TOWN OF WINDHAM ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: MATH-COPPER LLC D/B/A Bob's Scafood

	REVIEW BY POLICE CHIEF
I have made a se Applicant and fir	arch of our records for police contacts with the above listed and:
	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: Kar	ee attached memo) Date: 1/10/19
	VIEW 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: 1-8-14



Windham Police Department



James C. Boudreau **Support Services Captain** Kevin L. Schofield Chief of Police

William T. Andrew Patrol Captain

MEMORANDUM

To:

Linda Morrell, Town Clerk

From: Kevin L. Schofield, Chief of Police

Subject: Bobs Seafood Liquor License

Date:

January 8, 2019

Linda I have reviewed the Liquor License application for Bob's Seafood. I have checked the three names provided:

- 1. Travis C Mathieu DOB 6-30-1970
- 2. Derek P Mathieu DOB 2-4-73
- 3. Tarah C Mathieu DOB 7-11/77

In our in-house records management system and an online investigative data base we have access to. There are NO records located at all on the above named people.

Please remember that regulations prohibit me from using the Criminal History Data Base for this purpose, in order to query the official state records the names need to be queried in the Informe account the town has.

Tammy Hodgman did the background check through Informe and everything came back okay.

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

DIVISION USE ONLY		
License No:		
Class:	Ву:	
Deposit Date:		
Amt. Deposited:		
Cash Ck Mo:		

EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV	Amt. Deposited:
	Cash Ck Mo:
NEW application: ✓ Yes □ No	
	SENT LICENSE EXPIRES
The state of the s	Manthitylous
INDICATE TYPE OF PRIVILEGE: ☑ MALT ☑ VINOUS	M SPIRITUOUS
INDICATE TYP	PE OF LICENSE:
RESTAURANT (Class I,II,III,IV)	
☐ HOTEL (Class I,II,III,IV) ☐ HOTEL, FOOD OPT	IONAL (Class I-A)
☐ CLUB w/o Catering (Class V) ☐ CLUB with CATERI	NG (Class I) GOLF COURSE (Class I,II,III,IV)
☐ TAVERN (Class IV) ☐ QUALIFIED CATER	RING 🗆 OTHER:
REFER TO PAGE 3 I	FOR FEE SCHEDULE
ALL QUESTIONS MUST	BE ANSWERED IN FULL
Corporation Name:	Business Name (D/B/A)
MATH-COPPER LLC	BOB'S SEAFOOD
APPLICANT(S) -(Sole Proprietor) DOB:	Physical Location
TRAVIS MATHIEU 6/30/70 DEREX MATHIEU 2/4/73 DOB:	WINDHAM M.E. 04062 City/Town State Zip Code
DEREX MATHER 2/4/73 DOB:	City/Town State Zip Code
THRAH MATHIER 7/11/77	901 KOOSEVELT TRAIL
Address	Mailing Address
901 POSEVEZT TRACE City/Town State Zip Code	Win DAAM M. E. 04062 City/Town State Zip Code
· · · · · · · · · · · · · · · · · · ·	217 2010
WINDHAM M.E. 04062 Telephone Number Fax Number	207 · 893 - 2882—Business Telephone NumberFax Number
207.893-2882 -	
Federal I.D. #	Seller Certificate #:
75-3059117	or Sales Tax #: /06 4550
Email Address:	Website:
Please Print BosseAfood & GMAIL. Com	LOBSTERS - SHIPPED . COM
	•
If business is NEW or under new ownership, indicate starting date: _	
Requested inspection date: Busine	•
1. If premise is a Hotel or Bed & Breakfast, indicate number of room	ns available for transient guests:
2. State amount of gross income from period of last license: ROOM!	S \$ FOOD \$ LIQUOR \$
3. Is applicant a corporation, limited liability company or limited par	rtnership? YES 🛛 NO 🗌
If Yes, please complete the Corporate Information required for Busin	ness Entities who are licensees.
4. Do you permit dancing or entertainment on the licensed premises	? YES X NO □
5. If manager is to be employed, give name: Own 575 - To	
6. Business records are located at:	
	es M no \square
	FS W NO D On Promina Pay 1 2017

9. List name, date of birth, and place of birth for all applicants, managers, and bar managers. Give maiden name, if married: Use a separate sheet of paper if necessary.

