



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

Application for an On-Premises License

All Questions Must Be Answered Completely. Please print legibly.

Division Use Only	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Payment Type:	
OK with SOS: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section I: Licensee/Applicant(s) Information; Type of License and Status

Legal Business Entity Applicant Name (corporation, LLC): <u>EAGLE SUSHI & STEAKHOUSE INC</u>	Business Name (D/B/A): <u>EAGLE SUSHI & STEAKHOUSE INC</u>
Individual or Sole Proprietor Applicant Name(s): <u>MIN QIANG LIN</u>	Physical Location: <u>6 County Rd. Raymond, ME 04071</u>
Individual or Sole Proprietor Applicant Name(s): <u>MIN QIANG LIN</u>	Mailing address, if different: <u>818 ROOSEVELT TRL WINDHAM ME 04062</u>
Mailing address, if different from DBA address: <u>818 ROOSEVELT TRL WINDHAM ME 04062</u>	Email Address: <u>Eagle sushi 818@gmail.com</u>
Telephone # Fax #: <u>917-6225219</u>	Business Telephone # Fax #: <u>207-893-8081</u>
Federal Tax Identification Number: <u>85-1394324</u>	Maine Seller Certificate # or Sales Tax #: <u>1207930</u>
Retail Beverage Alcohol Dealers Permit: <u>Bow Street Beverage</u>	Website address: <u>BowStreetBeverage.com</u>

1. New license or renewal of existing license? ☒ New ☐ Renewal

If a renewal, please provide the following information:

Your current license expiration date: _____

The dollar amount of gross income for the licensure period that will end on the expiration date above:

Food: ✓ Beer, Wine or Spirits: ✓ Guest Rooms: ✓

2. Please indicate the type of alcoholic beverage to be sold: (check all that apply)

☒ Malt Liquor (beer) ☒ Wine ☒ Spirits

3. Indicate the type of license applying for: (choose only one)

- ☒ Restaurant (Class I, II, III, IV) ☐ Class A Restaurant/Lounge (Class XI) ☐ Class A Lounge (Class X)
- ☐ Hotel (Class I, II, III, IV) ☐ Hotel – Food Optional (Class I-A) ☐ Bed & Breakfast (Class V)
- ☐ Golf Course with auxiliary and mobile cart options (Class I, II, III, IV) ☐ Tavern (Class IV)
- ☐ Qualified Caterer ☐ Self-Sponsored Events (Qualified Caterers Only)

☐ Other: _____

Refer to Section V for the License Fee Schedule

4. If application is for a **new** license or the business is under new ownership, indicate starting date:

7/01/2020

5. Business records are located at the following address:

818 ROOSEVELT TRL WINDHAM ME 04062

6. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

☒ Yes ☐ No If Yes, complete Section VII at the end of this application

7. Do you own or have any interest in any another Maine Liquor License? ☐ Yes ☒ No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address
EAGLE SUSHI & STEAKHOUSE INC		6 county rd, Raymond, ME 04071

8. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
MIN QIANG LIN	10/03/1984	CHINA

Residence address on all the above for previous 5 years

Name	MIN QIANG LIN	Address:	116 HAZARD 5104 8ave 3fl brooklyn NY 11220
Name		Address:	
Name		Address:	
Name		Address:	

9. Is the licensee/applicant(s) citizens of the United States? ☐ Yes ☒ No

10. Is the licensee/applicant(s) a resident of the State of Maine? ☒ Yes ☐ No

11. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

☐ Yes ☒ No

☐ Not applicable – licensee/applicant(s) is a sole proprietor

12. Is the licensee/applicant(s) directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person or business entity holding a liquor license granted by the State of Maine? ☐ Yes ☒ No

13. Will any law enforcement officer directly benefit financially from this license, if issued?

☐ Yes ☒ No

If Yes, provide name of law enforcement officer and department where employed:

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States? ☐ Yes ☒ No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States? ☐ Yes ☒ No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

16. Has the licensee/applicant(s) formerly held a Maine liquor license? ☐ Yes ☒ No

17. Does the licensee/applicant(s) own the premises? ☐ Yes ☒ No

If No, please provide the name and address of the owner:

Jin Hwang
1290 congress st portland maine 04102 (owner of Property)

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: _____

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

20. 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?

Name: Our Lady of Perpetual Help Church

Distance: 537.21 FT

Section II: Signature; Fee; Delivery of application

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Please sign and date in blue ink.

