

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>American Legion Post 164</u>	
Business Address: <u>65 Depot Rd</u>	
Business Location (Street Address): <u>Same</u>	
Name of Owner of Business: <u>Falmouth American Legion</u>	
Address of Owner of Business: <u>Same</u>	
Manager at Establishment: <u>Allen Mazerolle</u>	Manager's Phone: <u>207 781-4709</u>
Contact Person: <u>Same</u>	Phone # _____
Business Phone: <u>781-4709</u>	Email address: _____
Brief Description of Business: <u>Pot Luck in house use</u>	
Have you received State approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Seasonal (less than 6 months per year) <input type="checkbox"/> Catering <input type="checkbox"/> In-home	

FEES:

Check the proper category for the license requested:

- | | |
|--|---------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 25.00

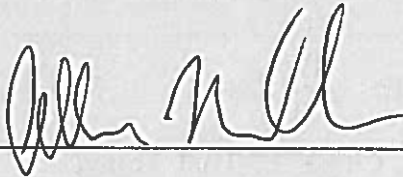
(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ _____

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: _____



Date: May 9 2018

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: Bernies Foreside / Mister Bagel
 Business Address: 7 Knight Hill Rd, Falmouth ME
 Business Location (Street Address): 204 US Route One
 Name of Owner of Business: ADAM SHAPIRO
 Address of Owner of Business: 7 Knight Hill Rd Falmouth
 Manager at Establishment: Jennifer Shapiro Manager's Phone: 838-5947
 Contact Person: ADAM SHAPIRO Phone # 207-632-7120
 Business Phone: 781-7817 Email address: Jennifer.v.Shapiro@gmail.com
 Brief Description of Business: breakfast + lunch rest.
+ bagel takeout

Have you received State approval? Yes No
 (Attach a copy)

Check All That Apply:

() Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <input checked="" type="checkbox"/> _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

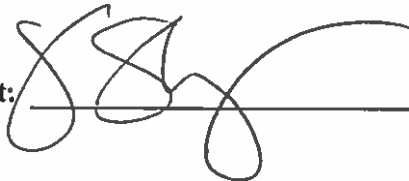
(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ _____

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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.

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Signature of Applicant:  _____ Date: 6/7/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>Bueno Loco</u>	
Business Address: <u>240 US Route 1</u>	
Business Location (Street Address): <u>same</u>	
Name of Owner of Business: <u>Sharon Stark</u>	
Address of Owner of Business: <u>73 Middle Rd., Falmouth, ME 04105</u>	
Manager at Establishment: <u>n/a</u>	Manager's Phone: _____
Contact Person: <u>Sharon Stark</u>	Phone # <u>207-415-7048</u>
Business Phone: <u>619-7057</u>	Email address: <u>Sharon.buenoloco@gmail</u>
Brief Description of Business: <u>restaurant</u>	
Have you received State approval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> Seasonal (less than 6 months per year)
<input type="checkbox"/> Catering	<input type="checkbox"/> In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <input checked="" type="checkbox"/> _____ |
| (f) 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 _____ |

- (g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____
- (h) Establishments operated by non-profit organizations. \$25.00 _____
- (i) Mobile food service unit, Vendor/Cart \$25.00 _____
- CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 50.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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.

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Signature of Applicant: Sharon Stark Date: 6/10/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
 July 1 through June 30

Business or Trade Name: <u>Circle K 7061</u>	
Business Address: <u>65 Grey Road</u>	
Business Location (Street Address): <u>65 Grey Road</u>	
Name of Owner of Business: <u>Macis Convenience Stores LLC</u>	
Address of Owner of Business: <u>Po Box 347, Columbus IN 47202</u>	
Manager at Establishment: _____	Manager's Phone: <u>—</u>
Contact Person: <u>Carole Owings</u>	Phone # <u>812-379-9227 X1347</u>
Business Phone: <u>207-878-5505</u>	Email address: <u>cowings@circlek.com</u>
Brief Description of Business: <u>Convenience store, gasoline sales</u>	
Have you received State approval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round () Seasonal (less than 6 months per year) () Catering () In-home	

FEES:

Check the proper category for the license requested:

- | | |
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| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
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| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 <input checked="" type="checkbox"/> |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 25

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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.

