BUREAU OF ALCOHOLIC BEVERAGES DIVISION OF LIQUOR LICENSING & ENFORCEMENT 8 STATE HOUSE STATION AUGUSTA, ME 04333-0008

| DEPARTMENT USE O | NLY |
|------------------|--------|
| LICENSE NUMBER: | CLASS: |
| DEPOSIT DATE | |
| AMT. DEPOSITED: | BY: |
| CK/MO/CASH: | |

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 prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, ttended by a liquor license.



PRESENT LICENSE EXPIRES 7-14-16

INDICATE TYPE OF PRIVILEGE: SMALT SPIRITUOUS VINOUS

INDICATE TYPE OF LICENSE:

- RESTAURANT (Class I,II,III,IV)
- ☐ HOTEL-OPTINONAL FOOD (Class I-A)
- □ CLASS A LOUNGE (Class X)
- 다 CLUB (Class V)
- ☐ TAVERN (Class IV)

- RESTAURANT/LOUNGE (Class XI)
 - HOTEL (Class LII,III,IV)
 - □ CLUB-ON PREMISE CATERING (Class I)
 - □ GOLF CLUB (Class I,II,III,IV)
 - ے OTHER:

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

| 1. APPLICANT(S) –(Sole Proprietor, Corporation, Lim | | 2. Business Name (D/B/A) | |
|---|----------------|------------------------------|--------------|
| Liability Co., etc.) Arthory P. KostapoulooB: 1-2 | 25 (33 | The Good TABLE | |
| his a Kostopoulos DOB: 4-1 | 8-60 | 537 Oceanhouse RD | 1 |
| N DOB: | A Organization | Location (Street Address) | |
| DOD; | | TO PEELIZOBOM | |
| Address WHO wood Pol | | City/Town Me State Wy | CHO Zip Code |
| Cape ElizuBethmo o | 407 | Mailing Address | |
| City/Town State 2 | Zip Code | City/Town State | Zip Code |
| Telephone Number 207-799-4663 Fax Number | | Business Telephone Number | S Fax Number |
| Federal I.D. #01-0485849 | D | Seller Certificate # /0/0798 | |

| 3. If premises is a hotel, indicate number of rooms available for transient guests: | | |
|--|--|--|
| 4. State amount of gross income from period of last license: ROOMS \$ FOO | OD \$ 77,796 LIC | OUOR \$266, 263 |
| 5. Is applicant a corporation, limited liability company or limited partnership? YE | S NO | |
| complete Supplementary Questionnaire ,If YES | | |
| o. Do you pointed dameing of our control of the con |) 🕍 | |
| 7. If manager is to be employed, give name: Lizakosta Pouls | | |
| 8. If business is NEW or under new ownership, indicate starting date: | | |
| Requested inspection date: Business hours: 9. Business records are located at: 527 DoonhouseR. C.E. | | |
| 10. Is/are applicants(s) citizens of the United States? YES WO | à | |
| 10. In the approximation of the second of th | | |
| 11. Is/are applicant(s) residents of the State of Maine? YES NO | | |
| 12. List name, date of birth, and place of birth for all applicants, managers, and Use a separate sheet of paper if necessary. | l bar managers. C | rive maiden name, if marrie |
| Name in Full (Print Clearly) | DOB | Place of Birth |
| Anthony P.Kostopoulos | | 74mBridge MA. |
| high Katon Nos | * - | Medford mA |
| Mes. Nosigno | * | |
| Residence address on all of the above for previous 5 years (Limit answer to ci | ity & state | And the state of t |
| Tooland and the second | ************************************** | ette kan |
| | | |
| | те же ғаздалық төдінің тұққаты қаздайда таққарақдалы алал к төң қаздаға ұңазда | icklinin (de municipal de distante de distante de de mandre de de municipal de de mandre de des del de des del |
| 13. Has/have applicant(s) or manager ever been convicted of any violation of to of any State of the United States? YES 3 NO 3 | the law, other ther | a minor traffic violations, |
| • | f Conviction: | |
| Offense: Location | on: | |
| Disposition: | | |
| 14. Will any law enforcement official benefit financially either directly in you Yes A No Yes, give name: | ir license, if issue | 1 ? |
| 15. Has/have applicant(s) formerly held a Maine liquor license? YES | ڭ NO | |
| 16. Does/do applicant(s) own the premises? Yes No is If No give nar | me and address of | owner: |
| 17. Describe in detail the premises to be licensed: (Supplemental Diagram Rec | quired) | |
| | | |
| 18. Does/do applicant(s) have all the necessary permits required by the State I YES NO Applied for: | Department of Hu | man Services? |

measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel

EMAIL ADDRESS:

| or paris | h house by the ordinary course of travel? Which of the above is nearest? | |
|---|--|--|
| self in t | bu received any assistance financially or otherwise (including any mortgages) from any source other that he establishment of your business? YES is NO | n your- |
| IfYES, | give details: | |
| taining to the any liquor land NOTE: "It this form is \$2,000 or be Dated at: Consideration of the Signature of the state o | on of Liquor Licensing & Inspection is hereby authorized to obtain and examine all books, records and the business, for which this liquor license is requested, and also such books, records and returns during a license is in effect. I understand that false statements made on this form are punishable by law. Knowingly supplying falses a Class D offense under the Criminal Code, punishable by confinement of up to one year or by mone both." OFFICE ABOM ON 5-23-46 20/6 Town/City, State Please sign in blue ink Signature of Applicant or Corporate Office (s) Print Name Print Name | he year in which the information of the terms of the term |
| | NOTICE – SPECIAL ATTENTION ations for NEW or RENEWAL liquor licenses must contact their Municipal Officials or the County Country attending their application for liquor licenses prior to submitting them to the bureau. | Commissioners |
| | THIS APPROVAL EXPIRES IN 60 DAYS. FEE SCHEDULE | |
| Class I | Spirituous, Vinous and Malt | |
| Class I-A | Spirituous, Vinous and Malt, Optional Food (Hotels Only) | 1,100.00 |
| Class II | Spirituous Only\$ CLASS II: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels. | 550.00 |
| Class III | Vinous Only CLASS III: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts. | 220.00 |
| Class IV | Malt Liquor Only CLASS IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts. | 220.00 |
| Class V | Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts)\$ | 495.00 |

| Class X | Spirituous, Vinous and Malt – Class A Lounge | |
|----------|--|--|
| Class XI | Spirituous, Vinous and Malt – Restaurant Lounge \$1,500.00 CLASS XI: Restaurant/Lounge; and OTB. | |
| FILING I | FEE \$ 10.00 | |

CLASS V: Clubs without catering privileges.

UNORGANIZED TERRITORIES \$10.00 filing fee shall be paid directly to County Treasurer. All applicants in unorganized territories shall submit along with their application evidence of payment to the County Treasurer.

All fees must accompany application, made payable to the **Treasurer of Maine.** This application must be completed and mailed to Bureau of Alcoholic Beverages and Lottery Operations, Division of Liquor Licensing and Enforcement, 8 State House Station Augusta ME 04333-0008. Payments by check subject to penalty provided by Title 28A, MRS, Section 3-B.

STATE OF MAINE

| Dated at | | , Main | | SS | |
|---------------------|--|--|--|--|--|
| | City/Town | | (County) | | |
| On: | Date | | | | |
| peril 1 | | : M | . County Commissioner | s of the | |
| | | Municipal Officers | d County Commissioner | | |
| City ف | Plantation ف Town ف | Unincorporated Plac | ce of: | | _, Maine |
| Hereby c Revised | ertify that we have given public Statutes and herby approve said | notice on this application ar application. | nd held public hearing thereon | n as required by Section 653 | 3 Title 28A, Maine |
| | | | | - | |
| | | | | | |
| | | | EXPIRERS IN 60 DAYS | • | |
| | arings; bureau review; appeal | NOTICE - SPI | ECIAL ATTENTION | | |
| 2. | B. The municipal officers of by causing a notice, at the the date of hearing in a control of the hearing in §4 (amd).] C. If the municipal officers license, for transfer of the an application, the application is the date cations pending before monor after the effective renewal. The municipal ing renewal with 120 day Findings. In granting or denying provide a copy to the applicant. A. Conviction of the applicant. A. Conviction of the applicant. B. Noncompliance of the licensed premises a patronizing or employed siding or located in the v. D. Repeated incidents of relicensed premises and cate. A violation of any provise. | ring for the consideration of armunicipal officers or county couplicant has held a license for the raiver of the hearing, and supply application forms. If the county commissioners, as a applicant's prepaid expense, shally newspaper having general a weekly newspaper having on the county commission is deemed approved and at the application is received by unicipal officers or the county commission an application, the municipal of license may be denied on one of the fany Class A, Class B or Coensed premises or its use with A \$4 (new).] In as waste disposal violations, I amd caused by persons patronizing or the licensed premises that icinity of the licensed premises that icinity of the licensed premises cord of breaches of the peace, used by persons patronizing or this Title; and [1989, c.5 municipal officers or county or | epplications for new on-premise lymmissioners may hold a public I he prior 5 years and a complaint [1993, c.730, §27(amd).] Is the case may be, shall provide stating the name and place of heal circulation in the municipality general circulation in the municipal as the case may be, fail to take the emise license or for renewal of a ready for action by the bureau. The municipal officers or county missioners as of the effective distangraph applies to an existing sioners shall take final action on m. [1999, c589, §1 (amd).] officers or the county commission or more of the following grounds class c crime: [1987, c45, Pt.A.§-1 any local zoning ordinance or othealth or safety violation or repeting or employed by the licensed unreasonably disturb, interfere vertically conduct, vandalism of employed by the licensed premise. | public notice of any hearing haring, to appear on at least 3 cowhere the premises are locate pality where the premises are locate particular. This paragraph commissioners. This paragraph as well as on-premise license that has been on-premises or other such conditional premises or other such conditions of law on other violations of law on othe | ransfer of location of frequests for renewal applicant within the application ocated. [1995, c.140] for a new on-premision of the date of filing of the date of filing of the applies to all applications file appli |
| [1993, c | 730, §27 (amd).] Appeal to bureau. Any applicant | t aggrieved by the decision of | the municipal officers or county | commissioners under this sect | tion may appeal to the |
| J. | bureau within 15 days of the receip in the city, town or unincorporated ments and findings referred to in st | ot of the written decision of the I place where the premises are | municipal officers or county cor | mmissioners. The bureau shall | I hold a public hearing |
| | A. [1993, c.730, §27 (rp).] | | . E.D./ | | * |
| 4. 5. | No license to person who moved (TEXT EFFECTIVE 3/15/01) A appeal the decision to the District (| ppeal to District Court. Any | person or governmental entity as | ggrieved by a bureau decision reau | under this section ma |
| An ar appea | appear the decision to the District opplicant who files an appeal or who l if an applicant's license renewal i | has an appeal pending shall pa | ay the annual license fee the app | olicant would otherwise pay. 🕽 | Upon resolution of the |



