

TOWN OF FALMOUTH, MAINE  
APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Business or Trade Name: Ricetta's Brick Oven Pizzeria

Business Address: 240 US ROUTE ONE

Name of Owner of Business: Ricetta's Inc.

Address of Owner of Business: 29 Western Ave, Sparrow, ME 04106

Manager at Establishment: Michael Marchessault Manager's Phone: 829-8131

Contact Person: Ronald Stearns Phone # (207) 775-7400

Business Phone: (207) 781-3100

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: RESTAURANT

Have you received State approval?  Yes  NO

Signature of Applicant: [Signature] Date: 5-8-09

ADMINISTRATION:

**Department of Public Safety  
Division**

**Liquor Licensing & Inspection**



**BUREAU USE ONLY**

License No. Assigned:

Class:

Deposit Date:

Amt. Deposited:

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.

**PRESENT LICENSE EXPIRES August 16, 2009**

**INDICATE TYPE OF PRIVILEGE:**  MALT  SPIRITUOUS  VINOUS

**INDICATE TYPE OF LICENSE:**

- RESTAURANT (Class I,II,III,IV)
- HOTEL-OPTINONAL FOOD (Class I-A)
- CLASS A LOUNGE (Class X)
- CLUB (Class V)
- TAVERN (Class IV)

- RESTAURANT/LOUNGE (Class XI)
- HOTEL (Class I,II,III,IV)
- CLUB-ON PREMISE CATERING (Class I)
- GOLF CLUB (Class I,II,III,IV)
- OTHER: \_\_\_\_\_

**REFER TO PAGE 3 FOR FEE SCHEDULE**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

<b>1. APPLICANT(S)</b> –(Sole Proprietor, Corporation, Limited Liability Co., etc.) Ricetta's Inc. <b>DOB:</b>		<b>2. Business Name (D/B/A)</b> RICETTA'S OF FALMOUTH	
<b>DOB:</b>			
<b>DOB:</b>		<b>Location (Street Address)</b> 240 US ROUTE ONE	
<b>Address</b> 240 US ROUTE ONE	<b>City/Town</b> FALMOUTH	<b>State</b> ME	<b>Zip Code</b> 04105
<b>Mailing Address</b> 29 WESTERN AVE			
<b>City/Town</b> FALMOUTH	<b>State</b> ME	<b>Zip Code</b> 04105	<b>City/Town</b> S. PORTLAND
			<b>State</b> ME
			<b>Zip Code</b> 04106
<b>Telephone Number</b> 207-781-3100	<b>Fax Number</b> 207-781-7090	<b>Business Telephone Number</b> 207-775-7400	<b>Fax Number</b> 207-775-7906
<b>Federal I.D. #</b> 01-0442192		<b>Seller Certificate #</b> 0237977	

3. If premises are a hotel, indicate number of rooms available for transient guests: 2
4. State amount of gross income from period of last license: ROOMS \$ 2 FOOD \$ \_\_\_\_\_ LIQUOR \$ \_\_\_\_\_
5. Is applicant a corporation, limited liability company or limited partnership? YES  NO
- complete Supplementary Questionnaire ,If YES
6. Do you permit dancing or entertainment on the licensed premises? YES  NO
7. If manager is to be employed, give name: MICHAEL P MARCHESSAULT
8. If business is NEW or under new ownership, indicate starting date: \_\_\_\_\_  
Requested inspection date: \_\_\_\_\_ Business hours: \_\_\_\_\_
9. Business records are located at: 29 WESTERN AVE, SOUTH PORTLAND, ME 04106
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
RONALD A. STEPHAN, JR.	10/18/1966	BUFFALO, NY
MICHAEL P. MARCHESSAULT	03/22/1965	WORCESTER, MA
GREGORY N. DUBE	02/01/1961	CARIBOU, ME

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

Ron Stephan = Portland and Scarborough, ME

Greg dube = Portland, ME      Michael Marchessault = Westbrook and Cumberland, ME

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: Gregory Dube Date of Conviction: 1982, 1982, 1984, 1986

Offense: OUI - HABITUAL OFFENDER Location: CARIBOU & MADAWASKA

Disposition: GUILTY

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

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: \_\_\_\_\_  
FALMOUTH VENTURES, LLC 157 MAIN STREET, KINGSTON, NH 03848-3217

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) SEE ATTACHED  
6000 +/- SQ FOOT FAMILY RESTAURANT WITH OUTSIDE PATIO LOCATED IN SHOPPING CENTER

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? 1/2 MILE Which of the above is nearest? SCHOOL

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

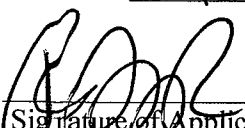
If YES, give details: Northeast Bank, FSB & TD Bank North NA

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: S. Portland, MAINE on May 8, 2009, 20\_\_\_\_  
Town/City, State Date

Please sign in blue ink

  
Signature of Applicant or Corporate Officer(s)  
Ronald A. Stephan, Jr - President  
Print Name

\_\_\_\_\_  
Signature of Applicant or Corporate Officer(s)  
\_\_\_\_\_  
Print Name

**SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS**

1. Exact Corporate Name: RICETTA'S INC

Business D/B/A Name: RICETTA'S BRICK OVEN PIZZERIA OF FALMOUTH

2. Date of Incorporation: OCTOBER 1988

3. State in which you are incorporated: MAINE

4. If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine:  
\_\_\_\_\_

5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list percent of stock owned:

Name	Address Previous 5 Years	Birth Date	% of Stock	Title
Ronald A. Stephan, Jr.	18 Clinton Street, Portland, ME 04103 32 Fengler Rd, Scarborough, ME 04074	10/18/66	89.6	President
Gregory N Dube	85 Wayside Rd, Portland, ME 04103	02/01/61	5.2	Vice President
Michael P Marchessault	9 Woodside Rd, Cumberland, ME 04021	03/22/65	5.2	Vice President
Ronald A Stephan, Sr.	35 Woodhaven Drive, Kennebunk, ME 04043	04/30/33	0	Director

6. What is the amount of authorized stock? 2000 Outstanding Stock? 1902

7. Is any principal officer of the corporation a law enforcement official? ( ) YES ( ) NO

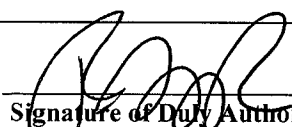
8. Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation(s), of the United States? (✓) YES ( ) NO.

9. If yes, please complete the following: Name: Gregory N. Dube

Date of Conviction: 1980, 1982, 1984, 1986 Offense: OUI - Habitual

Location: Caribou & Madawaska Disposition: Guilty

Dated at: South Portland, Maine On: May 8, 2009  
City/Town Date

 Date: 5-8-09

Signature of Duly Authorized Officer  
Ronald A. Stephan, Jr. - President  
Print Name of Duly Authorized Officer

# 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



## 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.