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Signature of Applicant: Betty Watts Asst Secy Date: MAY 7 2018

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>Dockside Grill</u>	
Business Address: <u>215 Foreside Road Falmouth ME 04105</u>	
Business Location (Street Address): <u>same</u>	
Name of Owner of Business: <u>Handy Boat Service, Inc.</u>	
Address of Owner of Business: <u>215 Foreside Road Falmouth ME 04105</u>	
Manager at Establishment: <u>Charles Ross</u>	Manager's Phone: <u>207 747 5274</u>
Contact Person: <u>Andrea Casanueva</u>	Phone # <u>207 781 2757</u>
Business Phone: <u>207 747 5274</u>	Email address: <u>andrea@thedocksidegrill.com</u>
Brief Description of Business: <u>Restaurant serving lunch & dinner & Sunday Brunch</u>	
Have you received State approval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round () Seasonal (less than 6 months per year) () Catering () In-home	

FEES:

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <input checked="" type="checkbox"/> _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____


(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 50.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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.

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Signature of Applicant:  Date: 5/7/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: DOCKSIDE PROVISIONS (HANDY BOAT SERVICE)
 Business Address: 215 FORESIDE RD FALMOUTH ME 04105
 Business Location (Street Address): SAME
 Name of Owner of Business: HANDY BOAT SERVICE, INC
 Address of Owner of Business: SAME
 Manager at Establishment: NATE RICHARDS Manager's Phone: 781-5110
 Contact Person: FRED MICHEL Phone # 781-5110
 Business Phone: 781-5110 Email address: ACCOUNTING@HANDYBOAT.CO
 Brief Description of Business: CONVENIENCE STORE / MARINE FUEL

Have you received State approval? Yes No
 (Attach a copy)

Check All That Apply:

Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|------------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 <u>✓</u> |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____


(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 25-

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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.

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Signature of Applicant:  Date: 6/6/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>DUNKIN DONUTS - 65 GRAY RD</u>	
Business Address: <u>65 Gray Rd. Falmouth, ME 04105</u>	
Business Location (Street Address): <u>65 Gray Rd. Falmouth ME 04105</u>	
Name of Owner of Business: <u>Edward Wolak</u>	
Address of Owner of Business: <u>65 Gray Rd Falmouth, ME 04105</u>	
Manager at Establishment: <u>Andrea Thyer</u>	Manager's Phone: <u>207-650-8839</u>
Contact Person: <u>David Brooks</u>	Phone # <u>207-650-8839</u>
Business Phone: <u>207-797-7600</u>	Email address: <u>Fran.brown@wolakgroup.com</u>
Brief Description of Business: <u>Coffee Donuts</u>	
Have you received State approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> Seasonal (less than 6 months per year)
<input type="checkbox"/> Catering	<input type="checkbox"/> In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 <input checked="" type="checkbox"/> |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 <input type="checkbox"/> |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 <input type="checkbox"/> |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 <input type="checkbox"/> |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <input type="checkbox"/> |
| (f) 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 <input type="checkbox"/> |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

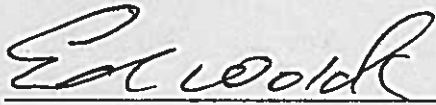
(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 25.00

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Signature of Applicant:  Date: 5/10/12

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: DUNKIN DONUT - 219 US ROUTE 1
Business Address: 219 US RT 1, Falmouth ME 04105
Business Location (Street Address): 219 US RT 1, Falmouth ME 04105
Name of Owner of Business: Edward Wolak
Address of Owner of Business: 65 Gray Rd Falmouth ME 04105
Manager at Establishment: Albert Hutchins **Manager's Phone:** 207-781-2434
Contact Person: David Brooks **Phone #** 207-650-8839
Business Phone: 207-797-7600 **Email address:** fran.brown@wolakerop.com
Brief Description of Business: Coffee, Donuts

