

TOWN OF FALMOUTH, MAINE
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: Mother's Mountain Inc

Business Address: 2 Mustard Hollow Way

Name of Owner of Business: Carol Tannel

Address of Owner of Business: same as above

Manager at Establishment: Dennis Boctor Manager's Phone: 781-4658

Contact Person: _____ Phone # _____

Business Phone: 781-4658

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) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Specialty food Producers

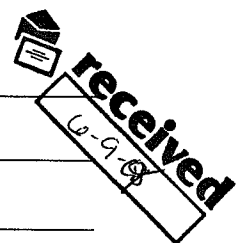
Have you received State approval? Yes NO

Signature of Applicant: [Signature] Date: 6-15-09

ADMINISTRATION:

TOWN OF FALMOUTH, MAINE 2009
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: O'NATURALS, INC.
Business Address: 240 U.S. Route 1 Falmouth, ME 04105
Name of Owner of Business: Frederick McCABE
Address of Owner of Business: Coyle St, Portland, ME 04103
Manager at Establishment: GREGORY LEGUM Manager's Phone: 781-8889
Contact Person: JESSIE MULLEN Phone # 240.7070
Business Phone: 781.8889



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- (i) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Natural + organic quick service restaurant

Have you received State approval? Yes NO

Signature of Applicant: Jessie S. Mullen Date: 5/20/09



TOWN OF FALMOUTH, MAINE 2009
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Cl # 6306

Business or Trade Name: Personal Touch Catering
Business Address: 70 Gray Rd; Falmouth
Name of Owner of Business: Kevin Fallen
Address of Owner of Business: 62 Checopee Rd Buxton 04093
Manager at Establishment: Pat Noonan Manager's Phone: 770-2198
Contact Person: Kevin Fallen Phone # 207-642-2148
Business Phone: 207-642-2148

received
6-9-09

Check the proper category for the license requested:

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- (i) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Cafe

Have you received State approval? X Yes _____ NO

Signature of Applicant: Kevin Fallen Date: 5/25/09

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TOWN OF FALMOUTH, MAINE
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: STARBUCKS
Business Address: 256 US ROUTE 1 FALMOUTH ME
Name of Owner of Business: Starbucks ~~0410~~ 04105
Address of Owner of Business: 85 Wells Avenue Newton MA
Manager at Establishment: RENEE MCGOVERN Manager's Phone: 207 02459
Contact Person: Renee McGovern Phone # 207 781 650-8470
Business Phone: 207 781 2380

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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: Coffee Shop
Have you received State approval? Yes NO
Signature of Applicant: [Signature] Date: 6-29-09

ADMINISTRATION:

TOWN OF FALMOUTH, MAINE 2009
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: Subway

Business Address: 219 US Rte 1

Name of Owner of Business: Subco Enterprises

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

Manager at Establishment: Mike Grieve Manager's Phone: 781-3103

Contact Person: Catherine LeBlanc Phone # 671-2401

Business Phone: 781-3103

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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: fast food restaurant

Have you received State approval? Yes NO

Signature of Applicant: Catherine A LeBlanc Date: 5/27/09



2659

TOWN OF FALMOUTH, MAINE
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: Wal-Mart Stores East, LP DBA Wal-Mart Store #2659
Business Address: 206 US Route 1 Falmouth, ME 04105
Name of Owner of Business: Wal-Mart Stores East, LP
Address of Owner of Business: 702 SW 8th St. Bentonville, AR 72716-0500
Manager at Establishment: David Gaetani Manager's Phone: 207-781-3879
Contact Person: Dianna Musteen Phone # 479-277-2768
Business Phone: 479-204-6287

Check the proper category for the license requested:

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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 X
- (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: Retail with Food Service Establishment

Have you received State approval? X Yes NO

Signature of Applicant: Dianna Musteen Date: 07-28-2008

Dianna Musteen-Sr. Licensing Compliance Coordinator

TOWN OF FALMOUTH, MAINE 2009
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: West Falmouth Baptist Church

Business Address: 18 Mountain Rd. Falmouth, ME 04105

Name of Owner of Business: _____

Address of Owner of Business: _____

Manager at Establishment: Kim Walker Manager's Phone: 797-2237

Contact Person: Kim Walker Phone # 797-4066 / 797-2237

Business Phone: 797-4066

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- (i) Vendor/Cart \$10.00 _____

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Brief Description of Business: Bean Suppers - No More Than once a month.

Have you received State approval? X Yes _____ NO

Signature of Applicant: Kim Walker Date: 5/27/09

