

TOWN OF WINDHAM, MAINE

SPECIAL AMUSEMENT

APPLICATION

- A. NAME OF APPLICANT Kenneth Cianchetti  
B. ADDRESS OF APPLICANT 43 Winn Rd - Cumberland, Me.  
C. NAME OF BUSINESS Tricks Church  
D. BUSINESS ADDRESS 824 Roger West Trail - Windham  
E. MAILING ADDRESS IF DIFFERENT \_\_\_\_\_  
F. DATE OF BIRTH 10/10/1987  
G. HOME TELEPHONE # 776-8282 BUSINESS # 572-1447

- H. LIST THE NAMES & ADDRESS OF ALL OFFICERS & RESIDENCY FOR THE PROCEEDING 3 YEARS.

OFFICER (1) NAME  
DATE OF BIRTH  
ADDRESS LAST 3 YRS.

Kenneth Cianchetti  
10-10-1987  
43 Winn Rd.  
Cumberland, Me. 04021

OFFICER (2) NAME  
DATE OF BIRTH  
ADDRESS LAST 3 YRS.

OFFICER (3) NAME  
DATE OF BIRTH  
ADDRESS LAST 3 YRS.

- I. HAVE ANY OF THE OFFICERS BEEN CONVICTED OF A CLASS A, B, OR C CRIME IN THE LAST (5) YEARS? IF SO, WHO AND PLEASE DESCRIBE THE OFFENSE.

NO

- J. PLEASE DESCRIBE THE PREMISES INCLUDING SECURITY MEASURES BEING TAKEN, SIZE, SEATING, ETC. 102 approved

3 Exits, 150 Seats  
Single Story, Sprinkler & fire system  
Security Kam & Cameras

K. HAS APPLICANT EVER HAD A LICENSE DENIED OR REVOKED? IF SO, DESCRIBE THE CIRCUMSTANCES. NO

L. THE FEE MUST BE PAID AT TIME OF APPLICATION, THE APPLICATION FEE IS \$100.00 PLUS ALL ADVERTISING COSTS.

M. PLEASE SPECIFY TYPE OF ENTERTAINMENT MUSIC & dancing

N. LIST DAYS AND HOURS OF ENTERTAINMENT: M-S (7 days a week)  
7pm - 11pm

Designated responsible contact person(s) available during the business hours of 8:00 am – 4:30 pm, Monday – Thursday.

Name: Renneth Cianchetti  
Phone: 207-572-1447  
E-mail: Rennerikschurch.com

NOTE: Upon approval of this application for a Special Amusement Permit, the named business is required to comply with all regulations contained in section 56.5 (C) of the Special Amusement Ordinance as well as any conditions made part of its approval. Any regulated activity under this ordinance may not take place until it has been documented and verified by a Code Enforcement Officer that the regulations and conditions have been met and implemented in accordance with the approval. Any concerns you may have regarding the implementation of the requirements contained in the Special Amusement Ordinance should be made part of your application or voiced at your hearing prior to the permit applications approval.

"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 \$500.00 or both."

  
SIGNATURE OF APPLICANT/DATE

\*NOTE: SPECIAL AMUSEMENT PERMITS EXPIRE AT THE SAME TIME AS A LIQUOR LICENSE.

FOR TOWN CLERK'S USE ONLY

AUTHORIZED SIGNATURES:

CEO

CHIEF OF POLICE

Rev.: 9/2010

\* Please see attachment.  
Conditioned on 102 se  
only 111  
rva

Appendix C  
**Onsite Wastewater Disposal System – Local Review and Verification Form**

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate wastewater disposal system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

**Health Inspection Program – Onsite Wastewater Disposal System  
Local Review and Approval Form – HHE-602 Appendix C**

To be completed by the owner/applicant:

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Facility [ ] Owner [ ] Operator: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address if different from address above: \_\_\_\_\_

1. Check all boxes that apply: Are you proposing ☐ new construction ☐ remodeling ☐ ownership change  
☐ change in use ☐ increased use or ☐ other? Specify: \_\_\_\_\_
2. Please describe the proposed use or proposed change in existing use for this property:
  - a. Prior use as licensed: \_\_\_\_\_ (for example, "a take out with no seats", "a 40 site camp ground" or "not previously licensed");
  - b. Proposed use: \_\_\_\_\_ (for example, "40 seat restaurant", "a 30 unit motel" or "no change in use").
  - c. Are you a new owner of the establishment (please circle)? Yes No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A) the existing wastewater disposal system has the capacity required for your proposal or B) you have had a new or expanded wastewater disposal system designed that will meet the requirements for proper wastewater disposal. Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

**Please include this completed form with your license application.**

(To request a record search for difficult to find permits please visit [www.mainepublichealth.gov/septic-systems](http://www.mainepublichealth.gov/septic-systems))

To be completed by the Local Plumbing Inspector: I, Christophe Hansen, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for a: 102 seats

**MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites**

CLH  
LPI Signature

3/15/18  
Date