

TENTATIVE AGENDA PUBLIC HEARING & REGULAR COUNCIL
MEETING IN COUNCIL CHAMBERS
MONDAY, NOVEMBER 25, 2019

4:30 PM "This is a fragrance-free building,

Please help us to accommodate our co-workers and clients who are chemically sensitive to fragrances and other scented products. Thank you for not wearing perfume, aftershave, scented hand lotion, fragranced hair products, and or similar products."

1. Roll Call

2. Pledge of
Allegiance

3. Adjustments to
the Agenda

4. Approval of the Minutes of the November 11, 2019 Regular Town Council Meeting and the November 15, 2019

Executive
Session.

OLD BUSINESS:

n/a

NEW BUSINESS: 5. SPEICAL

PRESENTATIONS: n/a

6. Town Manager's
Report

7. ORDINANCE #1-2019 - **PUBLIC HEARING - 1st Reading**, Amendment to Chapter 75, General Assistance

8. ORDER #291-2019 Execution of the Warrant
for November 25, 2019

9. ORDER #292-2019 Approval of an Entertainment License Application

(Millinocket House of Pizza)

10. ORDER #293-2019 Approval of Liquor License Application
(Millinocket House of Pizza)

11. ORDER #294-2019 Authorization for the Council Chair to Sign for
Reimbursement of Grant Funds- ATV Trail

12. ORDER #295-2019 Approval of Sewer Abatement
(75 Elm Street)

13. ORDER #296-2019 Approval of Sewer Abatement (136
Katahdin Avenue)

14. ORDER #297-2019 Approval of Sewer Abatement
(70 New York Street)

15. ORDER #298-2019 Approval of Street Closures for the Parade of Lights, Crankle Run & Millinocket
Marathon
and a
Half

16. ORDER #299-2019 Approval to Purchase a Snow Pusher for
the Public Works Frontend Loader

17. ORDER #300-2019 Approval of
Donation to Penquis

18. ORDER #301-2019 Approval of an Entertainment
License Application (The Blue Ox Saloon) 19. ORDER
#302-2019 Approval of a Liquor License Application (The
Blue Ox Saloon)

20. ORDER #303-2019 Approval of Municipal Release
Deed (Adams & Haley)

21. ORDER #304-2019 Approval of a Victualer License Application (AT Café)

22. ORDER #305-2019 Approval of an Entertainment License (AT Café)

23. ORDER #306-2019 Approval of a Liquor License Application (AT Café)

24. Reports and Communications:

a. Warrant Committee for December 12, 2019 Council Meeting: Councilor Jackson and Chair McEwen. b. Chair's Committees Reports c. Two Minute Public **Comment**

25.
Adjournmen
t:

ORDER #304-2019

PROVIDING FOR: Approval of an Application for a Victualer License for AT Café.

IT IS ORDERED that the attached application for a Victualer License is hereby approved for:

Andrea Gould, 210
Penobscot Ave d/b/a AT
Cafe, 210 Penobscot Ave

Passed by the Town
Council

Attest:

**TOWN OF MILLINOCKT
APPLICATION FOR A
VICTUALERS LICENSE**

1. NAME OF APPLICANT Andree Gould
2. PHONE NUMBER OF APPLICANT 417.631: 2232
3. RESIDENCE OF APPLICANT 210 Penobscot
4. NAME OF BUSINESS AT Cafe
5. PHONE NUMBER OF BUSINESS 6.
6. BUSINESS ADDRESS 210 Penobscot
7. NATURE OF BUSINESS cate
8. LOCATION TO BE USED 210 Penobscot
9. RESIDENCE OF APPLICANT IN LAST FIVE YEARS
1322 w Farm Rd 42 Pleasant Holzr. Mo 65725
10. LIST OF PRINCIPAL OFFICERS, TITLES, AND ADDRESSES FOR THE PAST THREE YEARS

11. DESCRIPTION OF PREMISES
TO BE LICENSED

_late

(PLEASE INCLUDE CURRENT COPY OF YOUR STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES FOOD VENDOR'S LICENSE)

BUSINESS AT

the "Candua

Gould"

