TOWN OF WINDHAM ADDENDUM TO LIQUOR LICENSE APPLICATION

Applicant:	Franco's E	Distro Ir	ıc.
	REVIEW	BY FIRE CHIE	F
I have made a se Applicant and fi	arch of our records fo nd:	r fire incidents v	with the above listed
	The applicant's earthe Town of Win	stablishment is i dham Fire Cod	in conformance with es.
	I request permiss Council for publi	ion to personall c record. (Relev	y address the Town ant materials attached)
Signed:	Jo willy		Date: <u>04/18/19</u>
	REVIEW	BY POLICE C	HIEF
I have made a se Applicant and fi		r police contact	s with the above listed
	No remarkable ir would jeopardize		the past 12 months that application.
			y address the Town ant materials attached)
Signed: Ke	- Leklor		Date: 4/18/19
	REVIEW	BY COMMUN	ITY DEVELOPMENT DIRECTOR
X	The applicant's The Town's La	s establishment nd Use Code an	is in conformance with ad has an occupancy permit
	I request perm For public reco	ission to person ord. (Relevant n	ally address the Town Council naterials attached)
Signed:	4111		Date: 4/18/19

BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPE	RATIONS	DIVISION USE ONLY		
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		License No:		
		Class: By:		
		Deposit Date:		
		Amt. Deposited:		
PRECENTE LIGHTIGE EVELOPES.		Cash Ck Mo:		
PRESENT LICENSE EXPIRES: 5/9/2	7/2	Good SOS & DBA: YES □ NO □		
NEW application: Yes No If business is NEW or under new ownership, indicate starting date:				
Requested inspection (New Licensees/ Ownership Changes Only) D	ate:	Business hours:		
INDICATE TYPE OF PRIVILEGE: \square MALT \square VINOU INDICATE TYPE		ous		
RESTAURANT (Class I,II,III,IV) RESTAURANT/LO	UNGE (Class XI)	☐ CLASS A LOUNGE (Class X)		
HOTEL (Class I,II,III,IV) HOTEL, FOOD OP:	ΓΙΟΝΑL (Class I-A)	☐ BED & BREAKFAST (Class V)		
☐ GOLF COURSE (Class I,II,III,IV) ☐ TAVERN (Class IV	7)	☐ QUALIFIED CATERING		
☐ OTHER:				
REFER TO PAGE 3 FO	OR FEE SCHEDUL	E		
ALL QUESTIONS MUST I	BE ANSWERED IN	FULL		
Corporation Name: Franco's Destro Inc. APPLICANT(S) – (Sole Proprietor) DOB:	Business Name (D/B	A) Sistro		
DOB:	City/Town	State Zip Code		
DOB:	Windha			
Address	Mailing Address	721		
City/Town State Zip Code	City/Town	State Zip Code		
Telephone Number Fax Number	Business Telephone	Number Fax Number		
Federal I.D. #	Seller Certificate #:	72-3700		
17-55-76900	or Sales Tax #:	172870		
Email Address:	Website:	District City		
Please Print frances Bostro	franc	cos Bistro. Com		
1. If premise is a Hotel or Bed & Breakfast, indicate number of	f rooms available fo	or transient guests:		
2. State amount of gross income from period of last license:				
ROOMS \$ FOOD \$ 240,000 LIQUOF	18 77,000	at		
3. Is applicant a corporation, limited liability company or limited forward in the corporate Information required for the corporate Inf	ited partnership?	YES № NO □		
4. Do you permit dancing or entertainment on the licensed pro	emises? YES 🗆	NO 🕱		

