

TOWN OF WINDHAM
ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Kelley's Sebago Diner

REVIEW BY POLICE CHIEF

I have made a search of our records for police contacts with the above listed Applicant and find:

✓

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: 

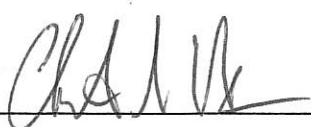
Date: 11/30/18

REVIEW 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: 11/30/18

BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008 (Regular Mail)
10 WATER STREET, HALLOWELL, ME 04347 (Overnight Mail)
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: | |
| Good SOS & DBA: YES <input type="checkbox"/> NO <input type="checkbox"/> | |

PRESENT LICENSE EXPIRES: 01/09/2019

NEW application: ☐ Yes ☒ No

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

Requested inspection (New Licensees/ Ownership Changes Only) Date : _____ Business hours: _____

INDICATE TYPE OF PRIVILEGE: ☒ MALT ☒ VINOUS ☒ SPIRITUOUS

INDICATE TYPE OF LICENSE:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI) | <input type="checkbox"/> CLASS A LOUNGE (Class X) |
| <input type="checkbox"/> HOTEL (Class I,II,III,IV) | <input type="checkbox"/> HOTEL, FOOD OPTIONAL (Class I-A) | <input type="checkbox"/> BED & BREAKFAST (Class V) |
| <input type="checkbox"/> CLUB w/o Catering (Class V) | <input type="checkbox"/> CLUB with CATERING (Class I) | <input type="checkbox"/> GOLF COURSE (Class I,II,III,IV) |
| <input type="checkbox"/> TAVERN (Class IV) | <input type="checkbox"/> QUALIFIED CATERING | <input type="checkbox"/> OTHER: _____ |

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

| | |
|---|---|
| Corporation Name: JORDAN BAY ENTERPRISES | Business Name (D/B/A): KELLEY'S SEBAGO DINER |
| APPLICANT(S) –(Sole Proprietor): JAMES M. SAVOIE DOB: 12/03/1966 | Physical Location: 862 ROOSEVELT TRAIL |
| KELLEY J. SAVOIE DOB: 05/10/1968 | City/Town: WINDHAM State: ME Zip Code: 04062 |
| Address: 6 TARKILN HILL RD | Mailing Address: 6 TARKILN HILL RD |
| City/Town: RAYMOND State: ME Zip Code: 04071 | City/Town: RAYMOND State: ME Zip Code: 04071 |
| Telephone Number: 207-572-5918 OR 207-318-6018 Fax Number | Business Telephone Number: 207-893-2911 Fax Number |
| Federal I.D. #: 82-3612325 | Seller Certificate #: 1188767 or Sales Tax #: |
| Email Address: KELLEYSSEBAGODINER@GMAIL.COM Please Print | Website: |

- If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: _____
 - State amount of gross income from period of last license: ROOMS \$ _____ FOOD \$ 415,415 LIQUOR \$21,400 _____
- Is applicant a corporation, limited liability company or limited partnership? YES ☒ NO ☐
- If Yes, please complete the Corporate Information required for Business Entities who are licensees.
- Do you permit dancing or entertainment on the licensed premises? YES ☐ NO ☒
 - Do you permit dancing or entertainment on the licensed premises? YES ☐ NO ☒

6. Do you own or have any interest in any another Maine Liquor License? ☐ Yes ☒ No (Use an additional sheet(s) if necessary.) If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License # _____ Name of Business _____

Physical Location _____ City / Town _____

7. If manager is to be employed, give name: JAMES M. SAVOIE

8. Business records are located at: 862 ROOSEVELT TRAIL WINDHAM, ME 04062

9. Is/are applicants(s) citizens of the United States? YES ☒ NO ☐

10. Is/are applicant(s) residents of the State of Maine? YES ☒ NO ☐

11. List name, date of birth, and place of birth for all applicants, managers, and bar managers.

| Full Name (Please Print) | DOB | Place of Birth |
|---|----------------------|------------------|
| JAMES M. SAVOIE | 12/03/1966 | PORTLAND, ME |
| KELLEY J. SAVOIE | 05/10/1968 | PORTLAND, ME |
| | | |
| 12. Residence address on all of the above for previous 5 years (Limit answer to city & state) | | |
| Name: JAMES M. SAVOIE | City: RAYMOND | State: ME |
| Name: KELLEY J. SAVOIE | City: RAYMOND | State: ME |
| Name: _____ | City: _____ | State: _____ |

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ☐ NO ☒

Name: _____ Date of Conviction: _____

Offense: _____ ..Location: _____

Disposition: _____ (use additional sheet(s) if necessary)

14. Will any law enforcement official benefit directly 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: _____

RANDY CAMPBELL

17. Describe in detail the premises to be licensed: (On Premise Diagram Required) 80 SEAT DINE IN RESTAURANT

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? APPROXIMATELY 1 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: _____

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 11-30, 20 18
Town/City, State Date

