

SOUTH PORTLAND CITY COUNCIL

POSITION PAPER OF THE CITY CLERK

SUBJECT:

RUBY THAILAND, 179 COTTAGE ROAD, FOR A FOOD ESTABLISHMENT RESTAURANT WITH MALT & VINOUS LICENSE. PASSAGE REQUIRES MAJORITY VOTE.

POSITION:

The application was submitted and signed off by the Police, Code and Fire Departments, as is required. A legal notice was placed in the South Portland-Cape Elizabeth Sentry. There have been no objections from the public.

REQUESTED ACTION:

Approval by Council for a Food Establishment Restaurant with Malt & Vinous License.


CITY CLERK



City of South Portland
 Office of the City Clerk
 P.O. Box 9422
 South Portland, ME 04116-9422
 207-767-7628

Application for a Food Establishment License With Alcoholic Beverages

Valid _____ to _____
 28A M.R.S.A. §653
 Code of Ordinances - Chapter 14 §100-106

All applicants require a **State Food License**. Failure to do this may result in your City Food License not being issued. It is illegal to operate your business without all applicable licenses.
 Please fill out this application completely even if this is a renewal.

Please check the license you require:					Total Fees:
	Liquor	Vinous	Malt	Malt & Vinous	
Tavern			600.00		
Retail Store		300.00	300.00	300.00	
Restaurant	1,400.00	600.00	600.00	600.00	X 600.00
Class A Catering	600.00				
Class A Lounge	2,100.00				
Club with Liquor (Non-profit)	600.00				
Hotel	1,700.00				
Background Checks:					
Processing Fee:					20.00
Total Due					620.00

Please Check Business Type:
 Corporations, Associations and partnerships must complete a Corporate Officer List and submit with this application

<input type="checkbox"/>	Individual
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Association
<input checked="" type="checkbox"/>	Partnership

Please Check One

<input checked="" type="checkbox"/>	New license
<input type="checkbox"/>	Renewal of license

\$2500 background per owner
 \$50.00 publication fee

Please complete the following information (print):

Business Name: Ruby Thailand	Telephone:
Address of Business: 179 Cottage Rd S. Portland	
Owner of Business: Chalpar Kuerlson / Thanop Koonystying	
Name of Manager at Establishment:	
Seating Capacity: 32	Type of food served: Thai

Days and Hours of operation:						
Sunday <i>closed</i>	Monday <i>11-9³⁰</i>	Tuesday	Wednesday	Thursday	Friday <i>11-10</i>	Saturday <i>11-10</i>
Days and Hours of bar service:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If there is a parent company please provide the following information;

Parent Company Name:	
Address:	City:
State:	Zip: Telephone:
Contact person:	Email Address:

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license 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.

<i>Chakpan Kuenlom</i>
Authorized Signature

<i>CHAKPAN KUENLOM (OWNER)</i>
Print Name and Title


<i>04-17-13</i>
Date


Municipal Use Only		
Date of Application:	Date Paid:	Receipt #
Map and Lot:	RE taxes paid:	Pers Prop taxes paid:
	Approved	Disapproved
Fire Chief		Signature
Health Officer		
Police Chief		
Comments:		

Corporate Officer List
 City of South Portland
 Office of City Clerk
 P.O. Box 9422
 South Portland, ME 04116-9422

Name of Company: Ruby Thailand

If applicant is a partnership, association or corporation, list names, residences, and birth dates as well as title of each member. If applicant is new and/or city ordinance requires a background check be conducted on all corporate officers, a \$25 fee per name applies. (Check may be made out to the City of South Portland).

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Chakpan Kuerlom	
Address	Title
1 Bessey School DR Apt 103 Scarborough	partner

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Thandp Koonyostying	
Address	Title
179 Cottage Rd S Portland	partner

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Address	Title

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Address	Title

 Signature of Authorized Officer

Department of Public Safety
Division



Liquor Licensing & Inspection

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded. To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

BUREAU USE ONLY	
License No. Assigned:	
Class:	
Deposit Date:	
Amt. Deposited:	

PRESENT LICENSE EXPIRES _____

INDICATE TYPE OF PRIVILEGE: MALT SPIRITUOUS VINOUS

INDICATE TYPE OF LICENSE:

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

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) (Sole Proprietor, Corporation, Limited Liability Co., etc.) <u>Ruby Thailand LLC</u> DOB: _____	2. Business Name (D/B/A)
DOB: _____	Location (Street Address)
DOB: _____	City/Town State Zip Code
Address <u>179 Cottage Rd</u>	Mailing Address
<u>S Portland ME 04103</u> City/Town State Zip Code	City/Town State Zip Code
Telephone Number <u>767-1900</u> Fax Number _____	Business Telephone Number Fax Number
Federal I.D. # <u>46-1833159</u>	Seller Certificate # <u>Applied FOR</u>