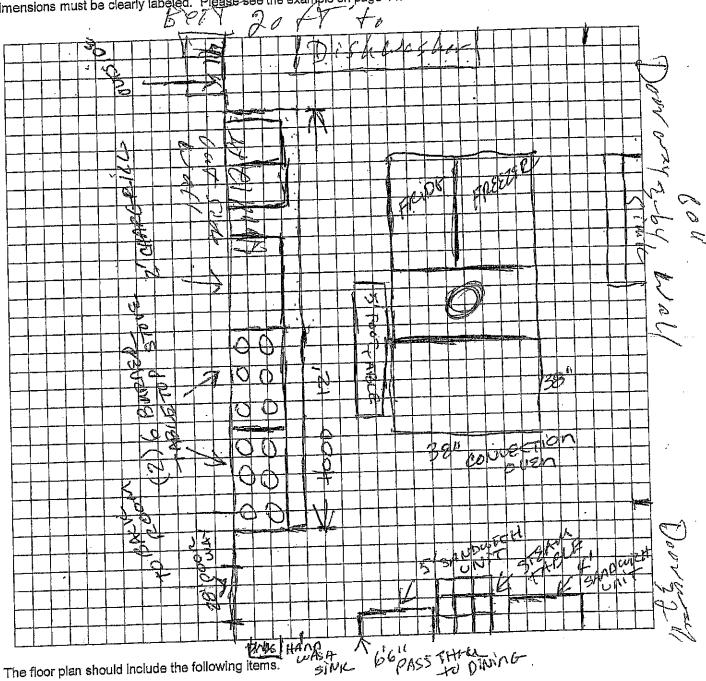
5. Do you or if necessary.	wn or have any interest in any another 1) If yes, please list License Number, N	Maine Liquor Iame, and phys	License? L sical location	JYes LY No n of any other Mair	(Use an additional sheet(s) ne Liquor Licenses.
License#	Name of Business				
Physical Location 6. If manag	er is to be employed, give name:	City / Tow	/n		
7. Business	records are located at: 907	150050	VelT	ford,	Windhamb
8. Is/are app	plicants(s) citizens of the United States	? YES	S 🗷 NO		09067
9. Is/are app	olicant(s) residents of the State of Main	e? YES	S DO NO		
10. List nam	ne, date of birth, and place of birth for a	all applicants,	managers, aı	nd bar managers.	
	Full Name (Please Pri	nt)		DOB	Place of Birth
Fran	k proved Th			10/10/56	midale town
Ela	ine M. Everett	<i></i>		E/27/29	Watterpury
				10011	
11. Residen	ace address on all of the above for p	revious 5 yea	ırs (Limit a	nswer to city & s	tate)
Name:		City:		<u> </u>	State:
Name:		City:			State;
Name:		City:			State:
of any S	e applicant(s) or manager ever been co tate of the United States? YES	NO 154	Date of Co	nviction:	
Dispositi				se additional sheet	
13 . Will any Yes □	law enforcement official benefit direction No T	tly in your lice	ense, if issue	ed?	
14. Has/hav	/ e applicant(s) formerly held a Maine Ii	quor license?	YES ∕⁄⊑	NO □	
15. Does/do	applicant(s) own the premises? Yes	□ No 🏋	If No give	name and address	of owner:
16. Describe	e in detail the premises to be licensed:	On Premise	Diagram Re	equired)	
17. Does/do YES 🎘	applicant(s) have all the necessary per	mits required	by the State	Department of Hu	man Services?
measure or parish	the distance from the premises to the N d from the main entrance of the premise house by the ordinary course of trave of the above is nearest?	ses to the main	entrance of	the school, school	dormitory, church, chapel
Which o	I the above is hearest?	120111			

19. Have yo	ou received any assistance financially or otherwise (including any mortgages) from any source other than your-	
If YES,	the establishment of your business? YES NO Dock Finance, give details: Amordean to fress funding, on Deck Finance	cin
The Division returns pert	on of Liquor Licensing & Enforcement is hereby authorized to obtain and examine all books, records and tax taining to the business, for which this liquor license is requested, and also such books, records and returns during which any liquor license is in effect.	
information monetary fi	understand that false statements made on this form are punishable by law. Knowingly supplying false on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by ine of up to \$2,000 or both."	
Dated at: _	Windham, be 4906 Jon 4/17, 2019 Town/City, State	
Fra	of Applicant or Corporate Officer(s) Please sign in blue ink Signature of Applicant or Corporate Officer(s)	
	Print Name Signature of Applicant of Corporate Office (s) Elle Merces Print Name	
	FEE SCHEDULE	
FILING F	EE: (must be included on all applications)	
Class I	Spirituous, Vinous and Malt	
	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;	
Class I-A	OTB. Spirituous, Vinous and Malt, Optional Food (Hotels Only)\$1,100.00	
Class I-1	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	
Class III	Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels. Vinous Only	
Class III	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	
	Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns;	
	Pool Halls; and Bed and Breakfasts.	
Class III	Malt & Vinous Only\$ 440.00	
& IV	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;	
Class V	Vessels; Pool Halls; and Bed and Breakfasts. Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts)	
C1455 V	CLASS V: Clubs without catering privileges.	
Class X	Spirituous, Vinous and Malt – Class A Lounge	
	CLASS X: Class A Lounge	
Class XI	Spirituous, Vinous and Malt – Restaurant Lounge	

CLASS XI: Restaurant/Lounge; and OTB.