Have you received State approval? Yes No
(Attach a copy)

Check All That Apply:

- Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00
- (f) 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

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

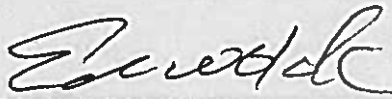
(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 25.00

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Signature of Applicant:  Date: 5/10/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: Episcopal Church of Saint Mary

Business Address: 43 Foreside Rd, Falmouth, ME

Business Location (Street Address): same

Name of Owner of Business: Church

Address of Owner of Business: _____

Manager at Establishment: Rev. Nathan Ferrell, **Manager's Phone:** 781-3366

Contact Person: Beth Shaw **Phone #** 781-3366

Business Phone: 781-3366 **Email address:** smary@smary.org

Brief Description of Business: Religious Institution

Have you received State approval? Yes No www
 (Attach a copy)

Check All That Apply:

() Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 _____
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 _____
- (f) 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 _____

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____


(h) Establishments operated by non-profit organizations. \$25.00 ✓

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 25.00

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Signature of Applicant:  Date: 5/17/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>European Bakery</u>	
Business Address: <u>395 U.S. Route 1 Falmouth, ME</u>	
Business Location (Street Address): <u>395 US Route 1 Falmouth, ME</u>	
Name of Owner of Business: <u>Adam Johnson</u>	
Address of Owner of Business: <u>24 Buttonwood Lane Lewiston, ME 04240</u>	
Manager at Establishment: <u>Adam Johnson</u>	Manager's Phone: <u>207-781-3541</u>
Contact Person: <u>Adam Johnson</u>	Phone # <u>207-514 514-4509</u>
Business Phone: <u>207-781-3541</u>	Email address: <u>adamkel1998@gmail.com</u>
Brief Description of Business: <u>Bakery</u>	
Have you received State approval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round () Seasonal (less than 6 months per year) () Catering () In-home	

FEES:


Check the proper category for the license requested:

- | | |
|--|--------------------------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 <u> </u> |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 <u> </u> |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 <u> </u> |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 <u> </u> |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <u> </u> |
| (f) 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 <u> X </u> |

- (g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____
 - (h) Establishments operated by non-profit organizations. \$25.00 _____
 - (i) Mobile food service unit, Vendor/Cart \$25.00 _____
- CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 25.00**

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  _____ Date: May 5, 2018

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: FALMOUTH BY THE SEA

Business Address: 191 Foreside Rd.

Business Location (Street Address): 191 Foreside Rd.

Name of Owner of Business: _____

Address of Owner of Business: _____

Manager at Establishment: Leslie Carrier **Manager's Phone:** 781-4714 ext. 246

Contact Person: Leslie Carrier **Phone #:** 781-4714 ext 246

Business Phone: _____ **Email address:** adminfbts@firstatlantic.com

Brief Description of Business: skilled nursing & Assisted Living

Have you received State approval? Yes No DHHS
(Attach a copy)

Check All That Apply:

Year Round Seasonal (less than 6 months per year) Catering In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 <input checked="" type="checkbox"/> _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 50⁰⁰

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 5-18-18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: FALMOUTH CARWASH # 01003 NOURIA ENERGY

Business Address: 265 US Route 1 Falmouth, Maine 04105

Business Location (Street Address): 265 US Route 1 Falmouth, Maine 04105

Name of Owner of Business: Nouria Energy Retail, Inc.

