which you | are formed: _ | Maine |
| 4. If not a Maine business entity | y, date on which you were authorize | ed to transact | business in the | State of Maine: |
| 5. List the name and addresses ownership: (attach addit | for previous 5 years, birth dates, titl ional sheets as needed) | es of officers, | , directors and l | ist the percentage |
| NAME | ADDRESS (5 YEARS) | Date of Birth | TITLE | Ownership |
| Jana Merrill | 155 Hearthside Rd Standish ME 18 Woldbrook Dr, Windham ME | 10/19/1965 | President | 100 |
| | | | | |
| | | | | |
| | | | | |
| (Stock own | ership in non-publicly traded compa | nies must ado | d up to 100%.) | |
| 6. If Co-Op # of members: | (list primary of | ficers in the a | bove boxes) | |

| 7. 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 🗷 |
| 8. If Yes to Question 8, please complete the following: (attached additional sheets as needed) |
| Name: |
| Date of Conviction: |
| Offense: |
| Location of Conviction: |
| Disposition: |
| - |
| Signature: Signature of Owner or Corporate Officer Date Jana A Merrill |
| Print Name of Owner or Corporate Officer |
| |
| 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 |