

# ESIDORES BISTRO@NIGHT

204 US Route 1 | 207-558-9026 | esidoresfalmouth@gmail.com

Oct 5, 2017

**Dear City of Falmouth:**

It is the intention of myself, Jason Harris, to take over the night operation of Bernie's Foreside in the same location it currently resides and operate as a separate business in the same location. I will be assuming control of the night business with the intent of serving healthy (mostly) and gluten free fare as well as following the appropriate procedures to obtain a liquor license and all appropriate health certificates to be separate from Bernie's.

All of this is done with the blessings of Adam Shapiro who has helped me with this opportunity. I have previously owned two restaurants in Colorado and know full well the burden I place upon myself in feeding this amazing town and its visitors.

Thank you for your consideration.

Sincerely,

**Jason Harris**  
**Chef/Future Owner**  
**[esidoresfalmouth@gmail.com](mailto:esidoresfalmouth@gmail.com)**  
**(970)-275-1821**

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Esidores Bistro@Night

Phone: 970-275-1821

LocationAddress: 204 US Route 1,, Falmouth, Maine 04105

Mailing Address: 6 Shady Ledge Lane, Freeport, Maine 04032

Contact Person: Jason Harris Phone: 970-275-1821

Contact Email: Esidoresfalmouth@gmail.com

Manager of Establishment: Jason Harris Phone: 970-275-1821

Owner of Premises (landlord): Adam Shapiro

Address: 204 US Route 1,, Falmouth, Maine 04105

Business: Please select one

Corporation/ LLC

Individual

Partnership

Association

Other

Corporation, LLC, Association, Partnership Name: Esidores LLC

Name of Owner(s): Jason Harris

Residence Address: 6 Shady Ledge Lane, Freeport, Maine 04032

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? No If yes, please explain:

Is alcohol served? Yes X No         

Targeted Opening Date: Dec 1  Year Round  Seasonal  Temporary Event

Have you received State approval? Not yet **Please Attach Copy of License**

Type of Food Served: American melding of world flavors that are all gluten free

Hours and Days of operation:  
Wednesday-Sunday 5pm-9pm

Will you have entertainment on the premises? Yes \_\_\_\_\_ No x  
Will you permit dancing on the premises? Yes \_\_\_\_\_ No x

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 X
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00 \_\_\_\_\_
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature JH Title Member Date 10/5/17