## Department of Public Safety Division

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

RESTAURANT (Class I,II,III,IV)

→ HOTEL-OPTIONAL FOOD (Class I-A)

PRESENT LICENSE EXPIRES



# 9/6/12

INDICATE TYPE OF LICENSE:

### **Liquor Licensing & Inspection**

□ RESTAURANT/LOUNGE (Class XI)

HOTEL (Class I,II,III,IV)

| BUREAU USE ONLY       |  |
|-----------------------|--|
| License No. Assigned: |  |
| Class:                |  |
| Deposit Date:         |  |
| Amt. Deposited:       |  |

INDICATE TYPE OF PRIVILEGE: 🌿 MALT 📑 SPIRITUOUS 🤻 VINOUS

| CLASS A LOUNGE (Class X)   | ☐ CLUB-ON PREMISE CATERING (Class I)             |
|--|--|
| CLUB (Class V)   | GOLF CLUB (Class I,II,III,IV)                    |
| TAVERN (Class IV)  | OTHER:   |
| REFER TO PAGE 3  | FOR FEE SCHEDULE                                 |
| ALL QUESTIONS MUST   | Γ BE ANSWERED IN FULL                            |
| 1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., | 2. Business Name (D/B/A)                         |
| etc.) CoAc Gro DIZZAINODOB:  | OCEAN HOUSE DIZZA                                |
| DOB:   |  |
| DOB:   | Location (Street Address) 3370CEAN HOUSE RO      |
| Address<br>337 OCEAN HOUSE Rd  | City/Town State Zip Code CAPE ELIZABETH NH 04807 |
|  | Mailing Address                                  |
| City/Town State Zip Code CADE EGZA BEH ME 0910 7                       | City/Town State Zip Code                         |
| Telephone Number Fax Number (207) 741-9191 (207) 741-9090              | Business Telephone Number  Fax Number            |
| Federal I.D. # 45 - 2856430  | Seller Certificate # (079210                     |
| 3. If premises are a hotel, indicate number of rooms available         | e for transient guests: N/AD60,000               |
| 4. State amount of gross income from period of last license:           | rooms \$ food \$ @ liquor \$_ <i>\\</i>          |
| 5. Is applicant a corporation, limited liability company or lim        | nited partnership? YES WO W                      |
| complete Supplementary Questionnaire ,If YES                           |  |
| 6. Do you permit dancing or entertainment on the licensed pr           | remises? YES ف NO كلاً                           |
| 7. If manager is to be employed, give name:                            |  |
| 8. If business is NEW or under new ownership, indicate start           | ting date: 8-1-11                                |
| Requested inspection date:Bu   | siness hours: 10 AM to 9 PM                      |
| 9. Business records are located at: 337 OCE                            | AN HOUSE RE CAPE ELIZABETH M                     |
| 10. Is/are applicants(s) citizens of the United States?                | YES 🎉 NO ौ                                       |

|   | ****      |             |
|---|-----------|-------------|
| 11. Is/are applicant(s) residents of the State of Maine?      | YES 🎘     | DO ڤ        |
| 12 List name date of hirth and place of hirth for all applica | nts manao | ers and bar |

