

**TOWN OF WINDHAM  
ADDENDUM TO LIQUOR LICENSE APPLICATION**

Applicant:

Gilberts Chowder House II

**REVIEW BY FIRE CHIEF**

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

✓

The applicant's establishment is in conformance with  
The Town of Windham Fire Codes.

\_\_\_\_\_

I request permission to personally address the Town  
Council for public record. (Relevant materials attached)

Signed:



Date:

05/16/19

**REVIEW BY POLICE CHIEF**

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

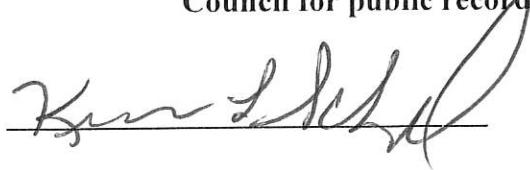
✓

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:

5/16/19

**REVIEW BY COMMUNITY DEVELOPMENT DIRECTOR**


✓

The applicant's establishment is in conformance with  
The Town's Land Use Code and has an occupancy permit

\_\_\_\_\_

I request permission to personally address the Town Council  
For public record. (Relevant materials attached)

Signed:



Date:

5/15/19

**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:** 6/15/19

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: <u>Trebig Enterprises Inc</u>		Business Name (D/B/A): <u>Gilberts Chowder House II</u>	
APPLICANT(S) - (Sole Proprietor) <u>James Gilbert</u>		Physical Location: <u>61 Tandberg Trail</u>	
DOB: _____		City/Town: <u>Windham</u>	State: <u>ME</u>
DOB: _____		Zip Code: <u>04062</u>	
Address: <u>308 Chandlers Wharf</u>		Mailing Address: <u>same</u>	
City/Town: <u>Portland</u>	State: <u>ME</u>	City/Town: _____	State: _____
Zip Code: <u>04101</u>	Zip Code: _____		
Telephone Number: <u>207 939-2755</u>	Fax Number: _____	Business Telephone Number: <u>207 893-0700</u>	Fax Number: _____
Federal I.D. #: <u>01-0483824</u>	Seller Certificate #: <u>0268</u> or Sales Tax #: <u>0268627</u>		
Email Address: <u>gilbertschowderhouse@gmail.com</u>	Website: <u>gilbertschowderhouse.com</u>		

- 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 \$ 400,000 LIQUOR \$ 50,000
- 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 ☐

5. 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.

CAR 1993-5385 Gilberts Chicken House

License # Name of Business

92 Commercial St.

Portland

ME

Physical Location

City / Town

6. If manager is to be employed, give name:

James Gilbert

7. Business records are located at:

Windham ME

8. Is/are applicants(s) citizens of the United States?

YES ☒ NO ☐

9. Is/are applicant(s) residents of the State of Maine?

YES ☒ NO ☐

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

Full Name (Please Print)	DOB	Place of Birth
Jim Gilbert	3/18/51	Portland ME
Jamie Gilbert	9/22/72	Portland ME
11. Residence address on all of the above for previous 5 years (Limit answer to city & state)		
Name: Jim Gilbert	City: Portland	State: ME
Name: Jamie Gilbert	City: Portland	State: ME
Name:	City:	State:

12. Has/have applicant(s) or manager ever been convicted of any violation of the law, other than 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)

13. Will any law enforcement official benefit directly in your license, if issued?

Yes ☐ No ☒ If Yes, give name: \_\_\_\_\_

14. Has/have applicant(s) formerly held a Maine liquor license? YES ☒ NO ☐

15. Does/do applicant(s) own the premises? Yes ☒ No ☐ If No give name and address of owner: \_\_\_\_\_

16. Describe in detail the premises to be licensed: (On Premise Diagram Required)

and patio

The Restaurant Seating

17. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

YES ☒ NO ☐ Applied for: \_\_\_\_\_

18. 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?

4000

Which of the above is nearest?

School

19. 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:

Key Bank

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  
Town/City, State

on

5/14

Date

, 20 19

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

James Gilbert

James Gilbert

Print Name

Signature of Applicant or Corporate Officer(s)

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.

