

## **SOUTH PORTLAND CITY COUNCIL**

*POSITION PAPER OF THE CITY CLERK*

***SUBJECT:***

***ORDER #196-16/17 – GRANTING CHICAGO DOGS, 671 MAIN STREET, A  
FE/RESTAURANT WITH LIQUOR LICENSE. PASSAGE REQUIRES MAJORITY VOTE.***

***POSITION:***

This is an existing business holding an F/E Restaurant with Malt & Vinous license, adding Liquor to their license.

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 #196-16/17.



CITY OF SOUTH PORTLAND

PATRICIA SMITH  
Mayor

SCOTT MORELLI  
City Manager

SALLY J. DAGGETT  
Jensen Baird Gardner & Henry

EMILY F. SCULLY  
City Clerk

**In City Council  
Order  
#196-16/17**

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  
SUSAN HENDERSON

ORDERED, that Diamond Dogs LLC & Family Food & Services LLC D/B/A Chicago Dogs of 671 Main Street, be granted a Food Establishment with Liquor License. Passage requires majority vote.

Dated: May 15, 2017



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	50
Processing Fee:					20.00
<b>Total Due</b>					<b>1470</b>

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

<input type="checkbox"/>	Individual
<input checked="" 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

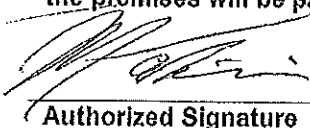
Are there coin operated amusement devices on the premises? Yes  No  How many \_\_\_\_\_  
 Are there Billiard/Pool Tables on the premises? Yes  No

Please complete the following information (print);

Business Information	
Business Name:	Chicago Dogs
Location of Business:	671 Main St
Telephone:	207-536-1631
Website:	
Mailing Address	671 Main St, South Portland, ME 04106
Name of Manager at Establishment:	je palmieri + Mike palmieri
Email for correspondence:	jpchicagodogs@gmail.com or @gmail.com

Owner Information						
Owner Name: Diamond Dogs LLC + Family Food + Services LLC						
Mailing Address: 671 Main St						
Email Address: ypchicagodogs@gmail.com / Family Foods and Services@gmail.com	Telephone: 207-536-1631					
Food Establishment Information						
Seating Capacity: 80						
Type of Food Served: BBQ / Continental						
Days and Hours of operation:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11-7 am pm	11-9 am pm	11-9	11-9	11-9	11am 10pm	11-10

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.



Authorized Signature

Mike Palmieri - Co-owner  
Print Name and Title

10 APR 17  
Date

\*\*\*\*\*

FOR CITY USE ONLY

Date of Payment: 4/10/17

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


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

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

Corporate Officer List  
 City of South Portland  
 Office of City Clerk  
 25 Cottage Road  
 South Portland, ME 04106

Name of Company: Family Foods and Services LLC

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>
<u>Michael P Palmieri</u>	
<b>Address</b>	<b>Title</b>
<u>35 Jennies Ct, South Portland</u>	<u>Owner</u>

<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>

\_\_\_\_\_  
 Signature of Authorized Officer

Corporate Officer List  
 City of South Portland  
 Office of City Clerk  
 25 Cottage Road  
 South Portland, ME 04106

Name of Company: Diamond Dogs LLC

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>
<u>Joseph C Palmieri</u>	
<b>Address</b>	<b>Title</b>
<u>35 Jennies Ct, South Portland</u>	<u>Owner</u>

<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>

\_\_\_\_\_  
 Signature of Authorized Officer

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](mailto:MAINELIQUOR@MAINE.GOV)

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

NEW application:  Yes  No

PRESENT LICENSE EXPIRES \_\_\_\_\_

INDICATE TYPE OF PRIVILEGE:  MALT  VINOUS  SPIRITUOUS

INDICATE TYPE OF LICENSE:

- RESTAURANT (Class I,II,III,IV)  RESTAURANT/LOUNGE (Class XI)  CLASS A LOUNGE (Class X)  
 HOTEL (Class I,II,III,IV)  HOTEL, FOOD OPTIONAL (Class I-A)  BED & BREAKFAST (Class V)  
 CLUB w/o Catering (Class V)  CLUB with CATERING (Class I)  GOLF COURSE (Class I,II,III,IV)  
 TAVERN (Class IV)  QUALIFIED CATERING  OTHER: upgrade to spirituous

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: <u>DIAMOND DOGS</u>	Business Name (D/B/A) <u>Chicago Dogs</u>
APPLICANT(S) - (Sole Proprietor) <u>Joe Palmieri</u>	DOB: _____
DOB: _____	Physical Location: <u>671 Main St</u>
Address <u>671 MAIN ST</u>	City/Town State Zip Code <u>South Portland ME 04106</u>
City/Town State Zip Code <u>So. PORTLAND ME 04106</u>	Mailing Address <u>671 Main St</u>
City/Town State Zip Code <u>South Portland ME 04106</u>	City/Town State Zip Code <u>South Portland ME 04106</u>
Telephone Number Fax Number <u>207-536-1631</u>	Business Telephone Number Fax Number <u>207-536-1631</u>
Federal I.D. # <u>33-1198457</u>	Seller Certificate #: or Sales Tax #:
Email Address: Please Print <u>jpchicagodogs@gmail.com</u>	Website: <u>chicagodogsomaine.com</u>

If business is NEW or under new ownership, indicate starting date: \_\_\_\_\_

Requested inspection date: 4 MAY 2017 Business hours: 11-7:30 / 11-9:30 / 11-10:30 Sa

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: \_\_\_\_\_  
 2. State amount of gross income from period of last license: ROOMS \$ 0 FOOD \$ 193,944.02 LIQUOR \$ 73,209.20  
 3. 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.

4. Do you permit dancing or entertainment on the licensed premises? YES  NO   
 5. If manager is to be employed, give name: Joe Palmieri  
 6. Business records are located at: On premises  
 7. Is/are applicants(s) citizens of the United States? YES  NO   
 8. 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
Joseph Palmieri	[REDACTED]	Philadelphia, PA
Michael Palmieri	[REDACTED]	Mishawaka, IN
Residence address on all of the above for previous 5 years (Limit answer to city & state)		
35 Jennies Ct, South Portland, ME		04/06
35 Jennies Ct, South Portland, ME		04/06

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:  
Newgen Group 675 Main St, South Portland

14. Describe in detail the premises to be licensed: (On Premise Diagram Required) \_\_\_\_\_

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? 900ft

Which of the above is nearest? Greater Grace Bible 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 4/20, 2017  
Town/City, State Date

[Signature]  
 Signature of Applicant or Corporate Officer(s)  
Mike Palmieri  
 Print Name

Please sign in blue ink

[Signature]  
 Signature of Applicant or Corporate Officer(s)  
JOE PALMIERI  
 Print Name

**FEE SCHEDULE**

<b>FILING FEE:</b> (must be included on all applications).....	\$ 10.00
<b>Class I</b> Spirituous, Vinous and Malt .....	\$ 900.00
<b>CLASS I:</b> Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers; OTB.	
<b>Class I-A</b> Spirituous, Vinous and Malt, Optional Food (Hotels Only) .....	\$1,100.00
<b>CLASS I-A:</b> Hotels only that do not serve three meals a day.	
<b>Class II</b> Spirituous Only .....	\$ 550.00
<b>CLASS II:</b> Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels.	
<b>Class III</b> Vinous Only .....	\$ 220.00
<b>CLASS III:</b> Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	
<b>Class IV</b> Malt Liquor Only .....	\$ 220.00
<b>CLASS IV:</b> Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.	
<b>Class V</b> Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts) .....	\$ 495.00
<b>CLASS V:</b> Clubs without catering privileges.	
<b>Class X</b> Spirituous, Vinous and Malt – Class A Lounge .....	\$2,200.00
<b>CLASS X:</b> Class A Lounge	
<b>Class XI</b> Spirituous, Vinous and Malt – Restaurant Lounge .....	\$1,500.00
<b>CLASS XI:</b> Restaurant/Lounge; and OTB.	

