LISBON – VICTUALER APPLICATION

License Type: ✓ $ 100 Restaurants & Others

Name of Business: Franks Restaurant and pub Business Phone: 207-407-460

Business Location in town (street address): 2 Main Street Lisbonfalls ME 04252

Mailing Address: 41 Huston Street Lisbonfalls ME 04252

Business Email Address: Camdans realty @ gmail.com

Owner's Name: Camdan Poisson / Jordan OH

Home Phone: 207 576 2016 Owner's Cell Phone: 207 576 2016

Owner's Home Address: 41 Huston Street Lisbonfalls ME 04252

Residence(s) for last five years (Street/Town/Zip): 41 Huston street lisbonfalls ME 04252

34 mellon stret Lewiston ME 04240, 21 cheryl dee ave lisbon ME 0425

List Applicant / Partners / Corporate Officers:

Name: Jordan OH Birth date: [redacted]

Name: Camdan Poisson Birth date: [redacted]

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Does have a valid license under current owner

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

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

✓ IF NONE, date submitted: 12/19/23

Has applicant's business license ever been revoked?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 with Prior owner If so, when does it expire? 06/1/24

I, Camdan Poisson (owner's name), President (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.**