Lisbon - Special Entertainment/Alcohol License Application

License Type:
✓ $100 Local Liquor License Application Fee
✓ $100 Special Entertainment with Alcohol License Application Fee

******NOTE: Must Attach State Liquor License Application***

Name of Business: Lisbon Left Hand Club Business Phone: 353-5220
Location of Business: 1 Left Hand Lane Lisbon ME 04250
Business Mailing Address: P.O. Box 715 Lisbon ME 04250
Owner: Club Members
Home Phone: 353-5220 Cell Phone: 2123585
Email Address: cproctor@strainrite.com
Owner's Home Address: 1 Left Hand Lane Lisbon ME 04250
Residence(s) for last five years: yes

List Applicant / Partners / Corporate Officers:

Name: Cathy Proctor Name: Allen Shorey Name: Chuck Masselli
Address: 11 Proctor Rd. Address: 7 Proctor Rd. Address: 26 Deer Run Rd.
Town/State: Lisbon ME Town/State: Lisbon ME Town/State: Wales, ME
Birthdate: [redacted] Birthdate: [redacted] Birth date: [redacted]

Has applicant's business license ever been revoked: No ?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? yes If so, when does it expire? 1/6/2025

I, Cathy Proctor (name), Treasurer (title) is 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.

Signature: Cathy Proctor Date: 12/23/24

State of Maine

Bureau of Alcoholic Beverages & Lottery Operations

Application Copy

File Number: 18797

LICENSE # CCP-90-100301	APPLICATION DATE RECEIVED 2024-11-18
LICENSE TYPE On-Premises: Beer, Wine & Spirits	LICENSEE LISBON LEFT HAND
AGENT NAME	EFFECTIVE DATE 2024-01-08
EXPIRES 2025-01-07	STATUS Active
PREMISES NAME LISBON LEFT HAND	
NEW SECONDARY LICENSE(S) None selected	

QUESTIONS

On-Premises: Beer, Wine & Spirit

1. Is your business and "Doing Business As" (DBA) name registered and in good standing with the Maine Secretary of State?

   If not, please address this with the Secretary of State before proceeding with this application. See https://www.maine.gov/sos/cec/corp/index.html for more information.

   Answer "No" if you are a Sole Proprietor.

   Yes
   19680069ND

2. Do licensee or applicant(s) have any interest in any other Maine Liquor License?

   No

3. Are all licensees/applicants citizens of the United States?

   Yes

4. Are all licensees/applicants residents of the State of Maine?

   Yes

5. Is your license for a club with a membership?

   Yes
   (document uploaded)

6. Is your license application for Vessel Corporation?

   No

7. Do you have a valid and current health license issued by Maine Department of Health and Human Services OR the Department of Agriculture?

   Yes
   (document uploaded)

8. Do you allow dancing or entertainment on the licensed premises?
   If so, You need to have a a license from the Maine State Fire Marshal. See https://www.maine.gov/dps/fmo/plans-review/applications for more information.

   Yes
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9. Will any law enforcement officer directly benefit financially from this license, if issued?

   No

10 Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

No

11 Is the licensee/applicant(s) directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person or business entity holding a liquor license granted by the State of Maine?

No

12 Do you have a manager employed?

No

13 Has any of the listed applicants or an employed manager been denied a liquor license within the last 5 years?

No

14 Is any of the listed applicants the spouse, father, mother, child or other immediate family member of a person whose liquor license has been revoked or denied in the last 6 months?

No

15 Has any licensee/applicant or employed manager ever been convicted of any violation of the liquor laws in Maine or any State of the United States within the last 5 years?

No

16 Has the licensee/applicant(s) or manager ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?

No

17 Does the licensee/applicant(s) own the premises?

Yes

18 At which address are your business records located?

20 Wagg Road Lisbon Maine 04250

19 What will be your business hours? Please indicate each day's open and close times.

Sunday 8 am to 2 pm
Monday 5:30pm to 10-11pm depending on darts schedule
Tue - closed
Wednesday 5:30pm to 11pm
Thursday - Closed
Friday - 5:30pm to 12 am
Saturday 10 am to 2 pm
Hours may be adjusted on Saturday and Sunday if an event is taking place

20 Please provide the name and distance from the premises to the nearest school, school dormitory and place of place of worship, measured from the main entrance of the premises to the main entrance of the school, school dormitory and place of worship by the ordinary course of travel.

Lisbon Elementary School 3.5 - 4 miles
Open Door Bible 2.5 miles

21 Is your application for a Hotel or Bed & Breakfast?

No

22 What is the gross food income for the licensure period that will end on the expiration date?

Estimate $21,000

23 What is the gross income from beer, wine, and spirits for the licensing period ending on the expiration date?

Estimate $63,500

24 Do you have a food menu?

Yes
(document uploaded)

DOCUMENTS

TYPE	FILE NAME	DESCRIPTION
Maine Health or Agriculture License	Scan 2024-11-16 1056.pdf	
Premises Floor Plan	floor plan 2024-11-18 1437.pdf	
Food Menu	Menu.doc	
Corporate Supplemental Form	Corporate Supplemental Form.pdf	
Maine Health or Agriculture License	eating and special enntertainment 2024-11-16 1056.pdf	
Club Questionnaire	Club Questionaire.docx	

APPLICANT

LISBON LEFT HAND

DECLARATION

☑ I certify that I am the applicant as described in this application, or that I am duly authorized to submit this application on the applicant's behalf.

All information provided in this application is accurate and correct. I understand that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine’s Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to $2,000 or by both.

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 6299

EATING PLACE TIER 3 125 Seats (in)

LISBON LEFT HAND CLUB
LEFT HAND LN
LISBON ME 04252

EXPIRES: 10/26/2025

FEE: $300.00

ATTN CATHY PROCTOR
LISBON LEFT HAND CLUB INC
LISBON LEFT HAND CLUB
PO BOX 715
LISBON ME 04250-0715

Jeanne M. Lambrew

Commissioner

NON-TRANSFERABLE

POST IN A CONSPICUOUS PLACE

Town of Lisbon, ME
300 Lisbon St.
Lisbon, ME 04250

Business License

THIS LICENSE EXPIRES : 01/02/2025
Unless previously revoked.

License Nu
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Business Name: LISBON LEFT HAND CLUB

ID: 3866

Address: 20 WAGG RD

City, State, Zip: LISBON ME

This is to certify that the business named herein has been duly licensed in the Municipality of Lisbon by the Lisbon Town Council of said Municipality. This license is subject to the laws and ordinances for the regulation of the same.

Type: SPECIAL ENTERTAINMENT WITH ALCOHOL
Date Issued: 01/02/2024

PAID

By _____
AUTHORIZED MUNICIPAL OFFICIAL

Total Received.... ***$100.00***

This License is NOT Transferable

SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

To be completed by On-Premises Licensees that operates as a Club

A. Date Club was incorporated:
_____1944_____

B. Purpose of the Club:

x☐ Social

☐ Recreational

☐ Fraternal

C. When are regular meetings are held: _____2nd Sunday of each month_____

D. Date of election of club officers: _____November Meeting 11/10/2024_____

E. Date elected officers are installed: _____December meeting 12/8/2024_____

F. Total Membership:
_____103_____

G. Annual Dues:
_____$20.00_____

H. Payable When? _____By December 31, 2024_____

I. Does the club cater to the public or to groups of non-members on the premises? _____Y____
_____
_____

J. Excluding salaries, will any person, other than the Club, receive any of the financial profits from the sales of liquor?
NO Volunteer and ran by it members
_____
_____

K. If a manager or steward is employed, complete the following:

Name: _____ Date of Birth: _____

STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

Supplemental Ownership Form

28-A M.R.S. §651

All Questions Must Be Answered Completely.

1. Legal name of applicant: Lisbon Left Hand club	
2. Date of incorporation or registration: Unknown	3. State of incorporation: (if outside Maine)

4. **List the name, address, birth date, and title of officers, directors, owners over 10%, and persons with indirect financial interest in the applicant. (use additional pages, if needed)**

Name	Address	Date of Birth	Title	Ownership Stake (%)
Owned by its members				

NOTE: If no person holds an ownership interest equal to or greater than 10% complete the affidavit on the next page.

Supplemental Ownership Form **Only complete this page if there are no owners over 10% on page 1.**

Affidavit

The undersigned authorized representative of the applicant swears or affirms that no person that holds an ownership interest in the applicant holds an ownership interest equal to or greater than 10%.