**UNORGANIZED TERRITORIES** \$10.00 filing fee shall be paid directly to County Treasurer. All applicants in unorganized territories shall submit along with their application evidence of payment to the County Treasurer.

All applications for **NEW** or **RENEWAL** liquor licenses must contact their **Municipal Officials** or the **County Commissioners** in unincorporated places for approval and signatures for liquor licenses prior to submitting them to the bureau.

Bureau of Alcoholic Beverages and Lottery Operations  
Division of Liquor Licensing & 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](mailto:MaineLiquor@maine.gov)

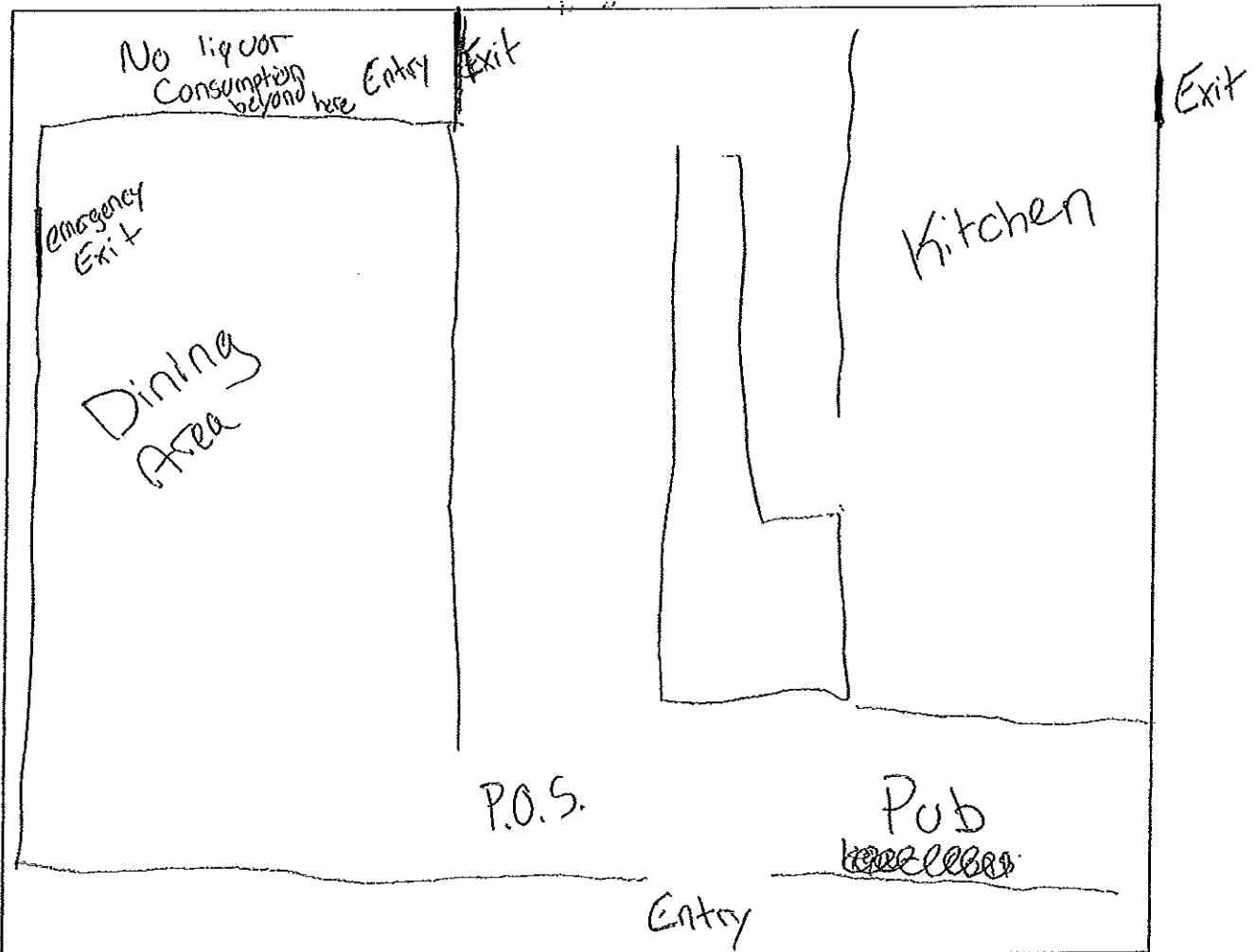
EXISTING DIAGRAM ON FILE

ON PREMISE DIAGRAM

DIVISION USE ONLY	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved
BY:	

In an effort to clearly define your license premise and the area that consumption and storage of liquor is allowed. The Division requires all applicants to submit a diagram of the premise to be licensed in addition to a completed license application.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, restrooms, decks and all areas that you are requesting approval from the Division for liquor consumption.





Division of Alcoholic Beverages and Lottery  
Operations  
Division of Liquor Licensing and Enforcement

**Corporate Information Required for  
Business Entities Who Are Licensees**

<b>For Office Use Only:</b>	
License #:	_____
SOS Checked:	_____
100% Yes	<input type="checkbox"/> No <input type="checkbox"/>

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752.

Please clearly complete this form in its entirety.

- Exact legal name: Diamond Dogs LLC
- Doing Business As, if any: Chicago Dogs
- Date of filing with Secretary of State: 11 JAN 2008 State in which you are formed: Maine
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:  
\_\_\_\_\_
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attach additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
Joe Palmieri	35 Jennies Ct	<del>                    </del>	owner	100%

(Stock ownership in non-publicly traded companies must add up to 100%.)

- If Co-Op # of members: \_\_\_\_\_ (list primary officers in the above boxes)

7. Is any principal person involved with the entity a law enforcement official?

Yes  No  If Yes, Name: \_\_\_\_\_ Agency: \_\_\_\_\_

8. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?

Yes  No

9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: \_\_\_\_\_

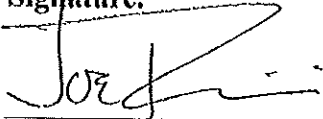
Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_

Location of Conviction: \_\_\_\_\_

Disposition: \_\_\_\_\_

Signature:



4-19-17

Signature of Duly Authorized Person      Date

JOE PALMIERI      4-19-17

Print Name of Duly Authorized Person

Submit Completed Forms to:

Bureau of Alcoholic Beverages  
Division of Liquor Licensing and Enforcement  
8 State House Station, Augusta, Me 04333-0008 (Regular address)  
10 Water Street, Hallowell, ME 04347 (Overnight address)  
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434  
Email Inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

7. Is any principal person involved with the entity a law enforcement official?

Yes  No  If Yes, Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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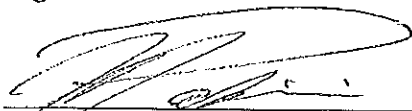
Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_

Location of Conviction: \_\_\_\_\_

Disposition: \_\_\_\_\_

Signature:



20 APR 17

Signature of Duly Authorized Person

Date

Mike Palmieri

Print Name of Duly Authorized Person

Submit Completed Forms to:

Bureau of Alcoholic Beverages  
Division of Liquor Licensing and Enforcement  
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Division of Alcoholic Beverages and Lottery  
Operations  
Division of Liquor Licensing and Enforcement

**Corporate Information Required for  
Business Entities Who Are Licensees**

<b>For Office Use Only:</b>	
License #:	_____
SOS Checked:	_____
100% Yes	<input type="checkbox"/> No <input type="checkbox"/>

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- Exact legal name: Family Food and Services LLC
- Doing Business As, if any: Chicago Dogs
- Date of filing with Secretary of State: 23 FEB 2016 State in which you are formed: Maine
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: \_\_\_\_\_
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attach additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
Mike Palmieri	35 Jennies Ct, South Portland	[REDACTED]	owner	100%

(Stock ownership in non-publicly traded companies must add up to 100%.)

6. If Co-Op # of members: \_\_\_\_\_ (list primary officers in the above boxes)