

D(060)
201707

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

Business or Trade Name: Falmouth 10
Business Address: 206 US Route 1
Name of Owner of Business: Hoyts Cinema Corp.
Address of Owner of Business: 7132 Regal Lane, Knoxville, TN 37918
Manager at Establishment: Jennifer Therrien Manager's Phone: (207) 381-5264
Contact Person: Kerri Passmore Phone # (865) 925-9630
Business Phone: (207) 781-4582

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
- (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: Movie Theatre w/ concession

Have you received State approval? Yes NO

Signature of Applicant: Kerri Passmore Date: 5-14-09

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

Business or Trade Name: Falmouth Congregational Church UCC

Business Address: 267 Falmouth Road

Name of Owner of Business: above

Address of Owner of Business: above

Manager at Establishment: Ray Layton Manager's Phone: 781-3413

Contact Person: Dick Anderson Phone # 781-3413

Business Phone: 781-3413

Check the proper category for the license requested:

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- (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. - No liquor \$25.00 X
- (i) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH

Brief Description of Business: Church - Bean Suppers

Have you received State approval? X Yes NO

Signature of Applicant: Ray Layton Date: 5-14-09

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

Business or Trade Name: FALMOUTH HOUSE OF PIZZA

Business Address: 251 US RT 1, FALMOUTH, ME 04105

Name of Owner of Business: SOTIRIOS SOTIROPOULOS

Address of Owner of Business: 44 STAPLEFORD DRIVE, FALMOUTH, 04105

Manager at Establishment: GEORGE SOTIROPOULOS Manager's Phone: (207) 400-4199

Contact Person: KEITH LEE MAN Phone # 712-7415

Business Phone: 207 781-5251

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- (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: HIGH QUALITY/FAST FOOD/ FAMILY RESTAURANT

Have you received State approval? Yes NO

Signature of Applicant: George Sotiroopoulos Date: 5/15/09

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

Business or Trade Name: RALPH D CALDWELL FALMOUTH MEMORIAL ROS 164

Business Address: 65 DEEPT ROAD FALMOUTH

Name of Owner of Business: _____

Address of Owner of Business: _____

Manager at Establishment: _____ Manager's Phone: _____

Contact Person: ARTHUR N SCHADE Phone # 207 781 4709

Business Phone: _____

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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 _____
- (h) Establishments operated by non-profit organizations. \$25.00 X _____
- (i) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: American Legion Post

Have you received State approval? Yes _____ NO _____

Signature of Applicant: Arthur N Schade Date: 5/14/09

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

Business or Trade Name: Falmouth School Food Service

Business Address: 74 Woodville Road, Falmouth, Maine 04105

Name of Owner of Business: Falmouth Public Schools

Address of Owner of Business: 51 Woodville Road, Falmouth, Maine 04105

Manager at Establishment: _____ **Manager's Phone:** _____

Contact Person: Deborah Dolley **Phone #** 781-7429 ext.700

Business Phone: same

Check the proper category for the license requested:

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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 _____
- (h) Establishments operated by non-profit organizations. \$25.00 X N/A
- (i) Vendor/Cart \$10.00 _____

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: School Food Service

Have you received State approval? _____ Yes X NO

Signature of Applicant: Deborah Dolley Date: 5/15/09

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

Business or Trade Name: Family Ice Center

Business Address: 20 Hat Trick Drive Falmouth, ME 04105

Name of Owner of Business: PO Box 6127

Address of Owner of Business: _____

Manager at Establishment: Kevin Sackville Manager's Phone: 781-4200

Contact Person: Luane Howard Phone # 781-4200

Business Phone: 781-4200

Check the proper category for the license requested:

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- (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: non profit ice arena

Have you received State approval? Yes NO

Signature of Applicant: Luane Howard Date: 5/12/08

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

Business or Trade Name: Forside Community Church

Business Address: 340 Forside Road, Falmouth

Name of Owner of Business: N/A

Address of Owner of Business: _____

Manager at Establishment: SANDRA PANENKA Manager's Phone: 281-5880

Contact Person: SANDRA PANENKA Phone # 281-5880

Business Phone: 281-5880

Check the proper category for the license requested:

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- (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: Church

Have you received State approval? _____ Yes _____ NO

Signature of Applicant: Sandra Panenka Date: 5/19/09

rec'd 5/15/09

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

Business or Trade Name: Verrill Investment Group, LLC The Foreside Tavern

Business Address: 270 US Rte #1

Name of Owner of Business: Anne Verrill

Address of Owner of Business: 158 Woodville Rd. Falmouth, ME 04105

Manager at Establishment: Kathryn Tozier Manager's Phone: 781-4255

Contact Person: Anne Verrill Phone # 781-4255

Business Phone: 781-4255

Check the proper category for the license requested:

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- (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 & Bar

Have you received State approval? Yes NO

Signature of Applicant: Anne Verrill Date: 5/15/09