## TOWN OF FALMOUTH, MAINE 2008 APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: Cork + Barrel	· .
Business Address: 204 Rt 1, Falmouth, M	12 0410S
Name of Owner of Business: Connie Koengeter	······
Address of Owner of Business: 6 Ocean St. Fach	nouth Ma 0410
Manager at Establishment: Owner Manager's Photo	•
Contact Person: Phone #	
Business Phone: 781-7955	
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) Vendor/Cart	\$10.00
CHECKS PAYABLE TO THE "TOWN OF FALMOUTH	
Brief Description of Business: Refail, Wine Cifts, F	to d
Brief Description of Business: <u>Refail</u> , <u>wine Cifts</u> , to Have you received State approval? Yes NO Signature of Applicant: <u>Counic Holnaste</u>	
Signature of Applicant: Council Koenaste	Date: 5-14-08

TOWN OF FALMOUTH, MAINE 2008
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE received

Business or Trade Name: The Church & Saint Many the Virgin	- 10 10 loc
Business or Trade Name: The Church of Saint Many the Virgin  Business Address: 43 Foreside Rd.; Felmonth	
Name of Owner of Business:	
Address of Owner of Business:	
Manager at Establishment: Fr James Palton Thomps on Manager's Phone	: 781-3366
Contact Person: Beth Shaw Phone # 781-	
Business Phone: 781-3365	
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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(h) Establishments operated by non-profit organizations.	\$25.00
(i) Vendor/Cart	\$10.00
CHECKS PAYABLE TO THE "TOWN OF FALMOUTH	
Brief Description of Business: Religious Non profit	Charl
Have you received State approval? YesNO	Nate: 5/5/08/
Signature of Applicant:	Date: 5/5/08

TOWN OF FALMOUTH, MAINE 2008
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

received

Business or Trade Name: FOULD COMMUNITY CAM	rely 5
Business Address: 340 Followide Road Fall	uoetti '
Name of Owner of Business:	
Address of Owner of Business:	
Manager at Establishment: SANDRA PANEN KA Manager's Pho	ne: <u>781–588</u> 0
Contact Person: SAUNGA PANENKA Phone # 181-5	5880
Business Phone: 78/-5880	
Check the proper category for the license requested:	
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(h) Establishments operated by non-profit organizations.	\$25.00
(i) Vendor/Cart	\$10.00
CHECKS PAYABLE TO THE "TOWN OF FALMOUTH	
Brief Description of Business:	
Have you received State approval? YesNO	
Signature of Applicant:	Date: 5/14/08