ORDER#

**(304-2019), (305-
2019)**

COVER SHEET FOR LIQUOR, ENTERTAINMENT
OR VICTUALER LICENSE

APPLICATIONS

TAXES ARE
CURRENT

Ye
s

N
o

:

WASTEWATER IS
CURRENT

Ye
s

N
o

POLICE INCIDENTS IN THE PAST YEAR

My Yes ___ No

(IF APPLICABLE PLEASE

LIST) - field

11/25/2019

Page 1

Millinocket

RE Account 1246 Detail 9:59 AM

as of 11/25/2019 Name: RENAUD, PAUL R & RENAUD, JAIME L

Land:

2,200 Building:

42,500 Location: 210 PENOBSCOT AVE

Exempt Acreage: 0 Map/Lot: U05-233

Total:

44,700 Book Page: B6557P318, B8444P314, B10940P312

Ref1: L20-B19 2020-1 Period Due:

Mailing 33 PENOBSCOT AVENUE 2) 737.55

Address: MILLINOCKET ME 04462

PC

Year Date 2020-1 R 09/04/19

10/2/2019

Reference Original

Principal 1,475.10

737.55 737.55

Interest

0.00 0.00 0.00

Costs

0.00 0.00 0.00

Total 1,475.10 737.55 737.55

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Total

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0.00

2019-1 R **2018-1 R 2017-1 R** 2016-1 R 2015-1 R **2014-1 R** 2013-1 R **2012-1 R 2011-1 R**
2010-1 R

2009-1 R Account Totals as of 11/25/2019

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0.00 737.55

Note: Payments will be reflected as positive values and charges to the account will be **represented** as negative values.

11/25/2019

Page 1

Millinocket

UT Account 125151 Detail 10:00 AM

as of 11/25/2019 - Sewer Name: RENAUD, PAUL R & RENAUD, JAIME L, C/O ANDREA PO BOX 247 GOULD

MILLINOCKET, ME 04462 Location: 210 PENOBSCOT AVENUE RE Acct: 0
Map/Lot: U05-233

A

Bill Date Reference C Principal

Tax

Interest 234 10/30/19 Original

246.74

0.00

0.00 Billed To: RENAUD, PAUL R & RENAUD, JAIME L & C/O ANDREA
GOULD 11/18/2019

246.74

0.00

0.00 Total

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Costs

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CO, JAIME LES O ANO

Total 246.74

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 04/20/18 191 01/30/18 185 10/27/17 182 07/28/17 176 04/14/17 171 01/27/17 166
 10/20/16 162 08/05/16 158 04/15/16 151 01/27/16 148 10/30/15 141 07/27/15 138
 04/28/15 135 01/16/15 134 10/27/14 127 07/29/14 123 04/23/14 119 01/31/14 110
 10/25/13 109 07/26/13 103 04/29/13 102 01/18/13 97 10/23/12 94 07/26/12 91
 04/30/12 86 01/31/12 83 10/21/11 80 07/25/11 77 04/25/11 74 01/20/11 68
 10/18/10 64 07/16/10 59 04/16/10 56 01/15/10 51 10/21/09 47 07/15/09 43
 04/17/09

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Millinocket 10:01 AM

Name: RENAUD JAIME & PAUL

PP Account 30 Detail as of 11/25/2019

11/25/2019

Page 1

Location:

Assessment:

5,000

2020-1 Period Due:

2) 82.50

Mailing APPALACHIAN TRAIL CAFE (DBA) Address: 33 PENOBSCOT AVE
MILLINOCKET ME 04462

PC

Year Date 2020-1 R 09/04/19

10/2/2019

Reference Original

- AP

Principal

165.00 82.50 82.50

Interest

0.00 0.00 0.00

Costs 0.00 0.00 0.00

Total 165.00 82.50 82.50

Total

0.00 0.00 0.00 0.00

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Page 1 of 5 Critical Violations

2 Date 11/22/2019 Establishment Name

As Authorized by 22 MRSA & 2498 Non-Critical Violations

3 Time In 2:45 PM AT CAFE

Certified Food Protection Manager

Time Out 4:45PM

Ucense Explry Data/EST. ID#

Address

City

Zip Code

Telephone 5/9/2020

13198

210 PENOBSCOT AVE

MILLINOCKET

04462

417-531-2232

Licentia Type

Owner Name

Purpose of inspection

License Posted Risk Category EATING PLACE TIER 2

Andrea and Asher Gould IV Change of Ownership

No Medium FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, NO, NA) for each numbered item

Mark " In appropriate box for COS and/or R IN=in compliance OUT=not in compliance NO=not observed N/A=not applicable

COS-corrected on-site during inspection R=repeat violation

Compliance Status

Compliance Status

cos Suparaton

Potentially Hazardous Food Timertemperature PIC present, demonstrates knowledge, and

Proper cooking time & temperatures I performs duties

IN Proper reheating procedures for hot holding Employee Heuth

Proper cooling time & temperatures IN

Management awareness: policy present

Proper hot holding temperatures IN | Proper use of reporting, restriction & exclusion

Proper cold holding temperatures Good Hygienic Practicut

Proper date marking & disposition IN

Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth

Time as a public health control: procedures & record Preventing Contamination by Hande

. Consumer Advisory Hands clean & property washed

Consumer advisory provided for raw or No bare hand contact with RTE foods

or approved

undercooked **foods alternate method properly followed**

Highly Susceptible Populations OUT Adequate handwashing facilities supplied & accessible

Pasteurized foods used; prohibited foods not

IN D

Approved Source

offered

IN **Food obtained from approved source**

Chemical

IN **Food additives: approved & properly used** food received at proper temperature

IN

Toxic substances properly identified, stored & used IN

Food in good condition, safe, & unadulterated Required records available: shellstock tags

Conformance with Approved Procedures IN

parasite destruction

Compliance with variance, specialized process,

& HACCP plan Protection from Contamination 13 OUT **Food separated & protected**

Risk Factors are improper practices or procedures identified as the most

Food-contact surfaces: cleaned and sanitized

prevalent contributing factors of foodborne illness or injury. Public Health **Proper**

disposition of returned, previously served,

Interventions are control measures to prevent foodborne illness or injury.

reconditioned, & unsafe food

GOOD RETAIL PRACTICES Good Retail Practices are **preventative measures** to control the addition of pathogens, chemicals, and physical objects into foods.

Mark X in box if numbered item is not in compliance Mark "X" in appropriate box for

COS and/or R **ÇOS-corrected** on-site during inspection R=repeat violation

cos **Safe Food and Water**

Proper Use of Canell 28 IN Pasteurized eggs used where required

41 IN In-use utensils: properly stored 29 IN **Water & ice from approved source**

42 IN Utensils, equipment, & linens: properly stored, dried, & handled 30 IN

Variance obtained for specialized processing methods

43 IN Single-use & single service articles: properly stored & used Food

Temperature Control

IN Gloves used properly

... Utensils, Equipment and Yarding 31 IN

Proper cooling methods used; adequate equipment for temperature control

Food & non-food contact surfaces cleanable, 32 IN Plant food properly cooked for hot holding

properly designed, constructed, & used (33) IN Approved thawing methods used

IN Warewashing facilities: Installed, maintained, & used; test strips 34 X

Thermometers provided and accurate

IN Non-food contact surfaces clean Food Identification

Protein Rackline 35 IN Food properly labeled; original container

IN Hot & cold water available; adequate pressure Prevention of Food

Contamination

IN Plumbing Installed; proper backflow devices [36] IN Insects, rodents, & animals not present

IN Sewage & waste water properly disposed 37 X Contamination prevented during food preparation, storage & display

IN Toilet facilities: properly constructed, supplied, & cleaned 38 IN | Personal cleanliness

IN Garbage & refuse properly disposed; facilities maintained 139 IN Wiping cloths: properly used & stored

53 IN Physical facilities Installed, maintained, & clean 40. IN Washing fruits & vegetables

IN Adequate ventilation & Lighting; designated areas used

IN

IN

IN

46

A Gould

Date: 11/22/2019

Person in Charge (Signature). Health Inspector (Signature)

KAREN JACOBS

Adieu trulol

- Karen & Anal

Follow-up:

Yes

the

Date of Follow-up:

HHE-600 Rev.01/07/10

State of Maine Health Inspection Report

As Authorized by 22 MRSA § 2496

Page 2 of 5 Date 11/22/2019

Establishment Name AT CAFE

License Expiry Date/E\$T. ID# 5/9/2020

13198

Zip Code 04462

Telephone 417-531-2232

Address

City / State 210 PENOBSCOT AVE

MILLINOCKET ME Temperature Observations Temperature

Notes 200 ppm QAC

Location

sanitizing solution

walk in cooler

1 dr coke cooler

hot water @ 3 bay sink

low temp dishwasher

Not registering any chlorine residual - DO NOT USE DISHWASHER

hot water @ handwash

2 dr True cooler

prep cooler

2 upright freezers

10,-10

16

A Gould.

Person in Charge (Signature)

Date: 11/22/2019

Adieu trialel

Karen & Grand

Health Inspector (Signature) KAREN JACOBS

R

HHE-601(a)Rev.01/07/10

State of Maine Health Inspection Report

Page 3 of 5

Date

11/22/2019

Establishment Name AT CAFE License Expiry Date/EST. ID# 5/9/2020

/3198

Address 210 PENOBSCOT AVE

City / State MILLINOCKET

Zip Code 04462

ME

Observations and Corrective Actions Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

8: 6-301.14: N; Hand wash signage not provided for employee hand sink or lavatory.

INSPECTOR NOTES: All designated handwash sinks are required to have: signage, soap, paper towel and trash container.

13:3-302.11.(A).(2): C: Different types of Raw animal foods are not stored in a way to prevent cross contamination with each other during storage, preparation, holding, or display.

INSPECTOR NOTES: Raw bacon being stored below ground meat.

21:3-501.17.(D): C: Date marking system used at the Eating Establishment does not meet the criteria list in code .

INSPECTOR NOTES: All potentially hazardous, ready to eat foods must have expiration date.

34: 4-302.12.(A): N: Inadequate number of food temperature measuring devices provided.

INSPECTOR NOTES: Thermometers required in all coolers and in all freezers.

37: 3-305.11: N: Food not protected from contamination during storage,

INSPECTOR NOTES: Remove contact paper from shelving - replace with smooth, easily cleanable and water resistant cover. Must store dishwasher racks off the floor. Bulk foods, once opened, must be stored in bin, pail, or tote with cover.

Person in Charge (Signature)

Date: 11/22/2019

person to charge slomatura) • Andiere
vale A Groeid
- Karen & Grand

Health Inspector (Signature) KAREN JACOBS

HHE-601(a)Rev.01/07/10

Page 3 of 5

State of Maine Health Inspection Report

Page 4 of 5 Date 11/22/2019

Establishment Name AT CAFE License Expiry Date/EST. ID# 5/9/2020

/3198

Address 210 PENOBSCOT AVE

City / State MILLINOCKET

Zip Code 04462
ME

Inspection Notes

Ok to Operate when the 2 Critical Violations have been **corrected**. Ok to Issue License

Certified Food Protection Manager (CFPM): Asher Gould: 10/28/19 - 10/28/24, Cert. # 18534172

Every eating establishment must employ on its staff a Certified Food Protection Manager (CFPM). Some establishments are exempt from this requirement, A CFPM certificate must accompany the application for a new establishment and a change of ownership. A CFPM must be hired within 60 days of the departure of the last CFPM leaving employment. Eating establishments must post, in a conspicuous area, the CFPM certificate(s), and the certificate(s) must be made available to the Department upon request,

For a list of CFPM courses and trainers, go to:

<http://www.maine.gov/healthinspection/training.htm>

Please provide a copy of this certification(s) to: carol.gott@maine.gov or faxing to: 207-287-3165 You can also send by mail to:

Carol Gott, Licensing Clerk **Health Inspection Program** 286 Water Street, 3rd Floor
Augusta, ME 04333

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program implemented an educational public health initiative on Employee Health, which began March 1, 2017. The policy handouts will be provided to you by your inspector, and reviewed during inspection for compliance. The handouts are available on the Health Inspection Program 's website: <http://www.maine.gov/healthinspection>

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October 2013. The following are a few of the major changes:

No Bare Hand Contact with Ready-To-Eat Food. Establishments must have clean-up procedures for **employees to follow when cleaning up a vomiting or diarrheal event. Date marking** of Ready-To-Eat potentially **hazardous foods**.

Please refer to our website for a copy: <http://www.maine.gov/healthinspection>

Violation Correction Timeframe:

Critical Violations should be corrected on site, but in any event, within 10 days. The **licensee must contact** the inspector when the **critical violation has been addressed. Karen J. Jacobs: 207-592-7459.**

Non-Critical **Violations must be corrected within 30 days.**

Person In Charge (Signature)

Date: 11/22/2019

Audieu Gral al A Gould - Karen g Arsol

Health Inspector (Signature) **KAREN JACOBS**

HHE-601(a)Rev.01/07/10

Page 4 of 5

State of Maine Health Inspection Report

Page 5 of 5 Date 11/22/2019

Establishment Name **AT CAFE License Expiry Date/EST. ID# 5/9/2020**

/3198

Address **210 PENOBSCOT AVE**

City / State **MILLINOCKET**

Zip Code **04462**

ME

Inspection Notes

Failure to satisfactorily correct these violations before the follow-up inspection may result in **enforcement proceedings by the Department** to include fines and penalties. License renewals can be denied if violations are not corrected within the noted **timeframes**.

C = Critical Violation NC = Non-critical Violation

"Critical Violation" means a provision of the Food Code, that, if in non-compliance, is more likely than other violations to **contribute to food contamination, illness, or environmental health hazard**.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the **Department may charge an** additional \$100.00 fee **to cover the costs of each** additional inspection or visit.

Documentation Retention/Posting:

Pursuant to the Maine Food Code, the following must be **posted in a conspicuous area**:

Establishment's current license Must post "Most Recent Inspection Report is Available Upon Request" Must post CFPM certificate(s), and make available to the Department upon request.

A Grould

Person In Charge (Signature)

Date: 11/22/2019

Alieu Gralel 1 Karsa q Grand

Health Inspector (Signature) KAREN JACOBS

HHE-601(a)Rev.01/07/10

Page 5 of 5

LICENSE CERTIFICATE No.... 5.-2019..... .

*Municipality of....*MILLINOCKET. OFFICE OF MUNICIPAL CLERK

Date...5/23/2019... . *To all whom these presents may concern: Know He, that. JAIME RENAUD*

APPALACHIAN TRAIL CAFE at 210. PENOBSCOT
AVE....

...residing

..... in consideration of *****

. . TWENTY-FIVE

.....Dollars, receipt of which is hereby acknowledged, having
complied with all the requirements of Law has been duly

Licensed.....

ENTERTAINMENT in the Municipality of.....

MILLINOCKET The License is subject to the strict observance of
all Laws and Regulations in such case made and provided,
and is to continue in the force until the...315.

.... day of.... MAY

.....2,440..... unless sooner revoked

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DIANA M. LAKEMAN

..... *Municipal Clerk*

TOWN CLERK

ORDER

#305-2019

PROVIDING FOR: Approval of an Application for an Entertainment License for AT Cafe.

IT IS ORDERED that the attached application for an Entertainment License is hereby approved for:

Andrea Gould, 210

Penobscot Ave *d/b/a AT*

Cafe, 210

Penobscot Ave

Passed by the Town
Council

Attest:

\$25.00 Id

TOWN OF MLLINOCKET
APPLICATION FOR A SPECIAL

AMUSEMENT LICENSE

NAME OF APPLICANT Anchea Gould

RESIDENCE 210. Penumpang ME OF BUSINESS

AT lath

ADDRESS 210

ADDRESS nullnoilet

ME

Penobs

cot

NATURE OF
BUSINESS

LOCATION TO BE USED

210 Pendlesot

RESIDENCES OF APPLICANT IN LAST
FIVE YEARS:

1322 w Farm Rd 42 Pleasant

Hope,

ME

YES

HAS APPLICANT HAD A LICENSE DENIED OR
REVOKED IF YES, CIRCUMSTANCES ARE
SPECIFICALLY AS FOLLOWS:

HAVE YOU (INCLUDING PARTNERS OR CORPORATE OFFICERS) EVER BEEN CONVICTED OF A FELONY?

YES

NO

IF YES, WHO-CIRCUMSTANCES ARE AS FOLLOWS:

COPY OF CURRENT LIQUOR LICENSE (IF APPLICABLE).

OTHER INFORMATION MAY BE REQUESTED BY THE MUNICIPAL OFFICERS.

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LICENSE CERTIFICATE

No....5-2019..... *Municipality*
of...MILL

Date....5/23/2019 *To all whom these presents may*
concern:

OFFICE OF MUNICIPAL CLERK

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ORDER
#306-2019

PROVIDING FOR: Approval of an Application for a
Malt, Vinous and Spirituous Liquor License for AT Cafe.

IT IS ORDERED that the attached application for a malt, vinous and
spirituous liquor license is hereby approved for:

Andrea Gould, 210 Penobscot
Avenue d/b/a AT Cafe, 210
Penobscot Avenue.

Passed by the Town
Council

Attest

:

**STATE OF MAINE DEPARTMENT OF ADMINISTRATIVE AND
FINANCIAL SERVICES BUREAU OF ALCOHOLIC BEVERAGES
AND LOTTERY OPERATIONS DIVISION OF LIQUOR**

LICENSING AND ENFORCEMENT

**8 STATE HOUSE
STATION AUGUSTA,
MAINE 04333-0008
TELEPHONE: (207) 624-7220
FAX: (207) 287-3434 EMAIL
INQUIRIES:
MAINELIOVOR@MAINE.GOV**

NOTICE

To avoid any delay in the processing of your application and issuance of your liquor license, please make sure that:

You completed the application in full. It is suggested to have submitted 30 days prior to the expiration date of your liquor license.

Application and Corporate Questionnaire forms are signed by the owner(s) or corporate officer(s). The application is signed by the Town or City Municipal Officers or County Commissioners.

The license fee submitted is for the correct Class you are applying for and includes the \$10.00 filing fee. The check can be made payable to "Treasurer, State of Maine" and both fees can be submitted on one check. If the **business is located in an unorganized township**, the application must be approved by **the County Commissioners** and the \$10.00 filing fee must be paid to them. Please be sure to include a copy of the receipt of payment with your application.

Your room (if applicable), food and liquor gross income for the year is filled in A diagram of the facility to be licensed needs to accompany ALL New and Renewal applications.

Corporations, limited liability companies, partnerships must complete and submit the Corporate Information Required for Business Entities who are Licensees. If not a publicly traded entity, ownership must add up to 100%.

Submit Completed Forms to: Bureau of Alcoholic Beverages **Division of Liquor Licensing and Enforcement** 8 State House Station, Augusta, Me 04333-0008 (Regular address) 10 Water Street, Hallowell, ME 04347 (Overnight address)

On Premise Application Rev. 3/2019 Replace 12/2018

Page 1 of 9

5. Do you **own or have any interest in any another** Maine Liquor License? Yes No (Use an additional sheet(s) if necessary.) If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses,

License #

Name of Business

Physical Location

City / Town 6. If manager is to be

employed, give name: 7. Business records are located at: 210

Rendess t Ave Mallinocket Me 04462 8. Is/are applicants(s) citizens of the United States? YES NO 9. Is/are applicant(s) residents of the State of Maine? YES Y NO O 10. List name, date of birth, and place of birth for all applicants, managers, and bar managers.

Full Name (Please Print)

DOB Place of Birth

Andrea Jill Gould.

12/9/82 Ponlar

Bluff, mol Melville Asher Gould TV

1218172 Millinocket,
ME

11. Residence address on all of the above for previous 5 years

(Limit answer to city & state) Name:

City
:

S

tate: 1 Andra Gould

Pleasant

Hope

Cit
y:

S

tate: Melville Ailer Gould - Pleasant

MO

H

ope. Name:

Cit
y:

State:

Name:

12. 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

:

Date of Conviction:

Offense

:

Location: Disposition:

(use additional sheet(s) if necessary)

13. Will any, law enforcement official benefit directly in your license, if issued?

Yes No If Yes, give name:

14. Has/have applicant(s) formerly held a Maine liquor license? YES O

NO 15. Does/do applicant(s) own the premises? Yes O No f No give

name and address of owner:

Jamie Renaud 33 Penobscot Ave Millinocket, me 16.

Describe in detail the premises to be licensed: (On Premise Diagram Required) Su l Cafe

17. Does/do applicant(s) have all the necessary permits required by the

State Department of Human Services?

YES NO Applied for: - **18. 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? Church**
Which of the above is nearest?

25 mil

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UNORGANIZED TERRITORIES \$10.00 filing fee shall be paid directly to County Treasurer. All applicants in unorganized territories shall submit along with their application evidence of payment to the County Treasurer. All applications for NEW or RENEWAL liquor licenses must contact their Municipal Officials or the County Commissioners in unincorporated places for approval and signatures for liquor licenses prior to submitting them to the bureau.

All fees must accompany application, make check payable to the Treasurer, State of Maine.

This application must be completed and signed by the Town or City and mailed to: Bureau of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing and Enforcement 8 State House Station, Augusta, ME 04333-0008 (Regular address) 10 Water Street, Hallowell, ME 04347 (Overnight address) Payments by check subject to penalty provided by Title 28A, MRS, Section 3-B.

TO STATE OF MAINE MUNICIPAL OFFICERS & COUNTY

COMMISSIONERS: Hereby certify that we have complied with Section 653 of Title 28-A Maine Revised Statutes and hereby approve said application.

Dated at:

-

Millinocket

„ Maine
Penobscot

City/Town
(County)

On:

of the

The undersigned being

City Town

O Municipal Officers Plantation Unincorporated Place

County Commissioners Of:

Maine

THIS APPROVAL EXPIRES IN 60 DAYS

NOTICE - SPECIAL ATTENTION

8653. Hearings; bureau review; appeal 1. Hearings. The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms, [1993, c. 730, §27 (AMD).]

B. The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located. [1995, c. 140, §4 (AMD).]

C. If the municipal officers or the county **commissioners, as the case may be,** fail to take final action on an application for a new **on-premises license or transfer of the location of an existing on-premises license** within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the **municipal officers or county commissioners.** This paragraph applies to all applications **pending before municipal officers or county commissioners as of the effective date** of this paragraph as well as all applications filed on **or after the effective date** of this paragraph. This paragraph applies **to an existing on-premises license that has been extended pending renewal.** The **municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal** within 120 days of the filing of the application. [2003, c. 213, § 1 (AMD).]

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*Bureau of Alcoholic Beverages and Lottery
Operations Division of Liquor Licensing &
Enforcement 8 State House Station, Augusta, ME
04333-0008 10 Water Street, Hallowell, ME
04347 (overnight) Tel: (207) 624-7220 Fax:
(207) 287-3434 Email Inquiries:
MaineLiquor@maine.gov*

ON PREMISE DIAGRAM

(Facility Drawing Floor Plan) In an effort to

clearly define your **license premise and the area that consumption and storage of liquor is allowed.** The Division requires 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 with the following: Entrances Office area • Kitchen Storage Areas • Dining Rooms • Lounges.

Function Rooms • Restrooms • Decks . All Inside and Outside areas that you are requesting approval.

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Has any principal person involved in the entity ever been convicted of any violation of the law, other **than minor traffic violations**, in the United States? Yes No

If Yes to Question 7, please complete the following: (attached additional sheets as needed)

Name:

Date of Conviction:

Offense:

Location of Conviction:

Disposition:

Signature:

PLEASE SIGN IN BLUE INK

141251

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Signature of Owner or
Corporate Officer

Telia
Andrea
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Goul
d

Date

**Print Name of Owner or Corporate
Officer**

**Submit Completed
Forms to:**

**Bureau of Alcoholic Beverages Division of Liquor
Licensing and Enforcement .8 State House Station,
Augusta, Me 04333-0008 (Regular address)**

10 Water Street, Hallowell, ME 04347

(Overnight address) Telephone Inquiries: (207)

624-7220 Fax: (207) 287-3434 Email Inquiries:

MaineLiquor@Maine.gov

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