

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

Business or Trade Name: <u>MADDENS PUB & GRILL</u>	
Business Address: <u>65 GRAY ROAD FALMOUTH 04105</u>	
Business Location (Street Address): <u>SAME</u>	
Name of Owner of Business: <u>PHILIP & SIMONE RYLE</u>	
Address of Owner of Business: <u>142 WAYSIDE ROAD PORTLAND 04102</u>	
Manager at Establishment: <u>Philip Ryle</u> Manager's Phone: <u>207 400 6879</u>	
Contact Person: <u>Simone Ryle</u> Phone # <u>207 232 0801</u>	
Business Phone: <u>207 899 4988</u> Email address: <u>Rylehome@yahoo.com</u>	
Brief Description of Business: <u>Restaurant & Pub.</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 () 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 _____ |

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

Business or Trade Name: <u>MAINE LOBSTER & SEAFOOD CO.</u>	
Business Address: <u>289 GRAY RD. FALMOUTH, ME</u>	
Business Location (Street Address): <u>289 GRAY RD. FALMOUTH, ME.</u>	
Name of Owner of Business: <u>NICHOLTS KARATHACIOS</u>	
Address of Owner of Business: <u>289 GRAY RD. FALMOUTH, ME.</u>	
Manager at Establishment: <u>Same</u>	Manager's Phone: <u>207 939-7606</u>
Contact Person: <u>NICK KARATHACIOS</u>	Phone # <u>207 997-0910</u>
Business Phone: <u>207 297-0910</u>	Email address: <u>LOBSTER @hotmail.com</u>
Brief Description of Business: <u>LOBSTER SALES</u>	
Have you received State approval? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(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 checked="" 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 _____ |
| (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: Nikhil Kaurhi Date: 5/15/2018

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

Business or Trade Name: RC Management / McDonald's of Falmouth
Business Address: P.O. Box 8, Gardiner, Maine 04345
Business Location (Street Address): 227 US Route 1, Falmouth, Me 04105
Name of Owner of Business: Ronald Lydick
Address of Owner of Business: 32 Field Rd, Falmouth, Me. 04105
Manager at Establishment: Joe Bamani Manager's Phone: _____
Contact Person: Hilda Bronn Phone # 207-582-0855
Business Phone: 207-582-0855 Email address: hilda.bronn@mc.com
Brief Description of Business: FAST FOOD

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 <u>X</u> _____ |
| (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.

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Signature of Applicant: Ronald A. [Signature] Date: 6/5/2018

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

Business or Trade Name: Mother's Mountain Inc
Business Address: 2 Mustard Hollow Way
Business Location (Street Address): Same as above
Name of Owner of Business: Carel Tanner / Dennis Porter
Address of Owner of Business: Same as above
Manager at Establishment: Dennis Porter **Manager's Phone:** 781-4658
Contact Person: _____ **Phone #** _____
Business Phone: 781-4658 **Email address:** dennis@mothersmountain.com
Brief Description of Business: makers of specialty sauces

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: \$ _____

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Signature of Applicant: _____ Date: _____

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

Business or Trade Name: Nina

Business Address: 125 Bucknam Rd

Business Location (Street Address): _____

Name of Owner of Business: Nancy mannette

Address of Owner of Business: 1082 Bridgton Road Westbrook

Manager at Establishment: _____ **Manager's Phone:** _____

Contact Person: Nancy mannette **Phone #** 899-6186

Business Phone: 781-9906 **Email address:** _____

Brief Description of Business: Sandwich Shop

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 _____ |
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(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: Mary Marotta Date: 5/19/18

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

Business or Trade Name: <u>Oceanview at Falmouth</u>	
Business Address: <u>20 Blueberry Lane</u>	
Business Location (Street Address): _____	
Name of Owner of Business: <u>John Wasilecki</u>	
Address of Owner of Business: <u>20 Blueberry Lane</u>	
Manager at Establishment: <u>JEFF LAUDRY</u>	Manager's Phone: <u>1-603-260-7330</u>
Contact Person: <u>JEFF LAUDRY</u>	Phone # <u>1-603-260-7330</u>
Business Phone: <u>781-4621x106</u>	Email address: <u>jlaudry@glendaleseniorliving.com</u>
Brief Description of Business: <u>We are a senior living facility</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 <u>X</u> _____ |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. | \$25.00 _____ |
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(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: \$ _____