State of Maine

Bureau of Alcoholic Beverages Division of Liquor Licensing and Enforcement

Supplemental Information Required for Business Entities Who Are Licensees

| For Office Use Only: | |
|----------------------|--|
| License #: | |
| Date Filed: | |

For information required for Questions 1 to 4, this information is on file with the Maine Secretary of State's office and must match their record information. Please clearly complete this form in its entirety.

| | Exact legal name: | | | | |
|---------|---|--|------------------|--------------|--|
| J, | eGood TABLE | | | | |
| | Other business name for your e | | | | |
| | The Good The | Bre | | | |
| | Date of filing with the Secretar | y of State: Dec 1993 | | | |
| | State in which you are formed: MANGE | | | | |
| | If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: | | | | |
| | List the name and addresses fo | r previous 5 years, birth dates, titles of offic | cers, directors | and list the | |
| | percentage ownership: (attache | ed additional sheets as needed) | | | |
| <u></u> | percentage ownership: (attache Name | Address for Previous 5 years | Date of Birth | Ownership % | |
| | percentage ownership: (attache | Address for Previous 5 years | Birth | _ | |
| | percentage ownership: (attache | Address for Previous 5 years | Birth | _ | |
| | percentage ownership: (attache | ed additional sheets as needed) | Birth | 50/8 | |
| | percentage ownership: (attache | Address for Previous 5 years | Birth | 50/8 | |
| | Name Name LisaKostopoulosi AnthonyP. Kostopoulosi | Address for Previous 5 years | Birth | 50/8 | |
| | Name Name LisaKostopoulosi AnthonyP. Kostopoulosi | Address for Previous 5 years 28BrondCaeRd Capetlizing 7 Riverside Ed Scan. | Birth | 50/8 | |
| | Name Name Lisyakostopoulos ArthoryP. Kostopoulos Is any principal person involve Yes No | Address for Previous 5 years 28BrondCaeRd Capetlizing 7 Riverside Ed Scan. | Birth | 50/8 | |

| 9. | Has any principal person i than minor traffic violation | nvolved in the entity ever been convicted of any violation of the law, other ns, in the United States? |
|-------|--|---|
| | Yes No | |
| 10. | If Yes to Question 9, pleas | se complete the following: (attached additional sheets as needed) |
| | Name: | |
| | Date of Conviction: | |
| | Offense: | |
| | Location of Conviction: | |
| | Disposition: | |
| | | |
| Signa | ature: | |
| 7: |) Karloul | 5/23/16 |
| Signa | ature of Duly Authorized Per | |
| لك.حا | boniP. Kostopoul | a c |
| | Name of Duly Authorized P | |
| | | |
| | | |
| offic | e, please call (207) 624-7752 g of this supplemental inform | the legal name or assumed (DBA) name on file with the Secretary of State's 2. The SOS can only speak to the information on file with their office, not the nation – please direct any questions about this form to our office at the number |
| Subn | nit Completed Forms To: | Bureau of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing Enforcement 8 State House Station Augusta, Me 04333-0008 Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434 Email Inquiries: MaineLiquor@Maine.gov |
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