Address of Owner of Business: 326 Clark Street Worcester, Massachusetts 01606

Manager at Establishment: Lynne Wearne **Manager's Phone:** 207-576-4479

Contact Person: Becca Shurtleff **Phone #** 508-762-3724

Business Phone: 207-781-5019 **Email address:** permits@nouriaenergy.com

Brief Description of Business: gas station and kiosk with self-service and full-service car wash bays

Have you received State approval? Yes No
(Attach a copy)

Check All That Apply:

Year Round Seasonal (less than 6 months per year) Catering In-home

FEES:

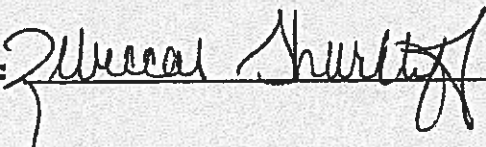
Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 _____
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 _____
- (f) 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 X _____

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet.	\$50.00 _____
(h) Establishments operated by non-profit organizations.	\$25.00 _____
(i) Mobile food service unit, Vendor/Cart	\$25.00 _____
CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due:	\$ 25.00 _____

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 5/4/2018

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: FALMOUTH LIL MART #01004 NOURIA ENERGY

Business Address: 264 US Route 1 Falmouth, Maine 04105

Business Location (Street Address): 264 US Route 1 Falmouth, Maine 04105

Name of Owner of Business: Nouria Energy Retail, Inc.

Address of Owner of Business: 326 Clark Street Worcester, Massachusetts 01606

Manager at Establishment: Lynne Wearne **Manager's Phone:** 207-576-4479

Contact Person: Becca Shurtleff **Phone #** 508-762-3724

Business Phone: 207-781-4433 **Email address:** permits@nouriaenergy.com

Brief Description of Business: gas station/c-store

Have you received State approval? Yes No
(Attach a copy)

Check All That Apply:

Year Round Seasonal (less than 6 months per year) Catering In-home

FEES:

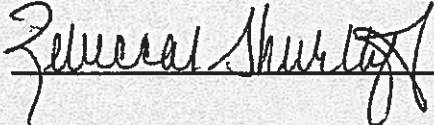
Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 _____
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 _____
- (f) 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 X

- (g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____
- (h) Establishments operated by non-profit organizations. \$25.00 _____
- (i) Mobile food service unit, Vendor/Cart \$25.00 _____
- CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 25.00** _____

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 5/4/2018

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: Falmouth House of Pizza
Business Address: 251 U.S ROUTE 1 #11
Business Location (Street Address): Falmouth Shopping Center
Name of Owner of Business: Antonia Sotirapoulos
Address of Owner of Business: 44 Stapleford Dr.
Manager at Establishment: George Sotirapoulos **Manager's Phone:** 207-400-4199
Contact Person: George Sotirapoulos **Phone #:** 207-400-4199
Business Phone: 781-5251 **Email address:** Gsotirapoulos@hotmail.com
Brief Description of Business: Pizza Restaurant

Have you received State approval? **Yes** **No**
(Attach a copy)

Check All That Apply:

Year Round **Seasonal (less than 6 months per year)** **Catering** **In-home**

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 _____
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 X _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 _____
- (f) 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 _____

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 50.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 6-1-18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: Falmouth Congregational Church USA
Business Address: 267 Falmouth Rd Falmouth, ME 04105
Business Location (Street Address): 267 Falmouth Rd Falmouth, ME 04105
Name of Owner of Business: _____
Address of Owner of Business: 267 Falmouth Rd, Falmouth, ME 04105
Manager at Establishment: Mark Horton Manager's Phone: _____
Contact Person: Jess Dickson Phone # 207 781 3413
Business Phone: ²⁶⁷ 781 3413 Email address: fccdesk@maine.vr.com
Brief Description of Business: Religious Organization

Have you received State approval? _____ Yes No *Not required by the state*
(Attach a copy)

Check All That Apply:

Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 _____
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 _____
- (f) 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 _____

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 25.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 5-7-18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: FALMOUTH Little League

