TOWN OF WINDHAM ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Sla	coast Park alba Deckhouse Sports 1
	REVIEW BY POLICE CHIEF
I have made a search Applicant and find:	h 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.
	I request permission to personally address the Town Council for public record. (Relevant materials attached)
Signed: Ken	18/18 Date: 11/8/18
REVIII	EW 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: 11/8/18

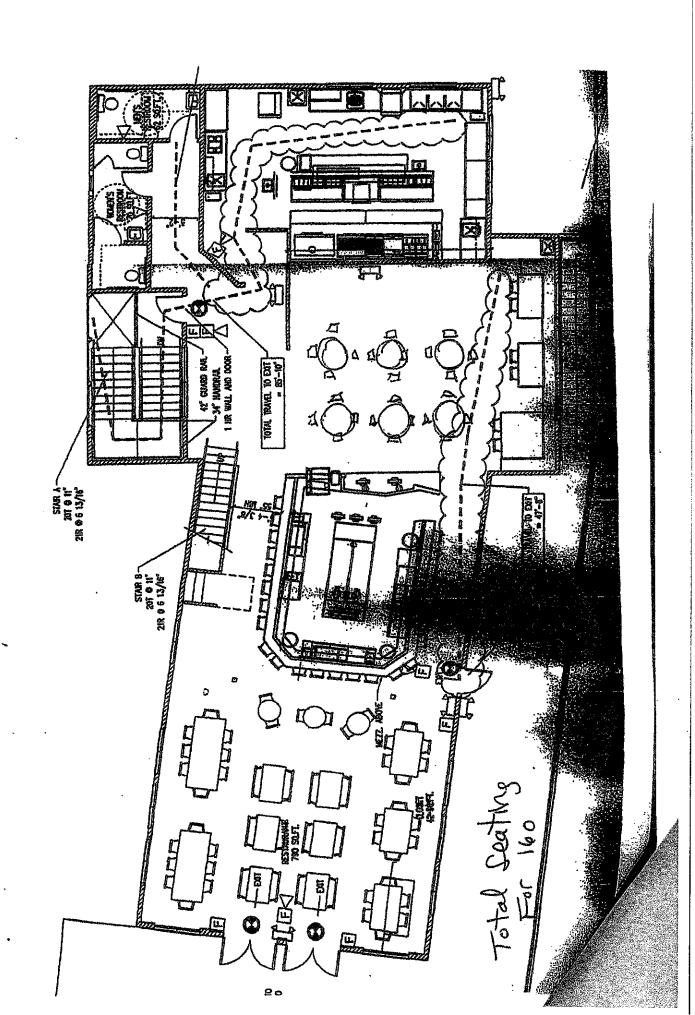
DIVISION USE ONLY BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS DIVISION OF LIQUOR LICENSING AND ENFORCEMENT License No: 8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008 (Regular Mail) Class: By: 10 WATER STREET, HALLOWELL, ME 04347 (Overnight Mail) TEL: (207) 624-7220 FAX: (207) 287-3434 Deposit Date: **EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV** Amt. Deposited: Cash Ck Mo: PRESENT LICENSE EXPIRES: Good SOS & DBA: YES □ NO NEW application: \(\subseteq \) Yes \(\subseteq \) No If business is NEW or under new ownership, indicate starting date: Requested inspection (New Licensees/ Ownership Changes Only) Date: Business hours: MALT. ✓ VINOUS INDICATE TYPE OF PRIVILEGE: INDICATE TYPE OF LICENSE: Z RESTAURANT (Class I.II.III.IV) ☐ RESTAURANT/LOUNGE (Class XI) ☐ CLASS A LOUNGE (Class X) ☐ HOTEL, FOOD OPTIONAL (Class I-A) ☐ HOTEL (Class I,II,III,IV) ☐ BED & BREAKFAST (Class V) ☐ 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: Business Name (D/B/A) TaverN APPLICANT(S) -(Sole Proprietor) DOB: Physical Location: Zip Code Address 62 Zip Code State Zip Code 04062 04063 Fax Number Business Telephone Number Fax Number Seller Certificate #: 6000 or Sales Tax #: Website: Email Address: roumoure 7@Me. com Please Print 1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: FOOD \$ 795,320 LIQUOR \$ 5\$2,012 2. State amount of gross income from period of last license: ROOMS \$_ 3. Is applicant a corporation, limited liability company or limited partnership? YES Z If Yes, please complete the Corporate Information required for Business Entities who are licensees. NO 🗆 4. Do you permit dancing or entertainment on the licensed premises?

