

4. BUSINESS NAME: STATION 118

5. TYPE OF BUSINESS: RESTAURANT / TAKEOUT

6. BUSINESS ADDRESS: 118 Main St, Thomaston ME 04861
STREET OR PO BOX CITY STATE ZIP

7. DAYS OF THE WEEK AND HOURS OF OPERATION:
wednesday - Sunday 11:30-5

8. DESCRIBE THE TYPE(S) OF ENTERTAINMENT YOU PLAN TO OFFER:
bands

9. PLEASE STATE THE DAYS AND HOURS OF WHICH YOU PLAN TO HAVE ENTERTAINMENT:
Friday Saturday 3-6

10. DOES THE APPLICANT HAVE A CURRENT LIQUOR LICENSE FROM THE STATE OF MAINE?
NO YES

IF YES, PLEASE ATTACH A COPY OF THE LIQUOR LICENSE.

11. HAS THE APPLICANT(S) EVER HAD A LICENSE TO CONDUCT THE BUSINESS DESCRIBED ABOVE DENIED OR REVOKED?

NO YES

IF YES, PLEASE DESCRIBE CIRCUMSTANCES:

12. HAS THE APPLICANT, APPLICANT'S PARTNERS, CORPORATE OFFICERS, MANAGER OR PRINCIPLE EMPLOYEES EVER BEEN CONVICTED OF A FELONY OR A CLASS A, B, OR C CRIME WITHIN THE PAST FIVE (5) YEARS?

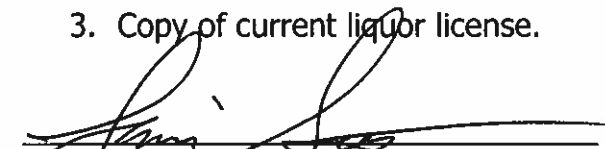
NO YES

IF YES, PLEASE DESCRIBE CIRCUMSTANCES:

The applicant is required to supply any additional information that may be requested by the Select Board as part of this application.

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

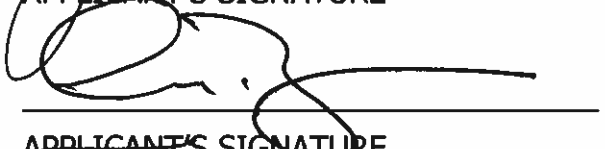
1. A letter of approval from the building inspector to the effect that the premise is in compliance with all applicable ordinances, codes, and regulations of the Town.
2. The non-refundable application fee.
3. Copy of current liquor license.



APPLICANT'S SIGNATURE

7/24/20

DATE OF APPLICATION



APPLICANT'S SIGNATURE
Agent

7/24/20

DATE OF APPLICATION

After being duly noticed, the Thomaston Select Board held a Public Hearing on this Special Amusement Permit request on _____, 20__ at _____ a.m./p.m. in Thomaston, Maine.

The request for the Special Amusement Permit was
GRANTED _____ DENIED _____ by the Thomaston Select Board. If granted, the Town Clerk will issue the Special Amusement Permit.

Peter Lammert, Chairman _____
Sandra Moore, _____
Bill Hahn, Vice Chairman _____
Zel Bowman-Laberge _____
Diane Giese _____

ATTEST: _____ DATE: _____
Melissa Stevens, Town Clerk