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Signature of Applicant: _____ **Date:** _____

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

Business or Trade Name: Orchid Thai Restaurant and Bar
Business Address: 202 US Route 1 Falmouth, ME 04105
Business Location (Street Address): 202 US Route 1 Falmouth, ME 04105
Name of Owner of Business: Rattaphorn Boobphachati
Address of Owner of Business: 3 Dermot Drive Cape Elizabeth, ME 04107
Manager at Establishment: Pom Boobphachati **Manager's Phone:** (207) 939-3210
Contact Person: Pom Boobphachati **Phone #** (207) 939-3210
Business Phone: (207) 747-5262 **Email address:** pamthaitasle@hotmail.com
Brief Description of Business: Serving authentic Thai food.

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 _____ |
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| (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"/> _____ |
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(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

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Signature of Applicant: Pratibha Dodyachati 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>Portland Country Club (Clubhouse)</u>	
Business Address: <u>11 Foreside Rd., Falmouth, ME 04105</u>	
Business Location (Street Address): <u>same</u>	
Name of Owner of Business: <u>Club Members</u>	
Address of Owner of Business: <u>same</u>	
Manager at Establishment: <u>Michael Stevens</u> Manager's Phone: <u>207-781-2340</u>	
Contact Person: <u>Jane O. Torres</u>	Phone # <u>781-2340</u>
Business Phone: <u>781-2340</u>	Email address: <u>jotpac@aol.com</u>
Brief Description of Business: _____	

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:

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(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

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Signature of Applicant: Jane O. Tamm **Date:** 5-9-18

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

Business or Trade Name: <u>Portland Country Club (Pool)</u>	
Business Address: <u>11 Foreside Rd, Falmouth, ME 04105</u>	
Business Location (Street Address): <u>same</u>	
Name of Owner of Business: <u>Club Members</u>	
Address of Owner of Business: <u>same</u>	
Manager at Establishment: <u>Michael Stevens</u>	Manager's Phone: <u>207-781-2340</u>
Contact Person: <u>Jane Q. Torres</u>	Phone #: <u>207-781-2340</u>
Business Phone: <u>781-2340</u>	Email address: <u>jotpec@aol.com</u>
Brief Description of Business: <u>Private country club pool</u> <u>cafe.</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 checked="" type="checkbox"/> 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 _____ |
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Signature of Applicant: Jewell. Tames **Date:** 5-9-18

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

Business or Trade Name: <u>Portland Yacht Club</u>	
Business Address: <u>40 Old Powerhouse Road</u>	
Business Location (Street Address): _____	
Name of Owner of Business: <u>Board of Directors</u>	
Address of Owner of Business: <u>40 Old Powerhouse Road</u>	
Manager at Establishment: <u>Pamela Thomas</u>	Manager's Phone: <u>781-9820</u>
Contact Person: <u>Carol McEwen</u>	Phone # <u>781-9820 EXT 13</u>
Business Phone: <u>781-9820</u>	Email address: <u>ASSIST.MANAGER@PYCME.NET</u>
Brief Description of Business: <u>private yacht club</u>	
Have you received State approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Attach a copy)	
Check All That Apply:	
<input 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:

- | | |
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Signature of Applicant: Carl McE Date: 5-23-18

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

Business or Trade Name:	Professional Catering Services Inc.
Business Address:	9 Grist Mill Drive Falmouth, ME 04105
Business Location (Street Address):	
Name of Owner of Business:	KERRY LUTHER
Address of Owner of Business:	9 GRIST MILL ROAD
Manager at Establishment:	KERRY LUTHER
Manager's Phone:	207-776-4854
Contact Person:	KERRY LUTHER
Phone #	207-776-4854
Business Phone:	207-776-4854
Email address:	KERRYSLUTHER@GMAIL.COM
Brief Description of Business:	CATERER
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 type="checkbox"/> Seasonal (less than 6 months per year) <input checked="" type="checkbox"/> Catering <input type="checkbox"/> In-home	

FEES:

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| (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>X</u> _____ |

