

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 CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES, AND LIMITED PARTNERSHIPS

- Exact Corporate Name: TSL Inc.
Business D/B/A Name: Falmouth Sea Golf
- Date of Incorporation: Feb 1999
- State in which you are incorporated: Maine
- If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine: _____
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percent of stock owned:

Name	<i>Print Clearly</i> Address Previous 5 years	Birth Date	% of Stock	Title
<u>Lane Argyle</u>	<u>15 Brentwood Drive Cumberland Falls ME 04115</u>	<u>12/31/69</u>	<u>100</u>	<u>President</u>

- What is the amount of authorized stock? 100,000 Outstanding Stock? 0
- Is any principal officer of the corporation a law enforcement official? Yes No
- Has applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of the United States? Yes No
- If YES, please complete the following: Name: _____
Date of Conviction: _____ Offense: _____
Location: _____ Disposition: _____
Dated at: _____ City/Town _____ On: _____ Date _____

[Signature] _____ 3/17/09
Signature of Duly Authorized Officer Date

Lane Argyle
Print Name of Duly Authorized Officer

**Department of Public Safety
Division**



Liquor Licensing & Inspection

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, attended by a liquor license.

<u>BUREAU USE ONLY</u>	
License No. Assigned:	
Class:	
Deposit Date:	
Amt. Deposited:	

PRESENT LICENSE EXPIRES _____

INDICATE TYPE OF PRIVILEGE: MALT SPIRITUOUS VINOUS

INDICATE TYPE OF LICENSE:

- | | |
|--|---|
| <input checked="" type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI) |
| <input type="checkbox"/> HOTEL-OPTINONAL FOOD (Class I-A) | <input type="checkbox"/> HOTEL (Class I,II,III,IV) |
| <input type="checkbox"/> CLASS A LOUNGE (Class X) | <input type="checkbox"/> CLUB-ON PREMISE CATERING (Class I) |
| <input type="checkbox"/> CLUB (Class V) | <input type="checkbox"/> GOLF CLUB (Class I,II,III,IV) |
| <input type="checkbox"/> TAVERN (Class IV) | <input type="checkbox"/> OTHER: _____ |

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) --(Sole Proprietor, Corporation, Limited Liability Co., etc.)			2. Business Name (D/B/A)		
DOB:					
<u>SSA Inc</u> DOB:			<u>Falmouth Sea Grill</u>		
Address			Location (Street Address)		
			<u>215 Forecode Rd</u>		
City/Town State Zip Code			City/Town State Zip Code		
<u>Falmouth Me 04105</u>			<u>Falmouth Me 04105</u>		
Mailing Address			Mailing Address		
<u>215 Forecode Rd</u>			<u>Same</u>		
City/Town State Zip Code		City/Town State Zip Code		City/Town State Zip Code	
<u>Falmouth Me 04105</u>		<u>Falmouth Me 04105</u>		<u>Falmouth Me 04105</u>	
Telephone Number Fax Number		Business Telephone Number Fax Number		Business Telephone Number Fax Number	
<u>207-781-5253 207-781-3280</u>		<u>207-781-5253 207-781-3280</u>		<u>207-781-5253 207-781-3280</u>	
Federal I.D. #			Seller Certificate #		
<u>01-65-23234</u>			<u>1043341</u>		

3. If premises are a hotel, indicate number of rooms available for transient guests: NA
4. State amount of gross income from period of last license: ROOMS \$ NA FOOD \$ 757.00 LIQUOR \$ 136.00
5. Is applicant a corporation, limited liability company or limited partnership? YES NO

If YES, complete Supplementary Questionnaire

6. Do you permit dancing or entertainment on the licensed premises? YES NO
7. If manager is to be employed, give name: Laura Aguirre
8. If business is NEW or under new ownership, indicate starting date: _____
Requested inspection date: _____ Business hours: Mon-Sun 11:30 am - 9:00 pm
9. Business records are located at: 215 Forecode Rd, Falmouth, Me 04105
10. Is/are applicants(s) citizens of the United States? YES NO

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 bar managers. Give maiden name, if married: Use a separate sheet of paper if necessary.

Name in Full (Print Clearly)	DOB	Place of Birth
Lance Toolan	12/31/69	New York NY

Residence address on all of the above for previous 5 years (Limit answer to city & state)

15 Broadway Drive, Cumberland Falls, Maine 04111

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States? YES NO

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes No If Yes, give name: David Aguilis

15. Has/have applicant(s) formerly held a Maine liquor license? YES NO

16. Does/do applicant(s) own the premises? Yes No If No give name and address of owner: John Mart
5000 1st Ave, Tallmadge, OH 44129

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) Restaurant
located in Tallmadge

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES NO Applied for: _____

19. What is the distance from the premises to the NEAREST school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel? none Which of the above is nearest? Church

20. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? YES NO

If YES, give details: _____

The Division of Liquor Licensing & Inspection is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also such books, records and returns during the year in which any liquor license is in effect.

