



PERMANENT FOOD SERVICE APPLICATION

Town of Falmouth - Code Enforcement Office

Phone - 207-699-5310

Permit # _____ Check # 947 Fee: \$50 Int _____

Map/Lot U24-005-1 Zone VC1

Received 3/30/20 Issued _____

Address of food service establishment: _____

Property Owner Information

Name FALMOUTH VENTURES II, LLC

Address 7 THORNTON ST
SEABROOK N.H. 03874

Phone 508-341-2263 Email JEFFREY@VEVC2.COM

Applicant Information

Name Life is Bueno, LLC (Jeremy Doxsee, Gregin Doxsee)

Address 33 Harbor Place
South Portland, ME 04106

Phone 207-408-5250 Email doxontherox@gmail.com

Applicant Signature Upon Submittal [Signature]

Date: 3/30/20

Please provide the following information

- Written consent of property owner
- Copy of state license
- Demonstration of sufficient parking
- Fees paid (Permanent food service license - \$50)

(Please read below. The permit is not considered issued until signed and dated below by the applicant.)

No license shall be issued unless the applicant has submitted a copy of a current State of Maine Department of Health and Human Services license to the code enforcement officer. No license shall be valid if such state license has expired. The town and state licenses shall be posted in a conspicuous place. No license shall be approved, either new or renewal, without a public hearing by the town council. Such hearing shall be noticed no later than 7 days prior to the hearing date by publication in a local newspaper. Licenses shall be valid for a one year period, commencing July 1 and ending June 30. Any license issued after July 1 shall expire on June 30 of the following year.

On this date _____, I _____ have read and understand the above statement and attached ordinance requirements as well as paid for my completed permit application.

License Conditions:

Signature of Code Enforcement Officer _____ Date _____

Copy of State
License not included,
its an existing
restaurant (Bueno Loco),
and we are in process
of getting our own
License from Health
Dept. Existing
Victualer's License
should be on file
with you. Thanks

Department review comments

Police:

Fire:

Public Works:

Community Development:

Town Council Hearing Date : ___/___/___

Approval: Yes ___ No ___

Conditions:

3-15-2020

To Whom It May Concern,

Please be advised that Falmouth Ventures, LLC and Falmouth Ventures II, LLC, the owner of 240 US Route 1 otherwise known as The Shops at Falmouth Village, consent to the Permanent Food Service Application permit being approved for the operation of the existing Bueno Loco by Jeremy and Gregin Dorse. We are currently negotiating a new lease for the space and expect to have the documents finalized and executed momentarily. Please feel free to reach out to me directly with any questions or concerns.

Yours Truly,


For Falmouth Ventures and Falmouth Ventures II, LLC

CELL # 508-341-2263

MAINE
LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF FORMATION


Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

FIRST: The name of the limited liability company is:

LIFEISBUENO, LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" - see 31 MRSA 1508.)

SECOND: Filing Date: (select one)

- Date of this filing; or
 Later effective date (specified here): _____

THIRD: Designation as a low profit LLC (Check only if applicable):

- This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:
- A. The company intends to qualify as a low-profit limited liability company;
 - B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
 - C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
 - D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

FOURTH: Designation as a professional LLC (Check only if applicable):

- This is a professional limited liability company* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

(Type of professional services)

FIFTH: The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: P10386

Zachary I. Greenfield
(Name of commercial registered agent)

Noncommercial Registered Agent

(Name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

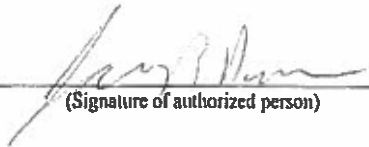
(mailing address if different from above)

SIXTH: Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

SEVENTH: Other matters the members determine to include are set forth in the attached Exhibit _____, and made a part hereof.

****Authorized person(s)**

Dated 3/4/2020


(Signature of authorized person)

James B. Barns
(Type or print name of authorized person)

(Signature of authorized person)

(Type or print name of authorized person)

*Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)

**Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Google Maps



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