Business Address: c/o Kevin Grimes 18 Rockaway Rd Falmouth ME

Business Location (Street Address): Jeppot Street Falmouth ME

Name of Owner of Business: Falmouth Little League

Address of Owner of Business: c/o Kevin Grimes 18 Rockaway Rd Falmouth

Manager at Establishment: Kevin Grimes Manager's Phone: 207 468-5230

Contact Person: Kevin Grimes Phone # 207 468-5230

Business Phone: 207 468-5230 Email address: kgr@redclay.net

Brief Description of Business: snack stand for
Falmouth Little League

Have you received State approval? Yes No
 (Attach a copy)

Check All That Apply:

Year Round Seasonal (less than 6 months per year) Catering In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|---------------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 <u> </u> |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 <u> </u> |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 <u> </u> |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 <u> </u> |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <u> </u> |
| (f) 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 <u> </u> |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____ ✓

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 2500

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: _____ Date: 5/3/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: Falmouth Schools Food Service

Business Address: 74 Woodville Rd., Falmouth, ME 04805

Business Location (Street Address): 52+58+74 Woodville Rd, Falmouth

Name of Owner of Business: Falmouth School Dept.

Address of Owner of Business: 51 Woodville Rd. Falmouth

Manager at Establishment: ^{Kerri Demers} Louise Tammaro ^{Tracey Mibodeau} Manager's Phone: _____

Contact Person: Martha Poliquin Phone # 207-781-7429 x 5700

Business Phone: 207-781-7429 Email address: mpoliquin@falmouthschools.org

Brief Description of Business: public school nutrition program

Have you received State approval? Yes No
(Attach a copy)

Check All That Apply:

Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 _____
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 _____
- (f) 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 _____

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ _____

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 5/15/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>FAMILY ICE CENTER</u>	
Business Address: <u>P.O. BOX 6127 FALMOUTH, ME 04105</u>	
Business Location (Street Address): <u>20 HAT TRICK DRIVE FALMOUTH, ME</u>	
Name of Owner of Business: <u>NO OWNER - NON-PROFIT</u>	
Address of Owner of Business: <u>" "</u>	
Manager at Establishment: <u>JOSH BRAINERD</u>	Manager's Phone: <u>207-939-5733</u>
Contact Person: <u>" "</u>	Phone # <u>" "</u>
Business Phone: <u>207-781-4200</u>	Email address: <u>JOSH@FAMILYICE.ORG</u>
Brief Description of Business: <u>ICE SKATING ARENA</u>	
<hr/>	
Have you received State approval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Seasonal (less than 6 months per year) <input type="checkbox"/> Catering <input type="checkbox"/> In-home	

FEES:

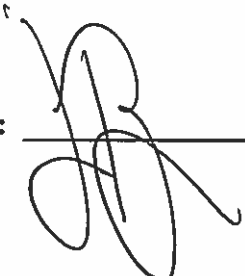
Check the proper category for the license requested:

- | | |
|--|---------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 _____ |

- (g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____
 - (h) Establishments operated by non-profit organizations. \$25.00 X
 - (i) Mobile food service unit, Vendor/Cart \$25.00 _____
- CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 25.⁰⁰**

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  _____ Date: 6/6/18

NCA
5/7/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: Flagship Premium Cinemas

Business Address: 206 US Rte 1 Falmouth ME 04105

Business Location (Street Address): SAME

Name of Owner of Business: John Crowley

Address of Owner of Business: Cambridge Massachusetts

Manager at Establishment: Ashley Taylor Manager's Phone: (207) 536-7167

Contact Person: Ashley Taylor Phone # (207) 536-7167

Business Phone: same Email address: falmouth@flagshipcinemas.com

Brief Description of Business: 10 Plex movie theater

Have you received State approval? Yes No
(Attach a copy)

Check All That Apply:

Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 _____
- (f) 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 _____

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 50.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 5/31/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>FORESIDE COMMUNITY CHURCH UCC</u>	
Business Address: <u>340 FORESIDE RD.</u>	
Business Location (Street Address): <u>SAME</u>	
Name of Owner of Business: _____	
Address of Owner of Business: _____	
Manager at Establishment: <u>CHRISTINA SKLARZ-LIBBY</u>	Manager's Phone: <u>781-5880</u>
Contact Person: <u>SAME</u>	Phone # _____
Business Phone: _____	Email address: <u>CLIBBY@FORESIDECHURCH.ORG</u>
Brief Description of Business: <u>CHURCH</u>	
Have you received State approval? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Seasonal (less than 6 months per year) <input type="checkbox"/> Catering <input type="checkbox"/> In-home	

FEES:

Check the proper category for the license requested:

- | | |
|--|---------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 _____ |

271 Falmouth Rd.
04105-2005

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 25.00 -

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: C. Spilley Date: 5.9.18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: The Foreside Tavern
 Business Address: 270 US Rte #1 Falmouth, ME 04105
 Business Location (Street Address): same
 Name of Owner of Business: Anne Rutherford
 Address of Owner of Business: 158 Woodville Rd.
 Manager at Establishment: Anne Rutherford Manager's Phone: 781-4255
 Contact Person: Anne Rutherford Phone # 781-4255
 Business Phone: 781-4255 Email address: arutherford@theforesidetavern.com
 Brief Description of Business: Restaurant & Bar

Have you received State approval? Yes No
 (Attach a copy)

Check All That Apply:

Year Round () Seasonal (less than 6 months per year) () Catering () In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <input checked="" type="checkbox"/> _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 50

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 5/23/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: GRAB A BYTE CAFE

Business Address: 370 US RT 1

Business Location (Street Address): SAME

Name of Owner of Business: TYLER TECHNOLOGIES

Address of Owner of Business: ONE TYLER DRIVE, YARMOUTH

Manager at Establishment: RAY ROSS ^{GREG MEHLROSEN} **Manager's Phone:** 518-4391

Contact Person: RAY ROSS **Phone #** 518-4125

Business Phone: 518 4125 **Email address:** RAY.ROSS@TYLERTECH.COM

Brief Description of Business: EMPLOYEE CAFE

Have you received State approval? Yes No
 (Attach a copy)

Check All That Apply:

Year Round Seasonal (less than 6 months per year) Catering In-home

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 \$50.00
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00
- (f) 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

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ ~~250~~
\$ 50.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant:  Date: 4 MAY 2018

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>HANNAFORD FOOD & DRUG #8222</u>	
Business Address: <u>65 GRAY ROAD</u>	
Business Location (Street Address): <u>SAME</u>	
Name of Owner of Business: <u>HANNAFORD BROS. CO., LLC</u>	
Address of Owner of Business: <u>145 PLEASANT HILL RD, SCARBOROUGH, ME</u>	
Manager at Establishment: <u>DIANA DORLING</u> Manager's Phone: <u>878-0050</u> 04074	
Contact Person: <u>JANE BOULET</u>	Phone # <u>885-3321</u>
Business Phone: <u>885-3321</u>	Email address: <u>885-2875</u>
Brief Description of Business: <u>RETAIL GROCERY STORE SELLING</u> <u>GROCERIES & MISC. ITEMS TO THE PUBLIC & ALSO HAS</u> <u>A PHARMACY.</u>	
Have you received State approval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Seasonal (less than 6 months per year) <input type="checkbox"/> Catering <input type="checkbox"/> In-home	

FEES:

Check the proper category for the license requested:

- | | |
|--|---------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 ✓

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 50.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: Judy Knapp Date: 5-10-18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name:	<u>HARMON'S LUNCH</u>		
Business Address:	<u>144 GRAY RD.</u>		
Business Location (Street Address):	<u>Same</u>		
Name of Owner of Business:	<u>Peter Wormell</u>		
Address of Owner of Business:	<u>200 Brook St., WESTBROOK</u>		
Manager at Establishment:	<u>Same</u>	Manager's Phone:	<u>831-1043</u>
Contact Person:	<u>Same</u>	Phone #	_____
Business Phone:	<u>797-9857</u>	Email address:	_____
Brief Description of Business:	<u>Restaurant</u>		
<hr/>			
Have you received State approval?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(Attach a copy)			
Check All That Apply:			
<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> Seasonal (less than 6 months per year)	<input type="checkbox"/> Catering	<input type="checkbox"/> In-home