**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.



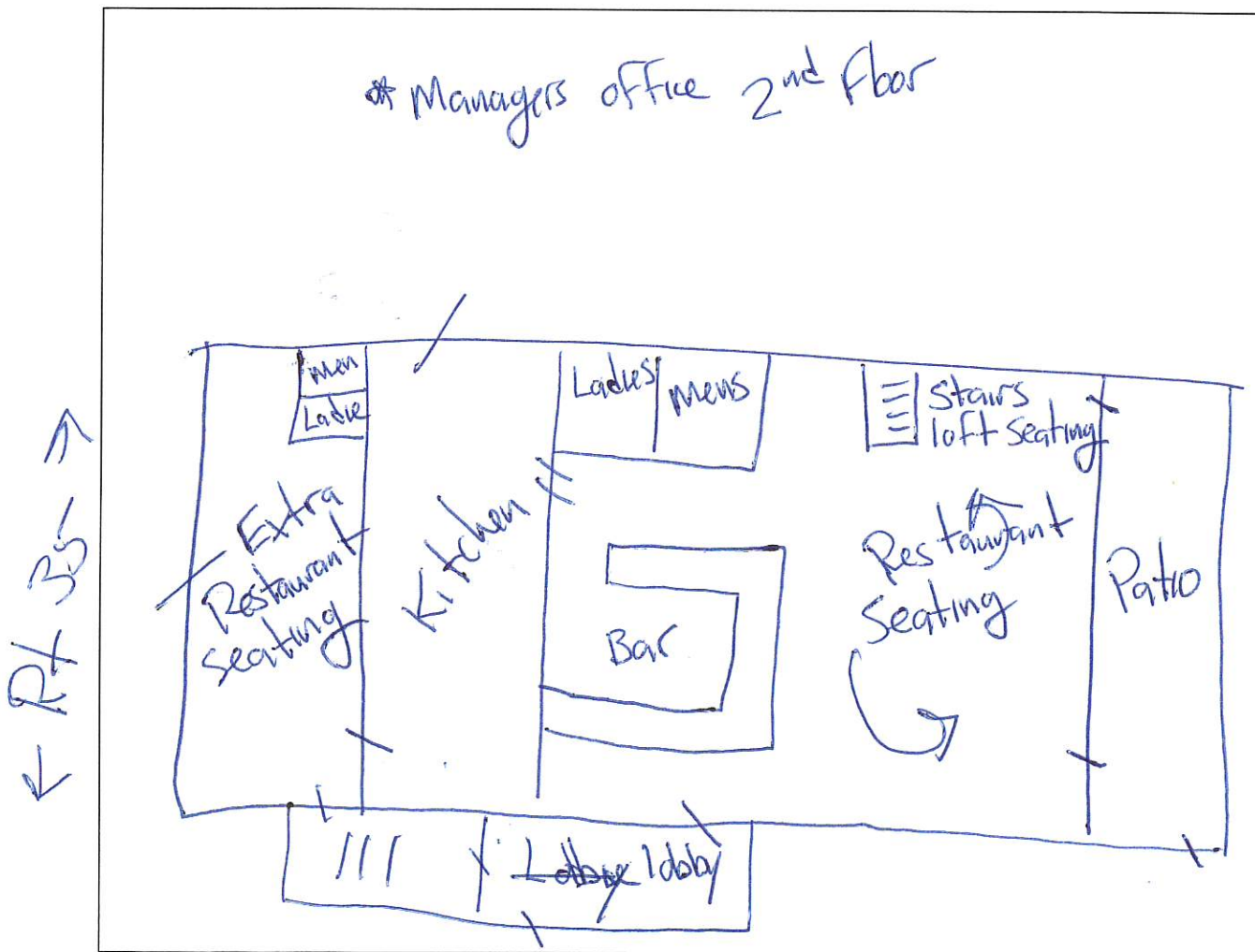
Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing & Enforcement  
8 State House Station, Augusta, ME 04333-0008  
10 Water Street, Hallowell, ME 04347 (overnight)  
Tel: (207) 624-7220 Fax: (207) 287-3434  
Email Inquiries: [MaineLiquor@maine.gov](mailto:MaineLiquor@maine.gov)



### ON PREMISE DIAGRAM (Facility Drawing/ Floor Plan)

In an effort to clearly define your license premise and the area that consumption and storage of liquor is allowed. The Division requires all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas with the following: • **Entrances** • **Office area** • **Kitchen** • **Storage Areas** • **Dining Rooms** • **Lounges** • **Function Rooms** • **Restrooms** • **Decks** • **All Inside and Outside areas that you are requesting approval.**





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: Treblig Enterprises Inc.
2. Doing Business As, if any: Gilberts Chawden House II
3. Date of filing with Secretary of State: 1994 State in which you are formed: ME
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 Gilbert	308 Chandler's Wharf Portland ME	3/18/51	100%	owner

(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

5/14/19  
\_\_\_\_\_  
Date

James Gilbert  
\_\_\_\_\_  
Print Name of Owner or Corporate Officer

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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](mailto:MaineLiquor@Maine.gov)