9. Kitchen or Food Preparation Area Plan:

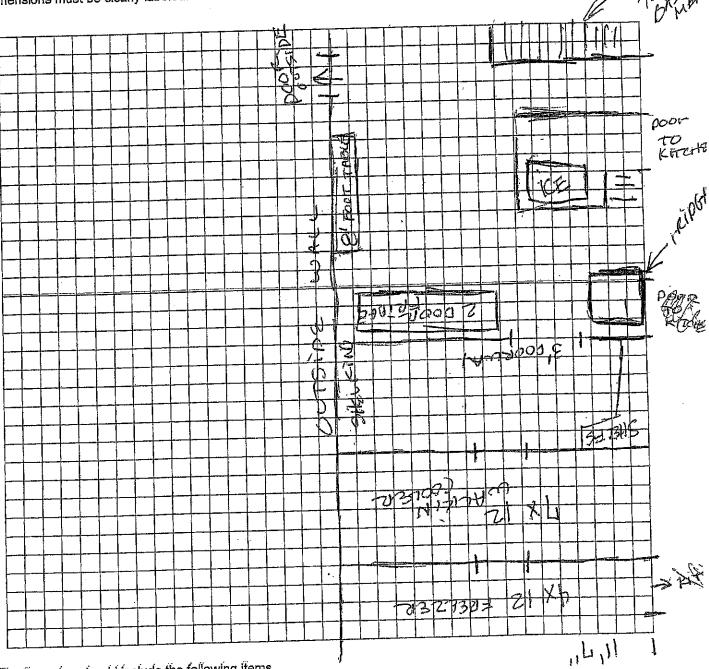
Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled. Please see the example on page 11.



Sinks: 1. Hand Washing 2. Ware Washing 3. Utility 4. Food Prep 5. Dipper Wells	Tollet Facilities: 1. Water Closets 2. Lavatories 3. Urinals 4. Other	Refrigeration: 1. Walk-in Coolers 2. Walk-in Freezers 3. Freestanding Coolers 4. Freestanding Freezers 5. Ice Maker	Facilities: 1. Food Preparation Areas 2. Food Storage Areas 3. Trash/Refuse/Redemption Areas 4. Dining Areas 5. Equipment/Counters/Seats/Tables 6. Dry Storage/All Other Storage
6. Other		6. Other	6. Dry Storage/All Other Storage

9. Kitchen or Food Preparation Area Plan:

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled. Please see the example on page 11.



The floor plan should include the following items.

Ofinten	Toilet Facilities:	Refrigeration:	Facilities:
Sinks:	1. Water Closets	1. Walk-in Coolers	Food Preparation Areas
1. Hand Washing		2. Walk-in Freezers	2. Food Storage Areas
2. Ware Washing	2. Lavatories	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
3. Utility	3. Urinals	4. Freestanding Freezers	4. Dining Areas
4. Food Prep	4. Other		5. Equipment/Counters/Seats/Tables
5. Dipper Wells		5. Ice Maker	6. Dry Storage/All Other Storage
6. Other		6. Other	O. Dry Gloragon at Other occrago

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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 form	in its entirety.			
1.	Exact legal name:	Frances Day		Inc	
2.	Doing Business As, if any	Franco's Bis	35/12		
3.	Date of filing with Secretary of State: 4/3/201 State in which you are formed:				
4.	If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:				
5.		ses for previous 5 years, birth dates, ttach additional sheets as needed)	, titles of offic	ers, directors an	d list the
NAN	ME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
	cuk merca. Th	106 Cooks will Ad.	plots	Prosident	60
E.	have fu	Naples, medyoss 106 Cooles will Ad Naples, me ogoco	5/23/39	VP	50
	(Stock owners	hip in non-publicly traded compani	es must add u	p to 100%.)	
6.	If Co-Op # of members:	(list primary	y officers in tl	ne 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
8.	If Yes to Question 8, please complete the following: (attached additional sheets as needed)
	Name:
	Date of Conviction:
	Offense:
	Location of Conviction:
	Disposition:
Signat	ture:
Signat	ure of Owner or Corporate Officer Date
	ink previed TR
Print N	Name of Owner or Corporate Officer
Submi	t Completed Forms to:
Division 8 State 10 Wa	of Alcoholic Beverages on of Liquor Licensing and Enforcement House Station, Augusta, Me 04333-0008 (Regular address) ter Street, Hallowell, ME 04347 (Overnight address) tone Inquiries: (207) 624-7220 Fax: (207) 287-3434

Email Inquiries: MaineLiquor@Maine.gov