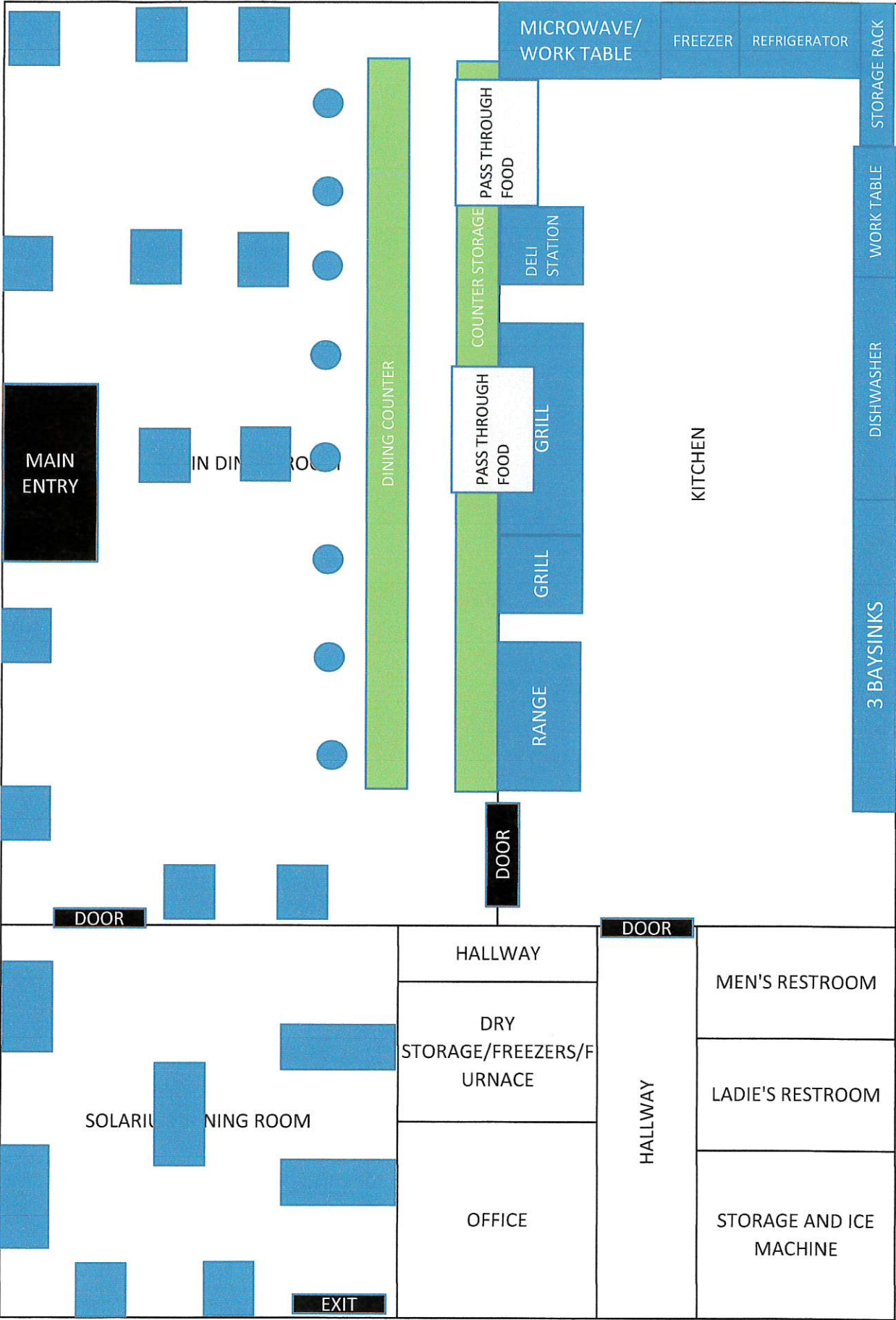
Please sign in blue ink

[Signature]
Signature of Applicant or Corporate Officer(s)
James Savoie
Print Name

[Signature]
Signature of Applicant or Corporate Officer(s)
Kevin J. Savoie
Print Name

FEE SCHEDULE

| | |
|--|-----------------|
| FILING FEE: (must be included 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) | \$1,100.00 |
| CLASS I-A: Hotels only that do not serve three meals a day. | |
| Class II Spirituous Only | \$ 550.00 |
| CLASS II: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining 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 |
| CLASS IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts. | |
| Class III & IV Malt & Vinous Only | \$ 440.00 |
| CLASS III & IV: 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 V Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts) | \$ 495.00 |
| CLASS V: Clubs without catering privileges. | |
| Class X Spirituous, Vinous and Malt – Class A Lounge | \$2,200.00 |
| CLASS X: Class A Lounge | |
| Class XI Spirituous, Vinous and Malt – Restaurant Lounge | \$1,500.00 |
| CLASS XI: Restaurant/Lounge; and OTB. | |





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 ☐ No ☐

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: Lorden Bay Enterprises
2. Doing Business As, if any: Kelley's Sebago Diner
3. Date of filing with Secretary of State: 12-06-17 12-06-17 State in which you are formed: Maine
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
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)

| NAME | ADDRESS (5 YEARS) | Date of Birth | TITLE | Ownership % |
|----------------|------------------------------------|---------------|-----------|-------------|
| James Savioic | 6 TARKILIN HILL Rd Raymond, Me. | 12-3-1966 | President | 50 |
| Kelley Savioic | 6 TARKILIN HILL Rd Raymond | 5-10-1968 | Secretary | 50 |
| | | | | |
| | | | | |

(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)

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

11-30-18
Date

James M. Savoie
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