

TOWN OF FALMOUTH, MAINE  
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: Black Cherry Provisions

Business Address: 56 Depot Rd.

Name of Owner of Business: Ellen Curvari Demy Cumberland

Address of Owner of Business: 806 Senoover Ridge

Manager at Establishment: N/A Manager's Phone: \_\_\_\_\_

Contact Person: Ellen Demy Phone # 829-3276 / 712-5596

Business Phone: 761-5656

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 WAA
- (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, wine, beer

Have you received State approval? ✓ Yes \_\_\_\_\_ NO \_\_\_\_\_

Signature of Applicant: [Signature] Date: 6/12/09

ADMINISTRATION:

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

Business or Trade Name: Falmouth by the Sea

Business Address: 191 Fireside Rd.

Name of Owner of Business: First Atlantic Health Care

Address of Owner of Business: 222 St. John St. Portland, ME 0402

Manager at Establishment: Joel Rogers Manager's Phone: 781-4714

Contact Person: Carly Hishio Phone # 781-4714

Business Phone: 781-4714

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: Nursing Home

Have you received State approval? Yes NO

Signature of Applicant: Joel Rogers Date: 05/15/09

renewal

CL # 1964

TOWN OF FALMOUTH, MAINE  
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: Maine Lobster Seafood Co  
Business Address: 289 GRAY RD. FALMOUTH, ME  
Name of Owner of Business: NICK KARATHALIS  
Address of Owner of Business: 289 GRAY RD. FALMOUTH, ME  
Manager at Establishment: NICK K. Manager's Phone: 797-0910  
Contact Person: NICK KARATHALIS Phone # 797-0910  
Business Phone: 797-0910

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: LOBSTER SALES FROM TRUCK.

Have you received State approval? X Yes NO

Signature of Applicant: Nick Karathalis Date: 6/6/2009

ADMINISTRATION:

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

Business or Trade Name: MAINE ROASTERS COFFEE

Business Address: 244 Rte 1 FALMOUTH, ME

Name of Owner of Business: STC, LLC

Address of Owner of Business: 29 BLUE MOON DR. N. FALMOUTH, ME 04907

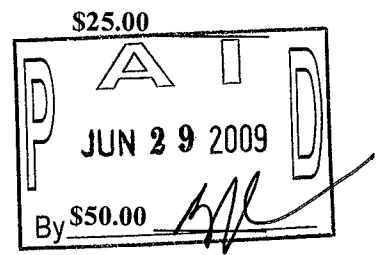
Manager at Establishment: \_\_\_\_\_ Manager's Phone: \_\_\_\_\_

Contact Person: RANDY MALE Phone # 329-1524

Business Phone: \_\_\_\_\_

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- (i) Vendor/Cart \$10.00



**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Brief Description of Business: COFFEE SOLD

Have you received State approval?  Yes  NO

Signature of Applicant: Randy Male Date: 6/25/09

ADMINISTRATION:

CL # 86-105/1031

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

Business or Trade Name: Tyler Technologies / Grab A Byte Cafe

Business Address: 370 US Route One, Falmouth, ME 04106

Name of Owner of Business: John Marr, Jr

Address of Owner of Business: same as above

received  
6/9/09

Manager at Establishment: Catherine Corey Manager's Phone: 207-518-4125

Contact Person: Liz Rensenbome Phone # 207-518-4260

Business Phone: 800-772-2260

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 X
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- (i) Vendor/Cart \$10.00 \_\_\_\_\_

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Breakfast + lunch service for employees

Have you received State approval? X of Tyler Technologies  
Yes \_\_\_\_\_ NO \_\_\_\_\_

Signature of Applicant: [Signature] Date: 5/22/09

ph

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

Pd  
6/11/09

Business or Trade Name: HARMON'S LUNCH  
Business Address: 144 Gray Rd.  
Name of Owner of Business: Rever Wormer  
Address of Owner of Business: 200 BROOK ST.  
Manager at Establishment: Same Manager's Phone: 797-9857  
Contact Person: SAME Phone # SAME  
Business Phone: SAME

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: \_\_\_\_\_

Have you received State approval?  Yes  NO

Signature of Applicant: Rever Wormer Date: 6/11/09

Cash

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

Business or Trade Name: LEAVITT & SONS  
Business Address: 37 Depot rd  
Name of Owner of Business: Peter Leavitt  
Address of Owner of Business: 74 Bladenwood rd  
Manager at Establishment: Pete Leavitt Manager's Phone: 838-0792  
Contact Person: Sam Phone # Sam  
Business Phone: 781-3753



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- (i) Vendor/Cart \$10.00 \_\_\_\_\_

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: deli retail

Have you received State approval? NO Yes X NO

Signature of Applicant: [Signature] Date: \_\_\_\_\_

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FOOD LIC-2009 SA

TOWN OF FALMOUTH, MAINE  
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: NOURIA ENERGY RETAIL MAINE INC D/B/A LILMART FALMOUTH  
Business Address: 251 US RT 1 FALMOUTH ME 04105  
Name of Owner of Business: TONY ELNEMR  
Address of Owner of Business: 326 CLARK ST WORCESTER MA 01606  
Manager at Establishment: CURTIS BUXBAUM Manager's Phone: 207-781-5019  
Contact Person: DARRELL CLARK Phone # 207-650-9231  
Business Phone: 207-781-5019

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: gasoline & Convenience Store

Have you received State approval?  Yes  NO

Signature of Applicant: Carol Lareau Date: 6/16/09

ADMINISTRATION: