## **Town of Falmouth**

Application for a New Food Service Establis	hment With Alcoho	olic Beverages	
Type of Liquor License Applying for:			
Please check one: (Corporation/ LLC/ Non-profit org	🖊 ) (Sole Proprietor _	) (Partnership)	
Business Name (d/b/a): Bueno Loco	LhC		
Phone: 415-1048			
LocationAddress: 240 VS Route I			
Mailing Address: 73 Middle Rd. Falmo	outh		
Contact Person: Sharon Struck	Phone:	415-7048	
Manager of Establishment: <u>Same</u>	Phone:		
Owner of Premises (landlord): Falmouth \Co	antivos II.		
Address of Premises Owner: 7 Thornton St	., Seabrook, N	H 03874	
Address of Premises Owner: 7 Thornton St. Have any of the applicants, including the corporation	on'if applicable, ever l	held a business license	
with the Town of Falmouth?			
Yes No <u></u> . If yes, please list business na	nme(s) and location(s)	•	
Is any principal officer under the age of 18?	Yes No	)	
Have applicant, partners, associates, or corporate of	fficers ever been arre	sted, indicted, or	
convicted for any violation of law? No If yes	s, please explain:	•	
SOLE PROPRIETOR / PARTNERSHIP INFO	RMATION: (if corporation	on, leave blank)	
Name of Owner(s):			
· /		The state of the s	
Name of Owner(s):	DOB	Residence Address	
Name of Owner(s):	DOB	Residence Address	
CORPORATE / LLC / NON-PROFIT ORGAN	IZATION APPLICA	NTS: (if sole proprietor,	
leave blank)	Λ		
Corporation Name: Byeno Loco, LL	<u>-C</u>	******	
Corporation Mailing Address: 73 Middle 12	d., talmouth, A	1E 04/05	
Corporation Name: Bueno Loco LL Corporation Mailing Address: 73 Middle R Contact Person: Sharon Stock	Phone:41	5-7048	
PRINCIPAL OFFICERS: (if more space is needed, p	lease attach a separate pag	(e)	
Name Sharon Start Title Presiden	<u>.+                                    </u>	Residence Address	
73 Middle Rd, Falmouth, ME	E 04105 //		
Name Title	DOB	Residence Address	
NameTitle	DOB	Residence Address	
		<del></del>	
Name Title	DOB	Residence Address	
NameTitle	DOB	Residence Address	
		1001001100 11001000	
NameTitle	DOR	Residence Address	
1100			

Type of Food Served:				
Mayan cuisine  Please check all that will be served: Beer Wine Liquor				
Hours and Days of operation:				
These Wale Thirse Ilam - 9 am Fais Sat Ilam	- 10 a m Sun 10-3			
Will full-course meals, only capable of consumption with the use of tableware,	he served the			
entire time the establishment is open? Yes No				
If no, please explain				
Is the establishment less than 300 feet from a school, dormitory, church or paris	sh house, or			
similar establishment? Yes No If yes, give the distance				
Will you have entertainment on the premises? Yes No (If yes, a set	eparate			
application is required.)				
Will you permit dancing on the premises? Yes No				
Will you have outside dining? Yes No If yes, please indicate	location on			
diagram.	L-O			
Also, will the outside dining be on PUBLIC or PRIVATE property?  Have you applied for an Outdoor Dining Permit? Yes No				
Will you have any amusement devices (pinball, video games, juke box)? Yes No				
If yes, please list, # of pinball: # of amusements: # of pool tables:	110			
What is your targeted opening date?:				
Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and				
regulations governing the above licensee and further agrees that any misstatement of material				
fact may result in refusal of license or revocation if one has been granted. Applicant agrees that				
all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.				
It is understood that this and any application(s) shall become public record and the applicant(s)				
hereby waive(s) any rights to privacy with respect thereto.				
I/We, hereby authorize the release of any criminal history record information to the Town of				
Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with				
respect thereto Signature Shanon Stark Title President  Deta 11/17/12				
Date $1/13/12$				
Check the proper category for the license requested:				
(a) Restaurant or victualer NOT serving malt beverages on the	\$25.00			
premises and seating capacity of less than 50.				
(b) Same as (a) except where the total seating capacity is more than 50.	\$50.00			
(a) Destaurant austistuales societ a suit become	P35 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.	\$50.00			

	serving both malt liquor and spirituous and	l vinous liquor.	
<b>(f)</b>	Any business establishment such as, but no grocery stores, food storage warehouses, bastores and dairy product stores where food sale and where the total area of the establis 10,000 square feet.	\$25.00	
(g)	g) Same as (f) except where the total area of the establishment is more than 10,000 square feet.		\$50.00
(h)	h) Establishments operated by non-profit organizations.		\$25.00
	CHECKS PAYABLE TO	THE " <u>TOWN OFFALMOUT</u>	Н
	MINISTRATION:  proval granted by the Town Council of I	Falmouth, Maine at their	meeting held on
		at the FalmouthTown Hal	1.
<u>Co</u>	uncilor Signatures		Printed Name
1.		-	
<u>2.</u>			
<u>3.</u>			·
<u>4.</u>		*	
<u>5.</u>			
<u>6.</u>			
7.	•		