NOTE: "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$2,000 or both."

Dated at: Tallmadge, OH on May 17, 2009
Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)

Lance Aguilis

Signature of Applicant or Corporate Officer(s)

MAINE DEPT OF PUBLIC SAFETY

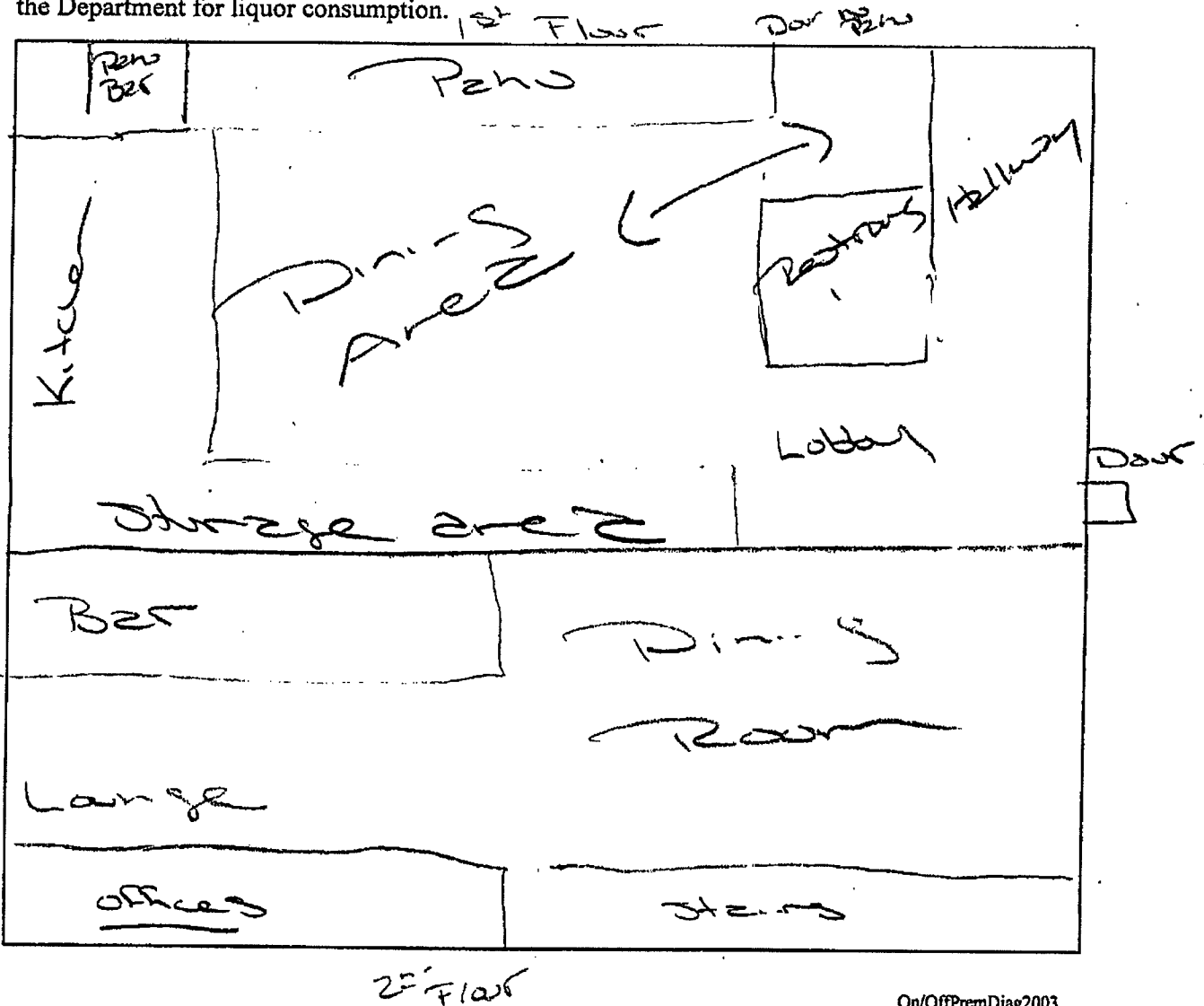
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SUPPLEMENTAL APPLICATION FORM ON-PREMISE DIAGRAM

In an effort to clearly define your license premise and the areas that consumption and storage of liquor is allowed, The Liquor Licensing & Inspection Division is requiring all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, decks and all areas that you are requesting approval from the Department for liquor consumption.



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

Business or Trade Name: Falmouth Sea Grill (Sea Inn)

Business Address: 215 Furber Rd.

Name of Owner of business Laura Anglin Telephone # 207-781-5650

Business Phone: 207-781-5650

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: Seafood Restaurant

Have you received State approval? Yes NO

Signature of Applicant: [Signature] Date: 5/1/09