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

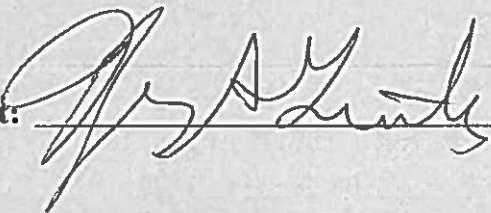
(h) Establishments operated by non-profit organizations. \$25.00 _____

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

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

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: 05/07/2009

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

Business or Trade Name: Worldwide Meatballs LLC dba Ricetta's Brick Oven Ristorah

Business Address: PO Box 7111, Portland ME 04112

Business Location (Street Address): 240 US Rt. 1 Unit A, Falmouth ME 04105

Name of Owner of Business: Mark F. Stickney

Address of Owner of Business: PO Box 7111 Portland ME 04112

Manager at Establishment: Ronald Stephan Manager's Phone: 207-781-7100

Contact Person: Steve Collins Phone # 207-774-7234

Business Phone: 207-781-7100 Email address: accounting@ricettas.com

Brief Description of Business: full service restaurant and 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 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 _____

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

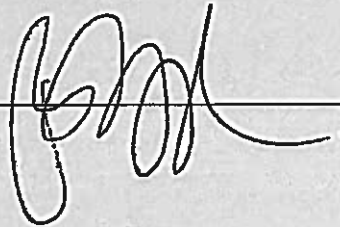
(h) Establishments operated by non-profit organizations. \$25.00 _____

(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: 5/2/18

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

Business or Trade Name: <u>Rivalries Falmouth</u>	
Business Address: <u>2 Hat Trick Dr.</u>	
Business Location (Street Address): <u>2 Hat Trick Dr.</u>	
Name of Owner of Business: <u>Rivalries Falmouth, LLC.</u>	
Address of Owner of Business: <u>2 Hat Trick Dr.</u>	
Manager at Establishment: <u>Jason Breard</u>	Manager's Phone: <u>207-649-3162</u>
Contact Person: <u>Lance Mender</u>	Phone # <u>207-831-8539</u>
Business Phone: <u>747-4020</u>	Email address: <u>rivalriespubgrill@gmail.com</u>
Brief Description of Business: <u>sports-themed 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 _____

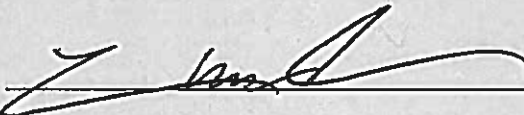
(h) Establishments operated by non-profit organizations. \$25.00 _____

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

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

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: <u>Shaw's #4651</u>	
Business Address: <u>251 U.S. Hwy. 1, Falmouth, ME 04105</u>	
Business Location (Street Address): <u>" "</u>	
Name of Owner of Business: <u>Shaw's Supermarkets, Inc.</u>	
Address of Owner of Business: <u>PO Box 29096, MS #6531, Phoenix, AZ 85038</u>	
Manager at Establishment: <u>John Perienzo</u> Manager's Phone: <u>207-577-6185</u>	
Contact Person: <u>Licensing Associate</u> Phone # <u>623-869-4326</u>	
Business Phone: <u>207-781-6581</u> Email address: <u>nasc.tax@safeway.com</u>	
Brief Description of Business: <u>Retail Grocery</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 _____ |

- aid
- (g) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 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: Tiffany Corcoran Tiffany Corcoran Supervisor Tax Date: 5/14/18

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

Business or Trade Name:	STARBUCKS COFFEE #11267		
Business Address:	256 US ROUTE 1 04405		
Business Location (Street Address):	256 US ROUTE 1 04405		
Name of Owner of Business:	STARBUCKS CORPORATION		
Address of Owner of Business:	PO BOX 34442 S-TAX 2 SEATTLE WA 98124		
Manager at Establishment:	MS SAUND NUTT	Manager's Phone:	207 781 2380
Contact Person:	JANDE GANZA	Phone #	206 318 8705
Business Phone:	207 781 2380	Email address:	LICENSESERVICES@STARBUCKS.COM
Brief Description of Business:	RETAIL CAFE		
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 <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: \$ _____

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: 5/15/18

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

Business or Trade Name: Subway

Business Address: 46 C Sandbar Rd Windham ME 04062

Business Location (Street Address): 219 US Rte 1
Subco Enterprises

Name of Owner of Business: Marvin Mayberry / Cathy Leblanc

Address of Owner of Business: 46 C Sandbar Rd Windham ME 04062

Manager at Establishment: Britney Russell Manager's Phone: 781-3103

Contact Person: Erica Ferguson Phone # 893-0465

Business Phone: 207 893 0465 Email address: erica.subco@gmail.com

Brief Description of Business: Sandwich shop

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:

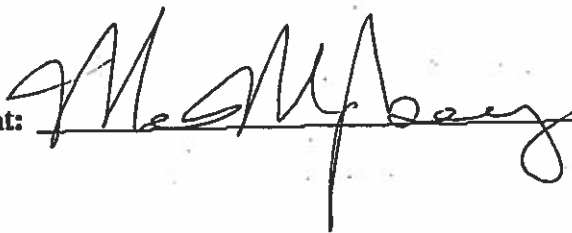
Check the proper category for the license requested:

- (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.

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Signature of Applicant:  Date: _____

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

Business or Trade Name: Sub way 7076
 Business Address: 65 Grey Road
 Business Location (Street Address): 65 Grey Road
 Name of Owner of Business: Macis Convenience Stores LLC
 Address of Owner of Business: PO Box 347, Columbus IN 47202
 Manager at Establishment: _____ Manager's Phone: _____
 Contact Person: Carole Owings Phone # 812-379-9227 X1347
 Business Phone: 207-878-5505 Email address: cowings@circlek.com
 Brief Description of Business: Quick serve, take out 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 <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 <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: \$ 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: 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>SUPER SCOOPS</u>	
Business Address: <u>P.O. BOX 1023 PORTLAND ME 04104</u>	
Business Location (Street Address): <u>178 U.S. RTE 1 FALMOUTH ME</u>	
Name of Owner of Business: <u>CYNTHIA SMALL</u>	
Address of Owner of Business: <u>P.O. BOX 1023, PORTLAND ME 04104</u>	
Manager at Establishment: <u>STU SMALL</u>	Manager's Phone: <u>807-3949</u>
Contact Person: " "	Phone # "
Business Phone: <u>781-2674</u>	Email address: <u>STUCINDY1@GMAIL.COM</u>
Brief Description of Business: <u>TAKE OUT ICE CREAM</u>	
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 <u>X</u> _____ |

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

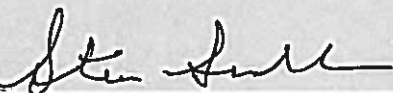
(h) Establishments operated by non-profit organizations. \$25.00 _____

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

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

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: 5/16/18

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

Business or Trade Name: <u>Town Landing Market</u>	
Business Address: <u>269 Fallside Road</u>	
Business Location (Street Address): _____	
Name of Owner of Business: <u>Mary Beth Bachman</u>	
Address of Owner of Business: <u>14 Casco Terrace</u>	
Manager at Establishment: <u>Mary Beth Bachman</u>	Manager's Phone: <u>207-749-9928</u>
Contact Person: <u>Mary Beth Bachman</u>	Phone # <u>207-749-9928</u>
Business Phone: <u>207-749-2128</u>	Email address: <u>marybethbachman@gmail.com</u>
Brief Description of Business: <u>Small Grocer and Garden Shop</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 checked="" 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 <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: \$ 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: _____

Mary B. Backus

Date: 6-4-18

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

Business or Trade Name: <u>The Woodlands Club (Restaurant)</u>	
Business Address: <u>39 Woods Road, Falmouth, ME 04105</u>	
Business Location (Street Address): <u>Same</u>	
Name of Owner of Business: <u>Member Owned</u>	
Address of Owner of Business: _____	
Manager at Establishment: <u>William Robinson, GM/COO</u> Manager's Phone: <u>207-781-3104</u>	
Contact Person: <u>Jay W Stone, Controller</u> Phone # <u>207-781-3104</u>	
Business Phone: <u>207-781-3104</u> Email address: <u>jstone@thewoodlands.org</u>	
Brief Description of Business: <u>Private Country Club</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 <u>\$50.00</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: \$ 50.00 _____

Mail to: Town of Falmouth
271 Falmouth Road
Falmouth, ME 04105

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: Jay W Stone, Controller Date: 5/9/18
_____ Date: _____

