

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

Business or Trade Name: Handy Boat Service Dock Store

Business Address: 215 Foreside Road Falmouth ME 04105

Name of Owner of Business: John Marr, Jr.

Address of Owner of Business: 5 Orchard Lane Falmouth ME 04105

Manager at Establishment: Jay Hallett Manager's Phone: 207/781-5110

Contact Person: Jay Hallett Phone # 207/650-2934

Business Phone: 207/781-5110

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: Dock Store selling gas/diesel & ice & drinks (soft)

Have you received State approval? Yes NO

Signature of Applicant: [Signature] Date: 5/2/09

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

Business or Trade Name: Kaleidoscope Pie Company

Business Address: 268 Falmouth Rd.

Name of Owner of Business: Gregory T. McMan

Address of Owner of Business: Same

Manager at Establishment: _____ Manager's Phone: _____

Contact Person: Greg McMan Phone # (207) 781-3530

Business Phone: _____

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

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Catering

Have you received State approval? X Yes _____ NO

Signature of Applicant: Gregory McMan Date: 5/18/09

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

Business or Trade Name: McDonald's
Business Address: 227 US Route 1
Name of Owner of Business: Quintel Company
Address of Owner of Business: P.O. Box 10048 Portland ME 04104
Manager at Establishment: PJ Miles Manager's Phone: 482-9966
Contact Person: Scott Lydick Phone # 653-6531
Business Phone: 781-4118

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 _____
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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: McDonald's

Have you received State approval? ✓ Yes _____ NO

Signature of Applicant: Scott Lydick Date: 5/14/09

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

Business or Trade Name: MORE THAN BAGELS Cafe

Business Address: 204 US Route 1

Name of Owner of Business: MARY A Levesque

Address of Owner of Business: 18 JACQUES LANE WINDHAM ME 04062

Manager at Establishment: _____ Manager's Phone: _____

Contact Person: _____ Phone # _____

Business Phone: 781-7817

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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- (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 _____
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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: _____

Have you received State approval? X Yes _____ NO

Signature of Applicant: Mary A Levesque Date: 5/18/09

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

Business or Trade Name: NINA'S VARIETY
Business Address: 125 BUCKNAM RD FALMOUTH
Name of Owner of Business: NANCY + KENNETH RENOCK
Address of Owner of Business: 11 HAVEN RD WINCHAM ME.
Manager at Establishment: NANCY RENOCK Manager's Phone: 899-6186
Contact Person: NANCY - KEN Phone # 899-9143
Business Phone: 781-9906

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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- (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: SANDWICH SHOP

Have you received State approval? ✓ Yes _____ NO

Signature of Applicant: Kenneth M Renock Date: 5/17/09

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

Business or Trade Name: PORTLAND COUNTRY CLUB - Clubhouse

Business Address: 11 Foreside Rd., Falmouth, ME 04105

Name of Owner of Business: N/A

Address of Owner of Business: _____

Manager at Establishment: Charles W. Ross Manager's Phone: 781-7340

Contact Person: same Phone # _____

Business Phone: same _____

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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- (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: Private Country Club

Have you received State approval? Yes NO

Signature of Applicant: Charles W. Ross Date: 5/13/09

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

Business or Trade Name: PORTLAND COUNTRY CLUB - POOL CAFE

Business Address: 11 Foreside Road, Falmouth, ME 04105

Name of Owner of Business: N/A

Address of Owner of Business: _____

Manager at Establishment: Charles W. Ross Manager's Phone: 781-2340

Contact Person: same Phone # _____

Business Phone: same _____

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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- (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: Private Country Club pool cafe

Have you received State approval? Yes NO

Signature of Applicant: Charles W. Ross Date: 5/13/09

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

Business or Trade Name: Portland Yacht Club
Business Address: 40 Old Powerhouse Road
Name of Owner of Business: Board of Directors / membership
Address of Owner of Business: SAME
Manager at Establishment: William Richards Manager's Phone: 781-9820
Contact Person: Carol McEwen Phone # 781-9820
Business Phone: 781-9820

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

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Brief Description of Business: Private Yacht Club
Have you received State approval? Yes NO
Signature of Applicant: Carol McEwen Date: _____

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

Business or Trade Name: PROFESSIONAL CATERING SERVICES INC.

Business Address: 9 GRIST MILL DRIVE

Name of Owner of Business: KERRY LUTHER

Address of Owner of Business: 9 GRIST MILL DRIVE

Manager at Establishment: KERRY LUTHER Manager's Phone: 207-878-5511

Contact Person: KERRY LUTHER Phone # 207-878-5511

Business Phone: 207-878-5511

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: CATERING

Have you received State approval? Yes NO

Signature of Applicant: [Signature] Date: 05/20/09