FEES:

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 <input checked="" type="checkbox"/> |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ _____

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: _____ Date: _____

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: Hug's Italian Restaurant
Business Address: 204 US Rt 1 Falmouth me
Business Location (Street Address): 204 US Rt 1 Falmouth me
Name of Owner of Business: Beth McKenny
Address of Owner of Business: 19 McCann Way Scarborough me
Manager at Establishment: Beth McKenny **Manager's Phone:** 2074914242
Contact Person: Beth McKenny **Phone #** 2074914242
Business Phone: 2077813342 **Email address:** hug'sitalian@hotmail.com
Brief Description of Business: 55 seat Restaurant Dinner Only

Have you received State approval? **Yes** **No**
(Attach a copy)

Check All That Apply:

Year Round **Seasonal (less than 6 months per year)** **Catering** **In-home**

FEES:

Check the proper category for the license requested:

- | | |
|--|------------------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 _____ |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 <u>X</u> _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 50⁰⁰ _____

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: Jeff M. Kanney Date: 5-6-18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>LEATH & SONS DELI</u>	
Business Address: <u>37 Depot Road</u>	
Business Location (Street Address): <u>Same</u>	
Name of Owner of Business: <u>Peter Leath</u>	
Address of Owner of Business: <u>74 Underwood</u>	
Manager at Establishment: _____	Manager's Phone: _____
Contact Person: <u>Dele</u>	Phone # <u>838-0792</u>
Business Phone: <u>781-3753</u>	Email address: <u>leath@leathsons@gmail.com</u>
Brief Description of Business: <u>Deli</u>	
Have you received State approval? <input checked="" type="checkbox"/> Yes _____ No	
(Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> Seasonal (less than 6 months per year)
<input type="checkbox"/> Catering	<input type="checkbox"/> In-home

FEES:

Check the proper category for the license requested:

- (a) Restaurant or victualer NOT serving malt beverages on the premises and seating capacity of less than 50. \$25.00 _____
- (b) Same as (a) except where the total seating capacity is more than 50. \$50.00 _____
- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
- (d) Same as (c) except where the total seating capacity is more than 50. \$50.00 _____
- (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 X
- (f) 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 X

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 25

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: _____

Date: _____

5/8/18

TOWN OF FALMOUTH, MAINE
RENEWAL APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
July 1 through June 30

Business or Trade Name: <u>Liz's Personal Chef Service P.B.A. Liz's Kitchen</u>	
Business Address: <u>12 Grist Mill Rd, Falmouth, ME 04105</u>	
Business Location (Street Address): <u>same</u>	
Name of Owner of Business: <u>Elizabeth Warfel</u>	
Address of Owner of Business: <u>same</u>	
Manager at Establishment: <u>Elizabeth Warfel</u> Manager's Phone: <u>207 319 3889</u>	
Contact Person: <u>same</u>	Phone # <u>same</u>
Business Phone: <u>207 319 3889</u> Email address: <u>lizskitchenme@gmail.com</u>	
Brief Description of Business: <u>I prepare + deliver meals weekly to customers in the Greater Portland area</u>	
Have you received State approval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy)	
Check All That Apply:	
<input checked="" type="checkbox"/> Year Round () Seasonal (less than 6 months per year) () Catering <input checked="" type="checkbox"/> In-home	

FEES:

Check the proper category for the license requested:

- | | |
|--|------------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 <u>X</u> |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
| (d) Same as (c) except where the total seating capacity is more than 50. | \$50.00 _____ |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. | \$50.00 _____ |
| (f) 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 _____ |

(g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 _____

(h) Establishments operated by non-profit organizations. \$25.00 _____

(i) Mobile food service unit, Vendor/Cart \$25.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH" Total Due: \$ 25.00

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed 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 to thereto.

Signature of Applicant: Elizabeth Ward Date: 5/5/18