

**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 Stepan Phone # (207) 775-7400

Business Phone: (207) 781-3100

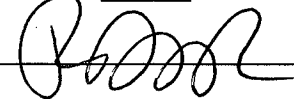
Check the proper category for the license requested:

- (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:  Date: 5-8-09

ADMINISTRATION:

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

Business or Trade Name: Rite Aid # 3278

Business Address: 33 Depot Road Falmouth, ME

Name of Owner of Business: Rite Aid of Maine, Inc.

Address of Owner of Business: PO Box 3165 Attn: Licensing Harrisburg PA 17105

Manager at Establishment: Stephanie Radall Manager's Phone: 207-657-3607

Contact Person: Jim Akers Phone # 717-214-8545

Business Phone: 207-781-4414

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

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH

Brief Description of Business: retail Drug/Variety store

Have you received State approval? Yes NO

Signature of Applicant: M. A. Radgwicki Date: 5/20/09

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

Business or Trade Name: Shaw's Supermarket #7651
Business Address: 251 US Highway 1, Falmouth, ME 04105
Name of Owner of Business: Shaw's Supermarkets, Inc
Address of Owner of Business: PO Box 20, Boise, ID 83726, licensing
Manager at Establishment: Dave Fasulo Manager's Phone: 207-781-6581
Contact Person: Dave Fasulo Phone # 207-781-6581
Business Phone: 208-395-4913

Check the proper category for the license requested:

- | | |
|--|---|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50. | \$25.00 <input checked="" type="checkbox"/> |
| (b) Same as (a) except where the total seating capacity is more than 50. | \$50.00 <input type="checkbox"/> |
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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 <input checked="" type="checkbox"/> |
| (h) Establishments operated by non-profit organizations. | \$25.00 <input type="checkbox"/> |
| (i) Vendor/Cart | \$10.00 <input type="checkbox"/> |

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Retail grocery sales
Have you received State approval? Yes NO
Signature of Applicant: Deborah Sunderland Date: 5/4/09

ADMINISTRATION:

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

Business or Trade Name: Super Scoops

Business Address: 178 RTE 1

Name of Owner of Business: STU & CINDY SMALL

Address of Owner of Business: P.O. Box 1023 PORTLAND, ME 04104

Manager at Establishment: STU SMALL Manager's Phone: (207) 807-3949

Contact Person: STU SMALL Phone # 781-2694

Business Phone: (207) 781-2694

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: TAKE OUT ICE CREAM

Have you received State approval? X Yes _____ NO

Signature of Applicant: Stu Small Date: 5/11/09

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

Business or Trade Name: Town Landing market
Business Address: 269 Forebide Rd Falmouth ME
Name of Owner of Business: Daniel L Brooks
Address of Owner of Business: 70 Eagle Lane Vermont
Manager at Establishment: Hector Gramlich Manager's Phone: _____
Contact Person: Daniel Brooks Phone # 847-9319
Hector Gramlich Phone # 846-1335
Business Phone: 781 2128

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- (i) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH

Brief Description of Business: Sandwiches and Cakes Beer Wine

Have you received State approval? Yes _____ NO

Signature of Applicant: Daniel Brooks Date: 12 MAY 09

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

Business or Trade Name: Waldo's General Store
Business Address: 178 US Rt 1
Name of Owner of Business: Victoria Mulken
Address of Owner of Business: 178 US Rt 1 Falmouth
Manager at Establishment: Jerry Williams Manager's Phone: 781-4404
Contact Person: Genie Boone Phone # 781-2120
Business Phone: 781-4404

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CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: convenience store selling Deli, gas beer & groceries
Have you received State approval? X Yes _____ NO _____
Signature of Applicant: Genie Boone Date: 5-11-09

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

Business or Trade Name: Restward LLC D/B/A Wendy's
Business Address: 206 U.S. Rte One
Name of Owner of Business: Ed Call
Address of Owner of Business: 36 Anthony Ave Ste 201 Augusta
Manager at Establishment: Tammy Simard Manager's Phone: 713-8310
Contact Person: Trever Tardiff Phone # 446-3546
Business Phone: 207-781-3388

Check the proper category for the license requested:

- | | |
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CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Fast Food Wendy's

Have you received State approval? Yes Yes _____ NO _____

Signature of Applicant: Mark J. Carlson Date: 5-13-08

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

Business or Trade Name: THE WOODLANDS CLUB

Business Address: 39 WOODS ROAD FALMOUTH, MAINE 04105

Name of Owner of Business: MEMBER OWNED

Address of Owner of Business: 39 WOODS ROAD FALMOUTH MAINE 04105

Manager at Establishment: BILL ROBINSON Manager's Phone: 781-3104 x 101

Contact Person: DAN SPLAIN Phone # 781.3104

Business Phone: 781-3104 x 154

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- (i) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: SEASONAL SHORT ORDER FOOD TAKEOUT SELLING BURGERS

Have you received State approval? Yes NO

Signature of Applicant: [Signature] Date: 5/13/09

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

Business or Trade Name: THE WOODLANDS CLUB

Business Address: 39 WOODS ROAD FALMOUTH MAINE 04105

Name of Owner of Business: MEMBER OWNED

Address of Owner of Business: 39 WOODS ROAD FALMOUTH, MAINE 04105

Manager at Establishment: BILL ROBINSON Manager's Phone: 781-3104 x101

Contact Person: DAN SPLAINE Phone # 781-3104

Business Phone: 781-3104 XT 154

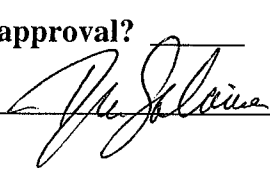
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CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: FULL SERVICE LOUNGE AND RESTAURANT

Have you received State approval? Yes _____ NO

Signature of Applicant:  Date: 5/13/09