| 12. List name, date of birth, and place Use a separate sheet of paper if ne  |   | rs, and bar managers. Gry  | e maiden name, if married:   |
|--|---|--|--|
| Name in Full   | (Print Clearly)   | DOB  | Place of Birth   |
| HAMlambos Go   | . Gci KAS   | 2-23-58  | I GOVMENTSA,   |
|  | CAPE ELIZABETH V  | C Tue  |  |
| ,  | NEW MARKET NH   |  |  |
| 13. Has/have applicant(s) or manager of any State of the United States?  |   | on of the law, other then h  | ninor traffic violations,  |
| Name:  | I   | Date of Conviction:  |  |
| Offense:   | L   | ocation:   | ······································   |
| Disposition:   |   |  |  |
| 14. Will any law enforcement official Yes No Yes If Yes, give  | benefit financially either directly on name:  | or indirectly in your licens   | se, if issued?   |
| Yes No Yes, give 15. Has/have applicant(s) formerly he   | ld a Maine liquor license? YES  | L NO 2 DET   |  |
| 16. Does/do applicant(s) own the pren<br>LAHNOO FLAH   | hop 10 moulton  | st pertland  | MI 04/01   |
| 17. Describe in detail the premises to   | be licensed: (Supplemental Diagram  | m Required)  |  |
| 18. Does/do applicant(s) have all the YES 🔌 NO 🍮 Applied for:  | necessary permits required by the S   | State Department of Huma   | un Services?   |
|  | nises to the <b>NEAREST</b> school, school fthe premises to the main entrancourse of travel?                              | ce of the school, school do  | ormitory, church, chapel   |
| 20. Have you received any assistance self in the establishment of your b   | usiness? YES 🖈 NO 🗅   | £  |  |
| If YES, give details:Sell  | ec financia   | <u>\$ 135.000</u>  |  |
| The Division of Liquor Licensing & pertaining to the business, for which in which any liquor license is in effect NOTE: "I understand that false sinformation on this form is a Class I monetary fine of up to \$2,000 or both | this liquor license is requested, and<br>t.<br>statements made on this form ar<br>D offense under the Criminal Code<br>." | l also such books, records<br>e punishable by law.<br>, punishable by confinen | s and returns during the year<br>Knowingly supplying false<br>tent of up to one year or by |
| Dated at: CADE EL. 7. Town/City, St  | about on State  | ept 12, 2  | <u>0</u>   |
| \$56° -  | Please sign in blue ink   |  |  |
| Signature of Applicant or Corporate  | Officer(s)  | Signature of Applicant of  | or Corporate Officer(s)  |
| _ GOB GUKAS.   |   |  |  |

#### STATE OF MAINE

| Dated at:                        |                     | aine                   | SS      |
|----------------------------------|---------------------|------------------------|---------|
| , To                             | wn                  | (County)               |         |
| On:                              |                     |                        |         |
| Date                             |                     |                        |         |
| The undersigned being:           | Municipal Officers  | County Commissioners ف | of the  |
| Plant ف City ک                   | Unincorporated P ف  | lace of:               | , Maine |
| Maine Revised Statutes and herby | apple to such apple |                        |         |
|                                  |                     |                        |         |
|                                  |                     |                        |         |
|                                  | THIS APPROVAL       | EXPIRERS IN 60 DAYS    |         |
| <i></i>                          | NOTICE - SPI        | CCIAL ATTENTION        |         |

#### § 653. Hearings; bureau review; appeal

- 1. Hearing. The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, shall hold a public hearing for the consideration of applications for new on-premise licenses and applications for transfer of location of existing on-premise licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.
  - A. The bureau shall prepare and supply application forms. [1993, c.730, §27(amd).]
  - B. The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located. [1995, c.140, §4 (amd).]
  - C. If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new onpremise license, for transfer of the location of an existing on-premise license or for renewal of an on-premise license within 60 days of
    the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the
    date of filing of the application is the date the application is received by the municipal officers or county commissioners. This
    paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this
    paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing onpremise license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on
    an on-premise license that has been extended pending renewal with 120 days of the filing of the application. [1999, c589, §1 (amd).]
- 2. Findings. In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:
  - A. Conviction of the applicant of any Class A, Class B or Class c crime: [1987, c45, Pt.A§4 (new).]
  - B. Noncompliance of the licensed premises or its use with any local zoning ordinance or other land use ordinance not directly related to liquor control; [1987, c.45, Pt.A§4(new).]
  - C. Conditions of record such as waste disposal violations, health or safety violation or repeated parking or traffic violations on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises or other such conditions caused by persons patronizing or employed by the licensed premises that unreasonably disturb, interfere with or affect the ability of persons or businesses residing or located in the vicinity of the licensed premises to use their property in a reasonable manner; [1993, c.730, 827 (amd)]
  - D. Repeated incidents of record of breaches of the peace, disorderly conduct, vandalism or other violations of law on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises; [1989, c.592,§3 (amd).]
  - E. A violation of any provision of this Title; and [1989, c.592, §3 (amd).]
  - F. A determination by the municipal officers or county commissioners that the purpose of the application is to circumvent the provisions of section 601. [1989, c.592, §4 (new).]