3. If premises are a hotel, indicate number of rooms available for transient guests: _____
4. State amount of gross income from period of last license: ROOMS \$ _____ FOOD \$ _____ LIQUOR \$ _____ N/A
5. Is applicant a corporation, limited liability company or limited partnership? YES NO

complete Supplementary Questionnaire, If YES

6. Do you permit dancing or entertainment on the licensed premises? YES NO
7. If manager is to be employed, give name: _____
8. If business is NEW or under new ownership, indicate starting date: 5-1
Requested inspection date: ASAP Business hours: 11-930
9. Business records are located at: 179 Cottage Rd
10. Is/are applicants(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
Chakpan Kuenlom	XXXXXXXXXX	Thailand
Tharop Koonyostying	XXXXXXXXXX	Thailand

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

Chakpan - Scarborough, ME
Tharop - S. Portland, 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 or indirectly 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:
Partner owns, NOT LLC Tharop Koonyostying

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

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?
YES NO Applied for:

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? 500 FT Which of the above is nearest? church

20. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself 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: South Portland, ME on April 17th, 2013
Town/City, State Date

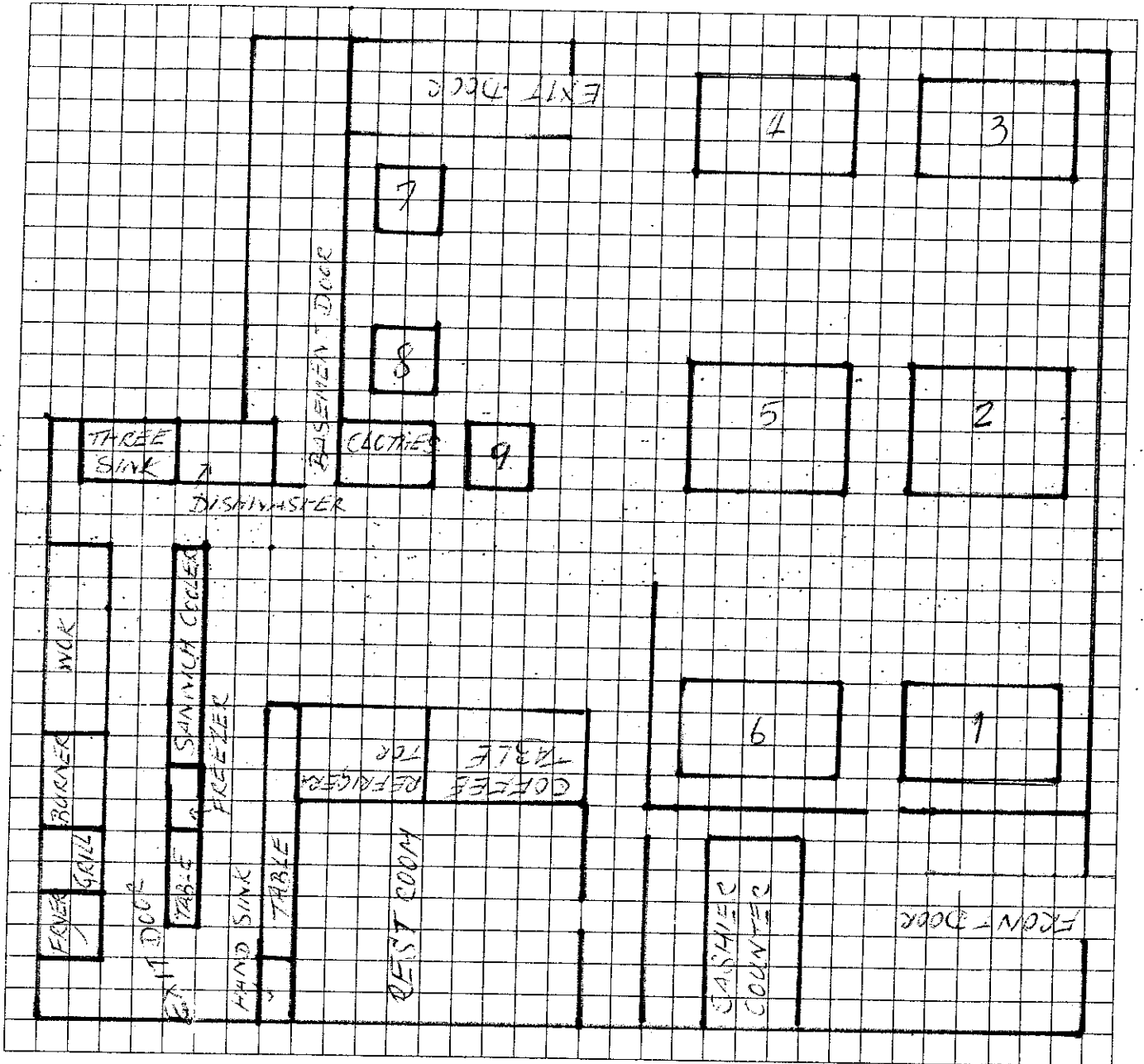
Chakpan Kuenlom
Signature of Applicant or Corporate Officer(s)

Please sign in blue ink

T. M...
Signature of Applicant or Corporate Officer(s)

Appendix C Kitchen or Food Preparation Area Plan

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled. Please see the example on page 8.



The floor plan should include the following items.

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Water Closets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Lavatories	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

COMPLETION CHECKLIST