5. Do you permit dancing or entertainment on the licensed premises? YES \square NO \square

License # Name of Business					
Physical Location	City / Town			·	1
7. If manager is to be employed, give name:	sinny Davis, Y	Nov	-90	ve	t Moore Chan
8. Business records are located at: 930		٠(.	W	ind	Chain
9. Is/are applicants(s) citizens of the United S	tates? YES VZ NO) <u></u>			· · · · · · · · · · · · · · · · · · ·
10. Is/are applicant(s) residents of the State of	Maine? YES No	o 🗆			
11. List name, date of birth, and place of birth	for all applicants, managers, a	ınd bar	mana	igers.	
Full Name (Please			DO	В	Place of Birth
Ginny Davis		8	26	79	Monticello, I
Ginny Davis Margaret Moo.	re.	2	ZZ	192	Portland, M
12. Residence address on all of the above f	or previous 5 years (Limit a	nswei	r to ci	ty & st	ate)
Name: I wastum	City: ME				State:
Name:	City: WF			· .	State:
Name:	City:				State:
of any State of the United States? YES Name:		nvicti	on:		
Offense:					
Disposition:	•				s) if necessary)
14. Will any law enforcement official benefit of Yes \(\square\) No, \(\sqrt{\text{If Yes}}\), give name:	directly in your license, if issu	ed?			
15. Has/have applicant(s) formerly held a Mai	ne liquor license? YES	NO			
16. Does/do applicant(s) own the premises? Y	es No G If No give	name	and a	ddress o	of owner:
17. Describe in detail the premises to be licens		equire	,	st	Pau-k
18. Does/do applicant(s) have all the necessary YES □ NO □ Applied for:	• • (nan Services?
19. What is the distance from the premises to the measured from the main entrance of the proor parish house by the ordinary course of the proof th	emises to the main entrance of				
and the second s					

	ou received any assistance financially or otherwise (including any mortgages) from any source other than	n your-
	the establishment of your business? YES NO	
If YES	, give details: Androscoggin Bank, Comm, Loan	1
returns per	on of Liquor Licensing & Enforcement is hereby authorized to obtain and examine all books, records a taining to the business, for which this liquor license is requested, and also such books, records and returns which any liquor license is in effect.	
information	understand that false statements made on this form are punishable by law. Knowingly supplying non this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year time of up to \$2,000 or both." On Nov. (St., 20 18) Town/City, State	
Dated at: _	Town/City, State On Date	
Ta	19 Mora Please sign in blue ink	
Signature	of Applicant or Corporate Officer(s) Signature of Applicant or Corporate Office	er(s)
Roy	A. Moore	
	Print Name Print Name	
	FEE SCHEDULE	
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 Restaurants: Clubs with catering privileges; Dining	
	Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers; OTB.	
Class I-A	Spirituous, Vinous and Malt, Optional Food (Hotels Only)	.100.00
	CLASS I-A: Hotels only that do not serve three meals a day.	
Class II	Spirituous Only	550.00
	Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels.	
Class III	Vinous Only\$	220.00
	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\$	220.00
CIMOS I V	CLASS IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges;	220.00
	Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; T	averns;
Cl III	Pool Halls; and Bed and Breakfasts.	440.00
Class III & IV	Malt & Vinous Only	440.00
OC IV	Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants;	
	Vessels; Pool Halls; and Bed and Breakfasts.	
Class V	Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts)\$	495.00
CI W	CLASS V: Clubs without catering privileges.	
Class X	Spirituous, Vinous and Malt – Class A Lounge	,200.00
Class XI	Spirituous, Vinous and Malt – Restaurant Lounge	500.00
JANUA IRA	CLASS XI: Restaurant/Lounge; and OTB.	,200.00

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.





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

For Office U	se Only:
License #:	
SOS Checked:	
100% Yes □	No □

Corporate Information Required for Business Entities Who Are Licensees

Ouestions 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	- ·			
1.	Exact legal name: Seacoast Park, Inc.				
2.	Doing Business As, if any: Deek House Sports Tavern				
3.	1 1 - 2 -				ME.
4.	If not a Maine business en Maine:	ntity, date on which you were autho	rized to transa	act business in the	he State of
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)				
			D. C		
NA	ME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
		1105		TITLE	
		1100	Birth	TITLE	
Ro	ME y A. Moore argaret Moore inner Davis	960 Roosevelt Tr.	Birth	TITLE Pres,	% }5
Ro	y A. Moore organet Moore	960 Roosevelt Tr. Sme as done	Birth	TITLE	% }5
Ro	argaret Moore inney Davis	960 Roosevelt Tr. Sme as done	Birth 2 (19 (55) 5 22 42 8 26 79	Pres.	% }5

On Premise Application Rev. 10/2018 Replace 8/2018

7. 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 If Yes to Question 8, please complete the following: (attached additional sheets as needed)
0.	
	Name:
	Date of Conviction:
	Offense:
	Location of Conviction:
	Disposition:
Ro	ure: Date Date Date Date Date
Submi	t Completed Forms to:
Ъ	

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