Dated: 6/29/2020

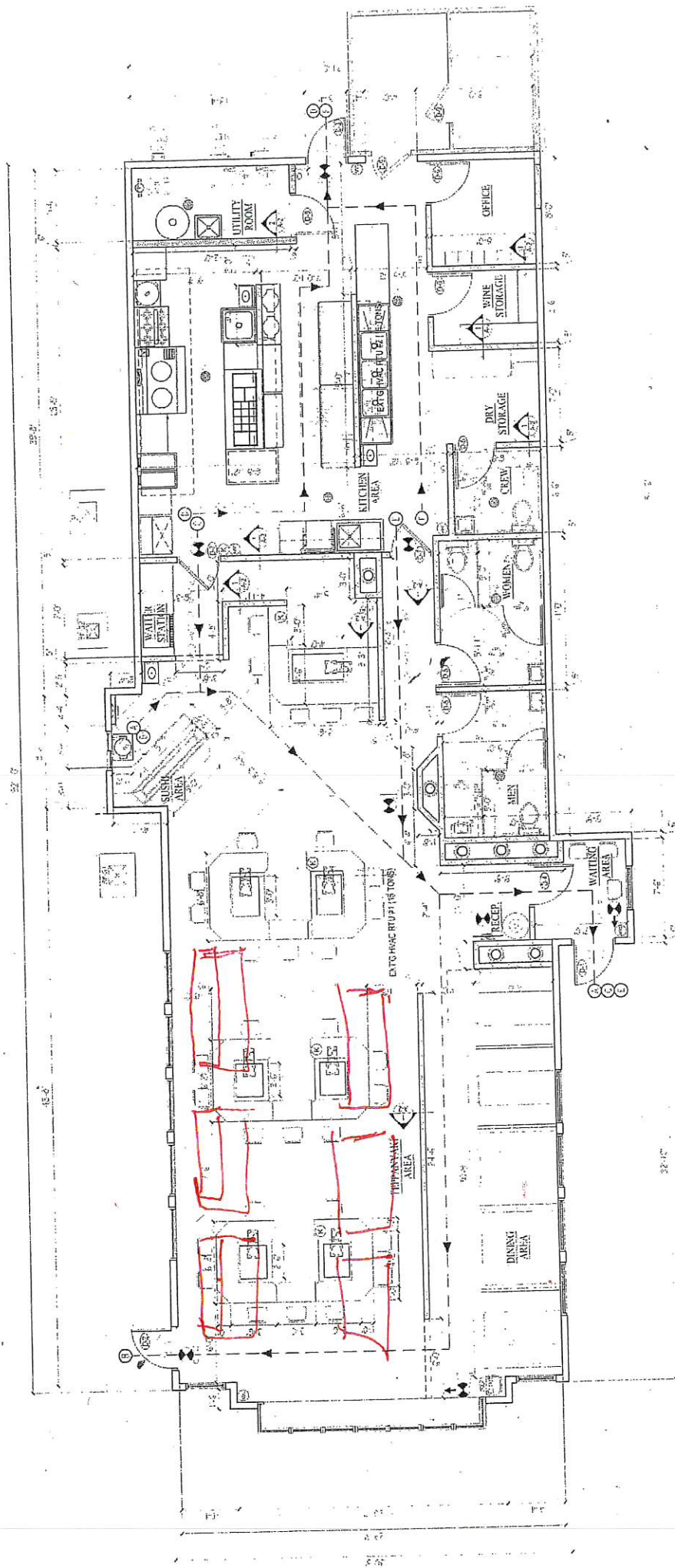
MIN QIANG LIN
Signature of Duly Authorized Person*

Signature of Duly Authorized Person*

Printed Name Duly Authorized Person

Printed Name of Duly Authorized Person

*The person signing this application must appear in Section VII on this application.



PROPOSED FLOOR PLAN - DIMENSION

SCALE: 1/4" = 1'-0"

Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

All Questions Must Be Answered Completely. Please print legibly.

1. Exact legal name: MIN QIANG LIN
2. Doing Business As, if any: EAGLE SUSHI STEAKHOUSE INC
3. Date of filing with Secretary of State: ME 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, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
MIN QIANG LIN	1104 8TH AVE FL 3 BROOKLYN, NY 11220	10/03/1984		

(Ownership in non-publicly traded companies must add up to 100%.)