

SPECIAL MEETING AGENDA
Bath City Council
Wednesday, November 9, 2016 6:00 PM
Council Chambers
Bath City Hall

Pledge of Allegiance and Roll Call

I. Public Hearing:

LIQUOR LICENSE FOR:
LIVE EDGE DELI
102 Front Street
Tiffany Avery, Contact Person

II. Approving tabulation of Election Returns of the State of Maine
General/Referendum Election, City of Bath Municipal
Candidate/Referendum Election and RSU #1 Candidate Election
on Tuesday, November 8, 2016 (motion to approve)

Adjourn

I.

N O T I C E

THE MUNICIPAL OFFICERS OF THE CITY OF BATH WILL CONDUCT A PUBLIC HEARING FOR APPROVING:

the **LIQUOR LICENSE APPLICATION** FOR:

**Live Edge Deli & Lounge
102 Front Street
Tiffany Avery, Contact Person**

SAID PUBLIC HEARING WILL BE HELD ON **WEDNESDAY, NOVEMBER 9, 2016 AT 6:00 P.M.** IN THE COUNCIL CHAMBERS, 3RD FLOOR, AT CITY HALL, BATH, MAINE, AND ALL PERSON(S) MAY APPEAR TO SHOW CAUSE WHY SAID APPLICATIONS SHOULD OR SHOULD NOT BE APPROVED.

Mary J. White
CITY CLERK

DEPARTMENT USE ONLY

LICENSE NUMBER: 9038 CLASS: X1 1105

DEPOSIT DATE 10-11

AMT. DEPOSITED: 1510 BY: Jm

CK/MO/CASH: #1530 \$100 #1531 \$1500

INCLUDE PICTURE "http://www.state.me.us/webmasters/images/bwmeseal.gif" * MERGEFORMATINET

RECEIVED
OCT 11 2011
Liquor Licensing
& Enforcement

PRESENT LICENSE EXPIRES New

INDICATE TYPE OF PRIVILEGE: ☒ MALT ☒ SPIRITUOUS ☒ VINOUS

INDICATE TYPE OF LICENSE:

(RESTAURANT/LOUNGE (Class XI) ☒ (RESTAURANT (Class I,II,III,IV) ☐
HOTEL (Class ☐ (HOTEL-OPTIONAL FOOD (Class I-A) ☐
(I,II,III,IV)
CLUB-ON ☐ (CLASS A LOUNGE (Class X) ☐
(CLUB (Class V) ☐ (PREMISE CATERING (Class I)
(GOLF CLUB (Class I,II,III,IV) ☐
:OTHER ☐ (TAVERN (Class IV) ☐

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) (Sole Proprietor, Corporation, Limited Liability Co., etc.) 2. Business Name (D/B/A)

Tiffany L Avery

10/12/77
DOB:

Live Edge Deli & Lounge

DOB:

Location (Street Address)

DOB:

102 Front St
Water St

Address 12 Montsuey Rd
Woolwich Me

City/Town Woolwich

Zip Code 04579

Telephone Number 207 798-2757 Fax
Number

Federal I.D. #

City/Town Bath

Zip Code 04530

Mailing Address 102 Front St

City/Town Bath

Zip Code 04530

Business Telephone Number 207 442-7116 Fax
Number

Seller Certificate #

State ME

State ME

EMAIL

ADDRESS: tiffanyattheosprey@gmail.com

3. If premises is a hotel, indicate number of rooms available for transient guests: _____

4. State amount of gross income from period of last license: ROOMS \$ _____ FOOD \$ _____

LIQUOR \$ _____

5. Is applicant a corporation, limited liability company or limited partnership? YES ☐ NO ☒

If YES, complete Supplementary Questionnaire

6. Do you permit dancing or entertainment on the licensed premises? YES ☐ NO ☒

7. If manager is to be employed, give name:

Tiffany L. Avery

8. If business is NEW or under new ownership, indicate starting date: _____

Requested inspection date: _____

Business hours:

deli 10:30-4:30

lounge 4:30-12

9. Business records are located at:

Avery and Lausmstups Bath, Maine

10. Is/are applicant(s) citizens of the United States? YES ☒ NO ☐

11. Is/are applicant(s) residents of the State of Maine? YES ☒ NO ☐

12. List name, date of birth, and place of birth for all applicants, managers, and bar managers.
Give maiden name, if married:

Use a separate sheet of paper if necessary.

Name in Full (Print
Clearly)

DOB

Place of Birth

Tiffany L Avery

10/12/77

Augusta, ME

Residence address on all of the above for previous 5 years (Limit answer to city & state)

12 Montsug Rd Woolwich Me

112 Spinnery Mill Rd Woolwich Me

13. 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: _____

14. Will any law enforcement official benefit financially either directly in your license, if issued?

Yes ☐ No ☒ If Yes, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES ☒ NO ☐

16. Does/do applicant(s) own the premises? Yes ☐ No ☒ If No give name and address of owner: _____

Steve Eite Steveurbanaerobics@me.com
612 Louden Ave
Dunedin, FL 34698

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required)

attached

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

in the works

YES ☐ NO ☐ Applied for: DHHS

19. 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? 2.5 miles ^{School} Which of the above is nearest?

Church .5

.5 church

20. Have you received any assistance financially or otherwise (including any mortgages) from any source other than your-

self in the establishment of your business? YES ☐ NO ☒

If YES, give details:

The Division of Liquor Licensing & Inspection is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also such books, records and returns during the year in which any liquor license is in effect.

NOTE: "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$2,000 or both."

Dated at: Bath on 10/27/16
20 16 Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s)
or Corporate Officer(s)

Signature of Applicant

Tiffany L. Avery

Print Name

Name

Print

NOTICE – SPECIAL ATTENTION

All applications for NEW or RENEWAL liquor licenses must contact their Municipal Officials or the County Commissioners in unincorporated places for approval of their application for liquor licenses prior to submitting them to the bureau.

THIS APPROVAL EXPIRES IN 60 DAYS.

FEE SCHEDULE

II.

**The election tabulations for the RSU #1
Budget Validation Referendum will be on
your desks in Council Chambers before the
meeting.**