TOWN OF WINDHAM ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant: Smi	Hy's Cinema-Windham, LL
	REVIEW BY POLICE CHIEF
I have made a search of Applicant and find:	our records for police contacts with the above listed
V	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: Kun d	Sel 10 Date: 1/23/19
REVIEW	BY COMMUNITY DEVELOPMENT DIRECTOR
	The applicant's establishment is in conformance with The Town's Land Use Code and has an occupancy permit
	request permission to personally address the Town Council For public record. (Relevant materials attached)

Date: 1/23/19

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

DIVISIO	N USE ONLY	
License No:		
Class:	By:	
Deposit Date:		
Amt. Deposited:		
Cash Ck Mo:		

EMAIL INQUIRIES: MAINELIQUO	R@WAINE.GOV	A	mt. Deposited:	
		Ca	ash Ck Mo:	
NEW application: ☐ Yes ■ N	lo			
	PRES	SENT LICENSE E	XPIRES 3/25/2019	
INDICATE TYPE OF PRIVILEGE:	■ MALT ■ VINOUS	■ SPIRITUO	ous	
	INDICATE TYP	PE OF LICENSE:		
☐ RESTAURANT (Class I,II,III,IV)	☐ RESTAURANT/LOU	NGE (Class XI)	□CLASS A LOUN	IGE (Class X)
☐ HOTEL (Class I,II,III,IV)	\square HOTEL, FOOD OPTI	IONAL (Class I-A) □BED & BREAK	FAST (Class V)
☐ CLUB w/o Catering (Class V)	☐ CLUB with CATERIN	NG (Class I)	\Box GOLF COURSE	(Class I,II,III,IV)
☐ TAVERN (Class IV)	☐ QUALIFIED CATER	RING 🔳 OT	HER: Cinema Pub	
	REFER TO PAGE 3 F	FOR FEE SCHED	ULE	
	ALL QUESTIONS MUST	BE ANSWERED	IN FULL	
Corporation Name:		Business Name (I	O/B/A)	90 Sec. 1624
Smitty's Cinema -	Windham, LLC	,	Cinema - Wind	ham, LLC
APPLICANT(S) –(Sole Proprietor)	DOB:	ACCOUNTS OF A STATE OF	i: It Trail Unit #21	
	DOB:	City/Town Windham	State ME	Zip Code 04062
Address 123 West Main Street		Mailing Address 123 West Ma	in Street	
City/Town	State Zip Code	City/Town	State	Zip Code
M. C.	MA 01860	Merrimac	MA	01860
Telephone Number	Fax Number 978-346-7870	Business Telepho 978-346-7830		Fax Number 346-7870
978-346-7830 Sederal I.D. #	<u> </u>	Seller Certificate		
46-1401344		or Sales Tax #:	" 1039706	
Email Address: Please Print milton@smit	ttyscinema.com	Website: www.smittyso	cinema.com	
		N/A		
If business is NEW or under new owner			om Mon Cup	
Requested inspection date:		ess hours: 10am-1		
1. If premise is a Hotel or Bed & Brea				
2. State amount of gross income from	period of last license: ROOMS	S \$ FC	OOD \$ _1M LIQUOI	R \$_238K
3. Is applicant a corporation, limited li If Yes, please complete the Corporate l				
4. Do you own or have any interest in a If yes, please list License Number, Nar		- T	No nor Licenses.	
	(Uso	e an additional shee	t(s) if necessary.)	
License # Name of Busines			22	
Physical Location City / To	own			