Name in Full (Print Clearly)	DOB	Place of Birth
TEAVIS & MATHIEU	6-30-70	PORTLAND M.E
DEREK P MATHIEU	2.4.73	WORLESTER, MASS
TARAH C. MATHIEU	7-11-77	NASHUA, N.H.
Residence address on all of the above for previous 5 years (Limit answer to	city & state	
TRAVIS - REYNOLDSBURG, OHIO		
DEREC - WINDHAM, MAINE	·	
10. Has/have applicant(s) or manager ever been convicted of any violation of of any State of the United States? YES NO NO	the law, other then	minor traffic violations,
Name: Date	of Conviction:	
Offense: Locati		
Disposition: (use add		
11. Will any law enforcement official benefit financially either directly or ind Yes No Yes, give name:	irectly in your licer	nse, if issued?
12. Has/have applicant(s) formerly held a Maine liquor license? YES	NO 🗷	
13. Does/do applicant(s) own the premises? Yes 🗷 No 🗆 If No give na	ame and address of	owner:
14. Describe in detail the premises to be licensed: (On Premise Diagram Re	quired) BAR	+ PINNING
15. Does/do applicant(s) have all the necessary permits required by the State of YES \(\square\) NO \(\square\) Applied for:	Department of Hun	nan Services?
16. What is the distance from the premises to the NEAREST school, school of measured from the main entrance of the premises to the main entrance of or parish house by the ordinary course of travel?	the school, school o	lormitory, church, chapel
Which of the above is nearest?		
7. Have you received any assistance financially or otherwise (including any self in the establishment of your business? YES \(\sigma\) NO \(\mathbb{K}\)	mortgages) from ar	ny source other than your-
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:	Windhan 1 Town/City, S	m E tate	onF	Date	, 2	0 19
Signature of A	Applicant or Corporate		gn in blue ink		Applicant of	or Corporate Officer(s)
103577	Print Name		C MATHIEY		Print N	MATHIKU

FEE SCHEDULE

FILING I	TEE: (must be included on all applications)
Class I	Spirituous, Vinous and Malt
Class I-A	Spirituous, Vinous and Malt, Optional Food (Hotels Only)
Class II	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, Bed & Breakfasts)
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

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.



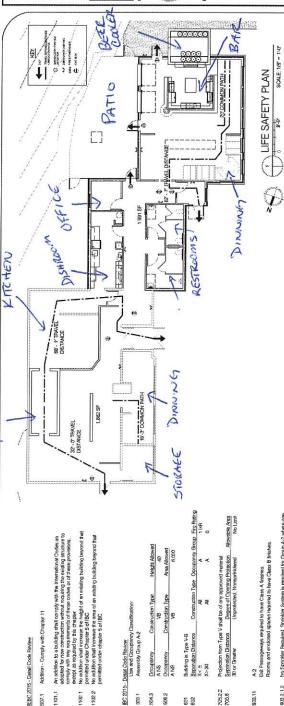
SCALE, 1/8" = 1'4"

- S - P - Z - Z













Assembly (Chapter 12 and 13)