#### [1993, c730, §27 (amd).]

- 3. Appeal to bureau. Any applicant aggrieved by the decision of the municipal officers or county commissioners under this section may appeal to the bureau within 15 days of the receipt of the written decision of the municipal officers or county commissioners. The bureau shall hold a public hearing in the city, town or unincorporated place where the premises are situated. In acting on such an appeal, the bureau may consider all licensure requirements and findings referred to in subsection 2.
  - A. [1993, c.730, §27 (rp).]
- 4. No license to person who moved to obtain a license. (REPEALED)
- 5. (TEXT EFFECTIVE 3/15/01) Appeal to District Court. Any person or governmental entity aggrieved by a bureau decision under this section may appeal the decision to the District Court within 30 days of receUpon resolution of the appeal, if an applicant's license renewal is denied, the bureau shall refund the applicant the prorated amount of the unused license fee.

#### STATE OF MAINE Liquor Licensing & Inspection Unit

164 State House Station Augusta, Maine 04333-0164

Tel: (207) 624-7220 Fax: (207) 287-3424

### SUPPLEMENTARY QUESTIONAIRE FOR CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS

| 1. Exact Corporate Name: CAGG  | PIZZA INC.   |  |               |                      |
|--|--|--|---------------|----------------------|
| Business D/B/A Name: OCEAU H   | •  | ······································ |               |                      |
|  | •  | <del></del>                            | <del> </del>  |                      |
| 2. Date of Incorporation: $7-27-$  |  |  |               |                      |
| 3. State in which you are incorporated:  | 1 E  |  |               |                      |
| 4. If not a Maine Corporation, date corporation wa   | as authorized to transact business   | within the                             | State of Ma   | aine:                |
| No. of the Control of |  |  |               |                      |
| 5. List the name and addresses for previous 5 years  | s, birth dates, titles of officers, dire   | ctors and l                            | ist percent   | of stock owned:      |
| Name   | Address Previous 5 Years   | Birth<br>Date                          | % of<br>Stock | Title                |
| HAYAlambos Gr. Gri KAS   | 10 MAPLEORES NEW MARK  |  |               | DRESARE              |
|  | New Hampshite  | 20                                     |               |                      |
|  | 60woodland Rd  |  |               |                      |
|  | ANGC   |  |               |                      |
|  |  |  |               |                      |
| <ul><li>6. What is the amount of authorized stock? / Oc</li><li>7. Is any principal officer of the corporation a law</li></ul>   |  |  |               |                      |
| 8. Has applicant(s) or manager ever been convicted United States? ( ) YES (X) NO.  | d of any violation of the law, other   | than a mir                             | or traffic    | violation(s), of the |
| 9. If yes, please complete the following: Name:  | At some that the state of the s | _                                      |               |                      |
| Date of  |  |  |               |                      |
|  |  | *** ********************************** |               |                      |
| Location:  | Disposition:   |  | ····          |                      |
| Dated at: Cape Clizabet  | On: 9/12/12  | Date                                   |               |                      |
|  |  |  |               |                      |
| HODE -   | Date:  | 12/12                                  |               | -                    |
| Signature of Duly Authorized Officer   |  |  |               |                      |
| DOD GILA   |  |  |               |                      |
| Print Name of Duly Authorized Officer  |  |  |               |                      |

#### **PREMISE DIAGRAM**

EXTANCE 1 Roman MENS Row WOMENS Kitchen StUAGE BACK DOGY