Lisbon - Special Entertainment & Alcohol Applications

License Type:
- ✓ $100 Local Liquor/Alcohol Permit Application Fee
- ✓ $100 Special Entertainment with Alcohol Application Fee
- ✓ $ 80 Advertisement Fee For First Time Liquor License Applicants Only

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

Name of Business: Two Moms Diner Business Phone: 207-419-9131

Location of Business: 222 Lisbon St.

Business Mailing Address: [redacted]

Owner: Descray Hayes

Home Phone: 207-419-9131 Cell Phone: " "

Email Address: Descray10919@gmail.com

Owner's Home Address: [redacted]

Residence(s) for last five years: [redacted]

List Applicant / Partners / Corporate Officers:

Name: John O'Brien	Name: Descray Hayes	Name:
Address: [redacted]	Address: [redacted]	Address:
Town/Sta [redacted]	Town/Sta [redacted]	Town/State:
Birthdate: [redacted]	Birthdate [redacted]	Birth date:

Has applicant's business license ever been revoked: N ? If so, why?

Has any applicant / partner / corporate officer ever been convicted of a felony? N

If so, describe specific circumstances

Does the establishment have a valid liquor license? N If so, when does it expire?

I, Descray Hayes (name), Two Moms Diner (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: Descray Hayes Date: 01-14-25

LISBON – VICTUALER APPLICATION

License Type: $ 100.00 Restaurants & Others

Please print clearly. Attach additional paper if needed.

Name of Business: Two Mom's Diner

Business Location in town (street address): 222 Lisbon Street

Mailing Address: [redacted]

Email Address: Desaray H0919@gmail.com

Owner's Name: Desaray Hays

Owner's Home/Cell Phone: 207-419-9131

Owner's Home Address: [redacted]

Residence(s) for last five years (Street/Town/Zip): [redacted]
Lisbon Me

List Applicant / Partners / Corporate Officers:

Name: John O'Brien Date of Birth: [redacted]

Name: Desaray Hays Date of Birth: [redacted]

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Applicant must have a valid State of Maine Food License. **State ID License No:** _____

_____ I have attached a copy of my **STATE FOOD LICENSE** to this application.

✓ IF NONE, date submitted: _____

Has applicant's business license ever been revoked?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

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? N/N If so, when does it expire? _____

I, Desaray Mae Desaray Hays (owner's name), Two Moms Diner (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: Desaray Mae Date: 01-14-25