81.12

NFPA 101 3.3.178.2 7,15,1 7,2,12,3,2 7,2,1,4 7,2,1,5 7,3,1,5 7,3,1,2 7,4,1,1

the same and the s				
ches and alorms shall comply with this section.	705.2.3	Projection from Type V:	Projection from Type V shall be of any approved material	
pe	705.8	Separation Distance	Separation Distance Degree of Operang Protection Allowable Area	Allowable Area
o concentrated:15 net at 723 SF is 48 occupants exits		30 or Grauber	Unprotected, Nonsprinklared	No Umit
is see required, they shall be located at a distance form it less than one-half the length of the maximum owerall ration of the building or area being served.	803.11	A-2 Exit Passageways regul	A-2 Ebit Passageways required to have Class A feathes	
thing shall be in accordance with this section. Ning shall be in accordance with this nection.		Rooms and envioused sq	Flooms and envioned spaces required to have Cleas B linishes.	hes.
ons of agrees shall comply with this section.	908.2.1.2	No Sprinkler Required : of following exists:	No Sprinkler Required. Sprinkler System is required for Group A-2 where one of iollowing exists:	up A-2 where one
Occupancy strate to contribute one-half of anticad anticad		Fire area excends 5,000 xt. Fire area has an occupant to the area is located on a flore area is located on a flore area is consequent.	-Fire area has an occupant load of 300 or more Fire area has on occupant load of 300 or more Fire area footbed on a Boor other from a level of eath dischenge serving such occurrences.	kirge serving

2.5 Emergency Lighting shall be an accordance with tils excision. 2.10 Minkfully for compared greate shall corruptly with this excition. 2.21 Revenue metric of cogness shall corruptly with this excition. 2.22.56.2(2) Native extension shall be of a width that accommodates one-the accommodates one-the-accommodates one-the		12.1 New Assembly Octorpancy 122.3 (220) Matric enteriors shall be of a width that necontrocidate the Tated octorior had a feet of the Assembly of the Assembl
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906.1

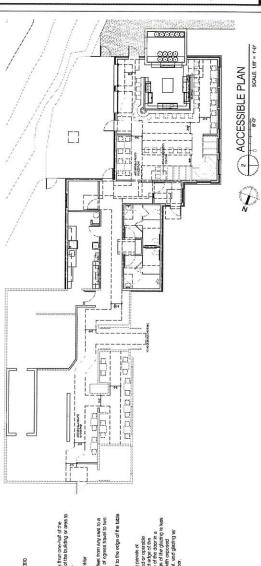


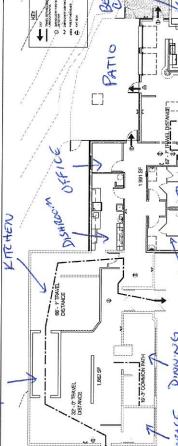
43.8.1.1

length of the maximum overall diagona me served measure in a straight line be	1017.2 Exit Accens Travel Distance ~ 200 feet	1029 B Common path of egress fravel shall not point where an occupant has a choice of	1029.12.1 Sealing at tables - 19 inches away from
nis code applicable			

if exceed 30 feet from any seet to a of two paths of ogress travel to two







7.]	s any principal per	son involved with the entity a	law enforcement official?	
	Yes 🗌 No	If Yes, Name:	Agency:	
8. I		erson involved in the entity evns, in the United States?	er been convicted of any violation of the law	, other than minor
	Yes 🗌 No 💆			
9. I	f Yes to Question 8	3, please complete the followin	ng: (attached additional sheets as needed)	
	Name:			
	Date of Convic	tion:		
	Offense:			
	Location of Co	nviction:		
	Disposition: _			
Sign	ıature:		_	
<u>.</u>		7/9/19	parish mornish	114/19
Sign	ature of Duly Auth	orized Person Date		
1	acan math	thorized Person		
7,	EANS C. A	1ATMEN 1/4/19		
	······································			
Subr	nit Completed Fort	ns 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



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	comple	te this	form	in	its	entirety.	
Tionso	OICHTIA	OCTITOTO	ω ω	TOTHE	117	112	OITHIOUY,	

1. Exact legal name: MATH-Copper LLC	·
2. Doing Business As, if any: Bol's Schfood	
3. Date of filing with Secretary of State:	State in which you are formed: M. 6.
4. If not a Maine business entity, date on which you we	re 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 %
TRANS MATHIEU	8294 BELLOW PARK DF. BEYNOLDSBUCH, OH 43068	6-30-70	OWNER	33.3
DEREX MATHIEU	54 THRUSH TERRACE WINDHAM, M.E.	2-4-73	OWNER	33.3
2415	25 PANTHER POLID PINES RD, RHYMOUD, M.E. 04071 19 FOX RAN GRAY, M.E. 04038	7-11-77	DWNER	33.4
5	CHARLET: 6 BERRY COVE RR. PHYMOND, M.E.			

(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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