Pd $100.00
3-15-2024 LW

LISBON – VICTUALER APPLICATION

License Type: ✓ $ 100 Restaurants & Others

Name of Business: Smiley's IceCream Shoppe Business Phone: 212-0865

Business Location in town (street address): 590 Lisbon St

Mailing Address: 590 Lisbon St Lisbon Falls, ME 04252

Business Email Address: Carebreton@hotmail.com

Owner's Name: Carrie E. Tuplin & Madelyn J Breton-Tupl

Home Phone: 212-0865 Owner's Cell Phone: 212-0865

Owner's Home Address: 160A Gould Rd, Lisbon Falls, ME

Residence(s) for last five years (Street/Town/Zip): Same as above

List Applicant / Partners / Corporate Officers:

Name: Carrie E Tuplin Birth date: [redacted]

Name: Madelyn J Breton-Tuplin Birth date:

Name: Birth date:

Name: Birth date:

Applicant must have a valid State of Maine Food License. State ID License No: [redacted]

_____ If Yes, attached a copy of your **STATE FOOD LICENSE** to this application.

_____ IF NONE, date submitted: 3/15/24

Has applicant's business license ever been revoked? NO If so, why?

Has any applicant / partner / corporate officer ever been convicted of a felony? NO

If so, describe specific circumstances

Does the establishment have a valid liquor license? NO If so, when does it expire?

I, Carrie E Tuplin (owner's name), Owner (title) am authorized to sign on behalf of said business, and further declare that the forgoing information is accurate and true to the best of my knowledge and belief, and that the applicant does hereby acknowledge a public records check may be conducted. **All licenses expire annually May 31st.**
Re-inspection fees are $150 per visit after the first visit.

Signature: C. Tuplin Date: 3/15/24

Rv2023