_____ _____

Affiant Signature Date

_____

Affiant Printed Name

State of _____, County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

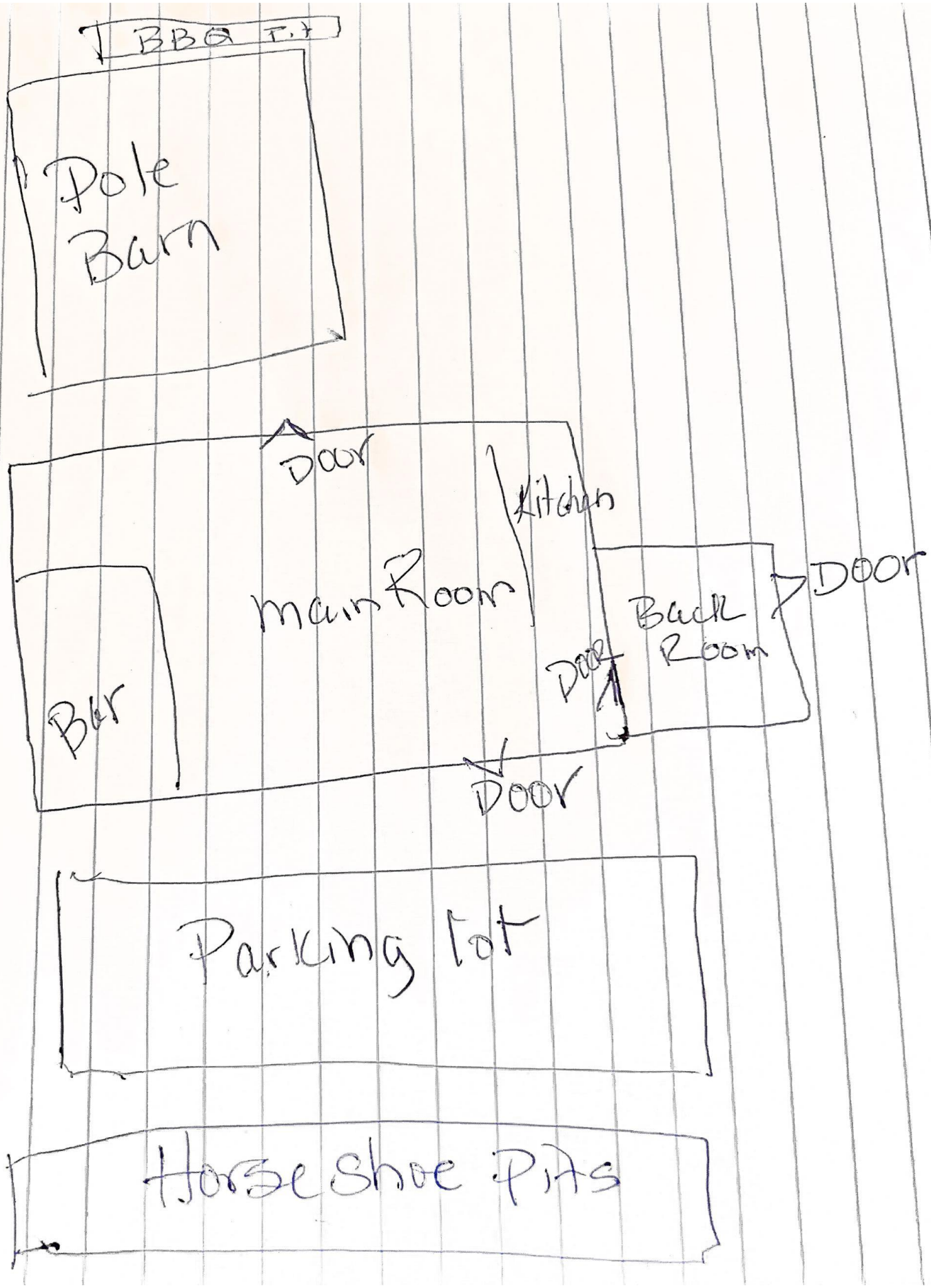
_____ _____

Signature of Notary Public Date

_____

Printed Name of Notary Public

WARNING: The statements on this application are made under oath or affirmation. False statements can be grounds for rejection of the application or suspension or revocation of a license. False swearing is a Class D crime punishable by up to 364 days incarceration and a $2,000 fine.


BBQ Pit
Pole Barn
Door
Kitchen
Main Room
Back Room
Door
Door
Door
Door
Bar
Parking lot
Horseshoe Pits

Breakfast

Eggs	Toast
Bacon	English Muffin
Sausage	French Toast
Ham	Beans
Home Fries	Corn Beef Hash
Pancakes	Juice & Coffee

4 Items $8.00, 5 or more $10.00

Dinner

Hamburger	$2.75
Cheese Burger	$3.00
Chicken Nugget	$3.00
Chicken Sandwich	$3.00
Hot Sausage	$3.00
Hot Dogs	$2.50
Grill cheese	$3.00
French Fries	$3.00