ADMINISTRATION ONLY:

Public Safety _____ Approval _____ Date _____

Codes Enforcement _____ Approval _____ Date _____

Tax Collection _____ Approval _____ Date _____

Additional Comments

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

Business or Trade Name: <u>The Woodlands Club (Snack Shack & Cart)</u>	
Business Address: <u>39 Woods Road, Falmouth, ME 04105</u>	
Business Location (Street Address): <u>Same</u>	
Name of Owner of Business: <u>Member Owned</u>	
Address of Owner of Business: _____	
Manager at Establishment: <u>William Robinson, GM/COO</u> Manager's Phone: <u>207-781-3104</u>	
Contact Person: <u>Jay W Stone, Controller</u>	Phone # <u>207-781-3104</u>
Business Phone: <u>207-781-3104</u>	Email address: <u>jstone@thewoodlands.org</u>
Brief Description of Business: <u>Private Country Club</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 <u>\$50.00</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 \$25.00

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH Total Due: \$ 75.00

Mail to: Town of Falmouth
271 Falmouth Road
Falmouth, ME 04105

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: Jay W Stone Date: 5/9/18
_____ Date: _____

ADMINISTRATION ONLY:

Public Safety _____ Approval _____ Date _____

Codes Enforcement _____ Approval _____ Date _____

Tax Collection _____ Approval _____ Date _____

Additional Comments

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

Business or Trade Name: <u>Waldo's General Store</u>	
Business Address: <u>178 US R+1 Falmouth Me 04105</u>	
Business Location (Street Address): <u>same</u>	
Name of Owner of Business: <u>Victoria Mulkern</u>	
Address of Owner of Business: <u>Falmouth, Me</u>	
Manager at Establishment: <u>Cindy Harman</u> Manager's Phone: <u>781.4404</u>	
Contact Person: <u>Genie Boone</u> Phone # <u>838 2120</u>	
Business Phone: <u>781.2120</u> Email address: <u>gboone8178@aol.com</u>	
Brief Description of Business: <u>Convenience store/gas</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 <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: \$ _____

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: Yenle Boone **Date:** 5-10-18

2659

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

Business or Trade Name: <u>Walmart #2659</u>	
Business Address: <u>206 US Rte 1 Falmouth, ME 04105</u>	
Business Location (Street Address): <u>206 US Rte 1 Falmouth, ME 04105</u>	
Name of Owner of Business: <u>Wal-Mart Stores East, LP</u>	
Address of Owner of Business: <u>508 SW 8th St. Bentonville AR 72716-0500</u>	
Manager at Establishment: <u>David Cortani</u>	Manager's Phone: <u>207-781-3879</u>
Contact Person: <u>Linda Fite</u>	Phone # <u>479-204-6287</u>
Business Phone: <u>207-781-3879</u>	Email address: <u>Linda.Fite@walmart.com</u>
Brief Description of Business: <u>Retail Discount Merchandise w/ Grocery</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 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: \$ 50⁰⁷

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: 5/14/18
Licensing Specialist

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

Business or Trade Name: <u>West Falmouth Baptist Church</u>	
Business Address: _____	
Business Location (Street Address): <u>18 Mountain Road Falmouth</u>	
Name of Owner of Business: _____	
Address of Owner of Business: _____	
Manager at Establishment: <u>Kim Walker</u>	Manager's Phone: <u>797-2237</u>
Contact Person: <u>Kim Walker</u>	Phone # _____
Business Phone: _____	Email address: <u>Secretary@abcfalmouth.org</u>
Brief Description of Business: _____	

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 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 <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 _____ |
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(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: Kim Walker Date: 5/14/18

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

Business or Trade Name: Milly's Skillet

Business Address: 226 Gray Rd. - Falmouth, ME

Business Location (Street Address): Smith farm

Name of Owner of Business: Molly Rizzo

Address of Owner of Business: 226 Gray Rd, Falmouth

Manager at Establishment: Molly Rizzo **Manager's Phone:** (207) 340-0026

Contact Person: Y **Phone #** _____

Business Phone: _____ **Email address:** _____

Brief Description of Business: Food Truck - farm to table

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 _____ |
| (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: Mary Ryan _____ Date: _____