

Liability Co.

STATE OF MAINE Department of Public Safety Liquor Licensing

164 State House Station Augusta, Maine 04333



BOTTLE CLUB REGISTRATION APPLICATION

1. APPLICANT (S)-(Sole Proprietor, Corporation, Limited

\$50.00 - Check Payable: Treasurer State of Maine	BUREAU USE ONLY
	Reg. # assigned:
PRESENT REGISTRATION EXPIRES	Deposit Date:
	Amt.Deposited:
	CK/Mo/Cash:

ALL QUESTIONS MUST BE ANSWERED IN FULL

Please Print Clearly

2. Business Name (DBA)

Portland Yacht C	lub DOB:	April 26, 1869	Portland Yacht Club		
	DOB:				
	DOB:		Location (Street Add 40 Old F	dress) Powerhouse Road	
Address:			City/Town	State	Zip Code
40 Old Po	werhouse Road		Falmouth	ME	04105
			Mailing Address:		
			40 Old Powerhous	e Road	
City/Town	State	Zip Code	City/Town	State	Zip Code
Falmouth	ME	04105	Falmouth	ME	04105
Telephone Number		Fax Number	Business Telephone		Fax Number
207-781-9820		7-781-4599	207-781-982		207-781-4599
Federal I.D.# 01-014	3485		Sellers Certificate #	0174516	
	-		o()If NO give name	and address of owner.	
Address:				Town/City:	
State	Zi _l	o Code	The second description of the second		
6. What are	the regular days and ho	ours your establis	hment is operated as a	Bottle Club ?	
Days: Sun			Hours: 11:30-2:00 F		
Office			tember; occasional ev TER 45 Commerce Drive Suit	-	or the year)
	nd 624-7224 Licensing and Inspectors and Training	pections		(207) 287-3424	FAX

Daga 1 of 7

Page 2 of 2

7. List name, date of birth, place of birth for all applicants and managers. Give maiden name if married:

Nai	me in full (Print Clearly)	DOB	Place of Birth	
٧	Villiam S. Richards	03/05/1942	Philadelphia PA	
Residence address	s on all of the above for previous Yarmouth ME	5 years (Limit answer t	o city & State)	
11				
8. Has applicant(s)	neet of paper if necessary. or managers(s) ever been convict ted States? YES () NO (X)	ed of any violation of the	aw, other than minor traffic	violations of
Name:		Date of conviction:		
	rson any interest, directly or indire			
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NOTE: " I under supplying false	formerly held a Maine liquor licen rstand that false statements information on this form is of up to one year or by mo	s made on this form a a Class D offense un	der the criminal code,	Knowingly punishable
NOTE: " I under supplying false	rstand that false statements information on this form is of up to one year or by mo Falmouth ME	s made on this form a a Class D offense un netary fine of up to \$ on January 2	der the criminal code, 2,000.00 or both.	Knowingly punishable 20_09
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MAINE DEPT OF PUBLIC SAFETY

STATE OF MAINE Liquor Licensing & Inspection Division

164 State House Station Augusta ME 04333-0164

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



SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

Title	Name	Birth Date	Telephone
Commodore	Charles Sanders	9/18/37	207-233-5186
Vice Commodore	Jennifer Yahr	6/7/44	207-781-5579
Rear Commodore	Gary Vogel	4/10/1956	207-846-3212
3. Date Club was in 4. Purpose of Club	(X) Social (X) Recreational ()	Patriotic () Fraternal : 2nd Thursday in December;	Poord mosts 2nd Mone
5. Date regular mee	etings are held: of every month	. 2nd marsday in December,	
6. Date of election	of Club Officers: 2nd Thursday in	n December	
7. Date elected offi	cers are installed: 2nd Thursday in	n December	
8. Total Membersh	ip: 352 Annual Due	s: \$1,425 Payab	le When: April
9. Does the Club ca	tter to the public or to groups of non-r	members on the premises? Yes	□ No 🛚
10. Excluding salari liquors? Yes	es, will any person, other than the Clu ☐ No ☒ Note: We will not sell al		profits from the sales o
liquors? Yes		cohol in any form.	profits from the sales o
liquors? Yes	□ No 🛛 Note: We will not sell al	cohol in any form.	
liquors? Yes 11. If a manager or Name: William S	□ No ⊠ Note: We will not sell al	lcohol in any form.	