

**SOUTH PORTLAND CITY COUNCIL**  
*POSITION PAPER OF THE CITY CLERK*

***SUBJECT:***

***ORDER #71-16/17 – GRANTING WILLOW'S PIZZA AND RESTAURANT, 740 BROADWAY, A FE/RESTAURANT WITH LIQUOR LICENSE. PASSAGE REQUIRES MAJORITY VOTE.***

***POSITION:***

This is an existing business that is changing location and adding liquor to their restaurant establishment.

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:***

Passage of ORDER #71-16/17.

  
CITY CLERK



CITY OF SOUTH PORTLAND

THOMAS E. BLAKE  
Mayor

DON GERRISH  
City Manager

SALLY J. DAGGETT  
Jensen Baird Gardner & Henry

EMILY SCULLY  
City Clerk

**IN COUNCIL  
ORDER #71-16/17**

District One  
CLAUDE V.Z. MORGAN

\_\_\_\_\_

District Two  
PATRICIA SMITH

\_\_\_\_\_

District Three  
EBEN ROSE

\_\_\_\_\_

District Four  
LINDA C. COHEN

\_\_\_\_\_

District Five  
BRAD FOX

\_\_\_\_\_

At Large  
MAXINE BEECHER

\_\_\_\_\_

At Large  
THOMAS E. BLAKE

ORDERED, that Willow's Pizza and Restaurant, 740 Broadway, be granted a Food Establishment/Restaurant with Liquor license. Passage requires majority vote.

Dated: November 7, 2016



City of South Portland  
 Office of the City Clerk  
 25 Cottage Road  
 South Portland, ME 04106  
 207-767-7628

**Application for a Food Establishment License  
 With Alcoholic Beverages**

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

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	1400 -
Class A Catering	600.00				
Class A Lounge	2,100.00				
Club with Liquor (Non-profit)	600.00				
Hotel	1,700.00				
Background Checks: (Page 3)		How Many		X 25.00	
Processing Fee:					20.00
<b>Total Due</b>					<b>1420</b>

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

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

**Please Check One**

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

Are there coin operated amusement devices on the premises? Yes  No  How many 0  
 Are there Billiard/Pool Tables on the premises? Yes  No   
 Please complete the following information (print);

Business Information	
Business Name:	Willow's Pizza + Restaurant
Location of Business:	740 Broadway
Telephone:	799-7511
Website:	willowspizza.com
Mailing Address	Same
Name of Manager at Establishment:	David T. Lengyel
Email for correspondence:	willowspizza1@gmail.com

Owner Information						
Owner Name: <u>David T. Lengyel</u>						
Mailing Address: <u>6 Holman Rd Cape Elizabeth, ME. 04107</u>						
Email Address: <u>willawpizza1@gmail.com</u>	Telephone: <u>332-6609</u>					
Food Establishment Information						
Seating Capacity: <u>150</u>						
Type of Food Served: <u>Pizza, pasta, burgers, seafood, salads, sandwich</u>						
Days and Hours of operation:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>3-10</u>	<u>11-10</u>	<u>11-10</u>	<u>11-10</u>	<u>11-10</u>	<u>11-11</u>	<u>11-11</u>

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.

David T. Lengyel                      David T. Lengyel                      10/13/16  
 Authorized Signature                      Print Name and Title                      Date

\*\*\*\*\*

**FOR CITY USE ONLY**

Date of Payment: 10/13/16

Fire Chief                      Approved    Yes  No  Approved By: \_\_\_\_\_

Comments:

Health Officer                      Approved    Yes  No  Approved By: \_\_\_\_\_

Comments:

Police Chief                      Approved    Yes  No  Approved By: \_\_\_\_\_

Comments:

**BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS**  
**DIVISION OF LIQUOR LICENSING AND ENFORCEMENT**  
**8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008**  
**10 WATER STREET, HALLOWELL, ME 04347**  
**TEL: (207) 624-7220 FAX: (207) 287-3434**  
**EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV**

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	

NEW application:  Yes  No

PRESENT LICENSE EXPIRES 11/13/16

INDICATE TYPE OF PRIVILEGE:  MALT  VINOUS  SPIRITUOUS

**INDICATE TYPE OF LICENSE:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input checked="" type="checkbox"/> RESTAURANT/LOUNGE (Class XI) | <input type="checkbox"/> CLASS A LOUNGE (Class X)        |
| <input type="checkbox"/> HOTEL (Class I,II,III,IV)      | <input type="checkbox"/> HOTEL NO FOOD (Class I-A)               |  |
| <input type="checkbox"/> CLUB w/o Catering (Class V)    | <input type="checkbox"/> CLUB with CATERING (Class I)            | <input type="checkbox"/> GOLF COURSE (Class I,II,III,IV) |
| <input type="checkbox"/> TAVERN (Class IV)              | <input type="checkbox"/> QUALIFIED CATERING                      | <input type="checkbox"/> OTHER: _____                    |

**REFER TO PAGE 3 FOR FEE SCHEDULE**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

Corporation Name:			Business Name (D/B/A)		
APPLICANT(S) –(Sole Proprietor)			Physical Location:		
David T. Lengyel		DOB: 10/30/62	740 Broadway		
Address			City/Town	State	Zip Code
6 Holman Rd			South Portland	ME.	04106
City/Town	State	Zip Code	City/Town	State	Zip Code
Cape Elizabeth	ME	04106			
Telephone Number	Fax Number	Business Telephone Number	Fax Number		
799 7511	221 2044	799-7511	221 2044		
Federal I.D. #	Seller Certificate #:		or Sales Tax #:		
81 1056617			1176901		
Email Address:	Website:				
Please Print willowspizza@gmail.com	willowspizza.com				

- If business is NEW or under new ownership, indicate starting date: \_\_\_\_\_
- Requested inspection date: 9sep Business hours: 11:00 am - 11:00 pm
- If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: \_\_\_\_\_
  - State amount of gross income from period of last license: ROOMS \$ \_\_\_\_\_ FOOD \$ 920K LIQUOR \$ 43K
  - Is applicant a corporation, limited liability company or limited partnership? YES  NO
- If Yes, please complete the Corporate Information required for Business Entities who are licensees.
- Do you permit dancing or entertainment on the licensed premises? YES  NO
  - If manager is to be employed, give name: Nichole Thomas
  - Business records are located at: 740 Broadway S.P.
  - Is/are applicants(s) citizens of the United States? YES  NO
  - Is/are applicant(s) residents of the State of Maine? YES  NO

9. 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
David T. Lengyel		Watersbury CT
Nichole A. Thomas		Almogordo, NM

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

David Cape Elizabeth ME  
 Nichole Thomas Scarborough, ME.

10. 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)

11. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?  
Yes  No  If Yes, give name: \_\_\_\_\_

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

13. Does/do applicant(s) own the premises? Yes  No  If No give name and address of owner: \_\_\_\_\_  
 740 Broadway LLC, Falmouth, ME. Mike Casey

14. Describe in detail the premises to be licensed: (On Premise Diagram Required) \_\_\_\_\_  
 3 sections of Commercial Plaza

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

16. 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? 3/4 mile Which of the above is nearest? church

17. 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 & Enforcement 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 Oct 13, 2016  
Town/City, State Date

David T. Lengyel  
 Signature of Applicant or Corporate Officer(s)

Please sign in blue ink

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

David T. Lengyel  
 Print Name

\_\_\_\_\_  
 Print Name

STATE OF MAINE

Dated at: \_\_\_\_\_, Maine \_\_\_\_\_  
City/Town (County)

On: \_\_\_\_\_  
Date

The undersigned being:  Municipal Officers  County Commissioners of the  
 City  Town  Plantation  Unincorporated Place of: \_\_\_\_\_, Maine

Hereby certify that we have given public notice on this application and held public hearing thereon as required by Section 653 Title 28A, Maine Revised Statutes and herby approve said application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS APPROVAL EXPIRERS IN 60 DAYS

NOTICE – SPECIAL ATTENTION

§653. 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).]

D. If an application is approved by the municipal officers or the county commissioners but the bureau finds, after inspection of the premises and the records of the applicant, that the applicant does not qualify for the class of license applied for, the bureau shall notify the applicant of that fact in writing. The bureau shall give the applicant 30 days to file an amended application for the appropriate class of license, accompanied by any additional license fee, with the municipal officers or county commissioners, as the case may be. If the applicant fails to file an amended application within 30 days, the original application must be denied by the bureau. The bureau shall notify the applicant in writing of its decision to deny the application including the reasons for the denial and the rights of appeal of the applicant. [1995, c. 140, §5 (NEW).][ 2003, c. 213, §1 (AMD) .]

2. **Findings.** In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:

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

Name of Company: Willow's Pizza + Restaurant

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).

<b>Name</b> full name, including middle initial and maiden name, if applicable	<b>Date of Birth</b>
David Lengyel	
<b>Address</b>	<b>Title</b>
1422 Broadway South Portland	owner

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

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

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

David T. Lengyel  
 Signature of Authorized Officer