5. Do you permit dancing or entertainment on the licensed premises?	YES [□ NO		
6. If manager is to be employed, give name:Tracy Lambert				
7. Business records are located at: On Premise and at Corp Office in	in Merrin	nac MA	<u> </u>	
8. Is/are applicants(s) citizens of the United States? YE	S	NO [1	
9. Is/are applicant(s) residents of the State of Maine? YE	s 🗆	NO 🗏		
10. List name, date of birth, and place of birth for all applicants, Use a separate sheet of paper if necessary.	manage	rs, and	bar managers. Giv	re maiden name, if married:
Name in Full (Print Clearly)			DOB	Place of Birth
Milton Stephan Smith			09/07/1971	Haverhill, MA
Benton Grover Smith			08/17/1966	Haverhill, MA
Cabot Bruce Smith			12/26/1961	Haverhill, MA
Residence address on all of the above for previous 5 years (Lim	nit answ	er to cit	y & state	
West New	bury,	MA		
Merrima	ac, MA	4		
11. Has/have applicant(s) or manager ever been convicted of any of any State of the United States? YES □ NO ■ Name:				ninor traffic violations,
Offense:	L	ocation	n:	
Disposition: (use additional sheet(s) if necessary)				
12. Will any law enforcement official benefit financially either of Yes □ No ■ If Yes , give name:			ectly in your licens	
13. Has/have applicant(s) formerly held a Maine liquor license?	YES		10 🗆	
14. Does/do applicant(s) own the premises? Yes No 5050 Belmont Ave Youngstown, OH 44505			ne and address of o	
15. Describe in detail the premises to be licensed: (On Premise in a shopping mall plaza	Diagra	n Requ	uired)appro	ox 19137 sq ft
16. Does/do applicant(s) have all the necessary permits required YES ■ NO □ Applied for:		State De	epartment of Huma	n Services?
17. What is the distance from the premises to the NEAREST so measured from the main entrance of the premises to the main or parish house by the ordinary course of travel?	n entran	e of th	e school, school do	ormitory, church, chapel
Which of the above is nearest?				
18. Have you received any assistance financially or otherwise (in self in the establishment of your business? YES ☑ NO	ncluding	any m	ortgages) from any	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:	Merrimac, MA	_{on} Janua	ary 14	, 20_19_		
	Town/City, State		Date			
	Please si	gn in blue ink				
Signature	of Applicant or Corporate Officer(s)		Signature of App	plicant or Corporate	Offic	er(s)
Milton S	S Smith					
* 	Print Name			Print Name	,,	
	FE	E SCHEDULE	3			
FILING F	TEE: (must be included on all applications)	**********************		**************************	\$	10.00
Class I	Spirituous, Vinous and Malt	ss A Restaurant	s: Clubs with cate	ring privileges; Din	ing	
Class I-A	Spirituous, Vinous and Malt, Optional Food CLASS I-A: Hotels only that do not serve				\$1	,100.00
Class II	Spirituous Only	lass A Restaurar	nts; Clubs with ca	tering privileges; Di	\$ ining	550.00
Class III	Vinous Only CLASS III: Airlines; Civic Auditoriums; C Dining Cars; Golf Clubs; Hotels; Indoor Ice Vessels; Pool Halls; and Bed and Breakfasts	Class A Restaura Skating Clubs;	ints; Clubs with c	atering privileges;	\$	220.00
Class IV	Malt Liquor Only	Class A Restaura Skating Clubs;	ints; Clubs with ca	atering privileges;	\$	220.00
Class V	Spirituous, Vinous and Malt (Clubs without CLASS V: Clubs without catering privilege		& Breakfasts)		\$	495.00
Class X	Spirituous, Vinous and Malt – Class A Lour CLASS X: Class A Lounge	nge			\$2	,200.00
Class XI	Spirituous, Vinous and Malt – Restaurant Lo CLASS XI: Restaurant/Lounge; and OTB.			***************************************	\$1	,500.00

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.



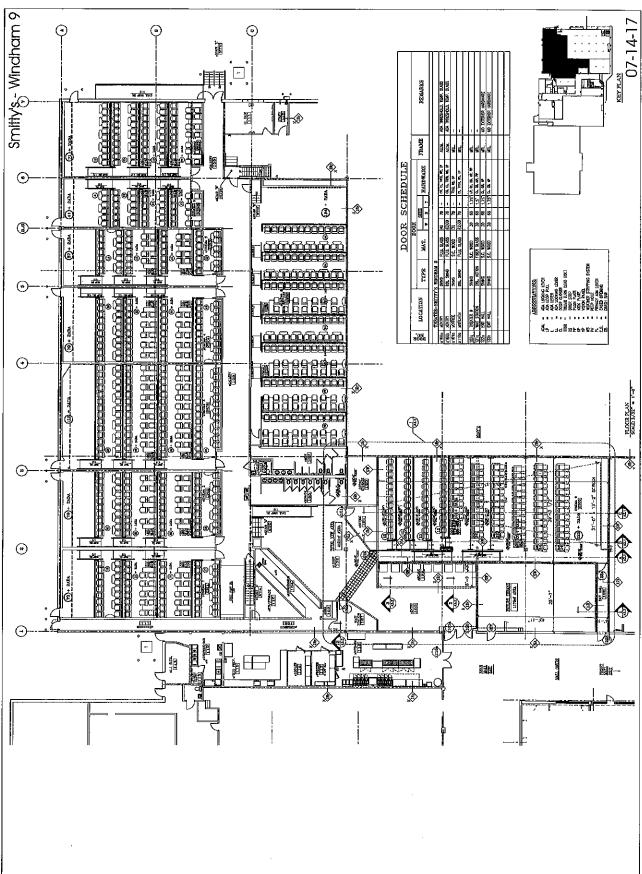




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Division of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing and Enforcement

Corporate Information Required for Business Entities Who Are Licensees

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

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.

Pl	lease clearly complete this form in its entirety.
1.	Exact legal name: Smitty's Cinema - Windham, LLC
2.	Doing Business As, if any: Same
3.	Date of filing with Secretary of State: 12/2012 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 %
Milton S Smith	West Newbury, MA	09/07/71	Pres	25
Benton G Smith	West Newbury, MA	08/17/66	VP	25
Cabot B Smith	Merrimac, MA	12/22/61	Treasurer	25
MacGregor Smith	Merrimac, MA	12/23/51	Secr	25

(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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7. Is any principal person involved with the entity	a law enforcement official?
Yes No If Yes, Name:	Agency:
8. Has any principal person involved in the entity traffic violations, in the United States?	ever been convicted of any violation of the law, other than minor
Yes No	
9. If Yes to Question 8, please complete the follow	ving: (attached additional sheets as needed)
Name:	
Date of Conviction:	
Offense:	
Signature:	01/13/2019
Signature of Duly Authorized Person Date	
Milton S Smith	
Print Name of Duly Authorized Person	

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