

SOUTH PORTLAND CITY COUNCIL

POSITION PAPER OF THE CITY CLERK

SUBJECT:

ORDER #174-16/17 – GRANTING SOUTH PORTLAND URBAN AIR, LLC, 333 CLARKS POND PARKWAY, A FE/RESTAURANT WITH MALT & VINOUS LICENSE. PASSAGE REQUIRES MAJORITY VOTE.

POSITION:

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 #174-16/17.

A handwritten signature in black ink, appearing to read "Emp. of Salary", is positioned at the bottom right of the page.



CITY OF SOUTH PORTLAND

PATRICIA SMITH
Mayor

SCOTT MORELLI
City Manager

EMILY F. SCULLY
City Clerk

SALLY J. DAGGETT
Jensen Baird Gardner & Henry

In Council
ORDER #174-16/17

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 South Portland Urban Air, LLC, 333 Clarks Pond Drive, be granted a Food Establishment with Malt and Vinous License. Passage requires majority vote.

Dated: April 19, 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	300.00
Restaurant	1,400.00	600.00	600.00	600.00	600.00
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 <u>4</u>		X 25.00	100.00
Processing Fee:					20.00
Total Due					420.00

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

<input checked="" 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 8
 Are there Billiard/Pool Tables on the premises? Yes No
 Please complete the following information (print);

Business Information	
Business Name:	South Portland Urban Air, LLC.
Location of Business:	333 Clarks Pond Parkway South Portland, ME 04106
Telephone:	(207) 771-2010
Website:	www.urbanair.southportland.com
Mailing Address:	333 Clarks Pond Parkway #3 South Portland, ME 04106
Name of Manager at Establishment:	Anthony Dim
Email for correspondence:	adim@urbanair.me.com

Owner Information

Owner Name:

Anthony Dill

Mailing Address:

5 Rays Circle Scarborough, ME 04074

Email Address:

anthony@urbanairsouthportland.com

Telephone:

(207) 229-2655

Food Establishment Information

Seating Capacity:

200

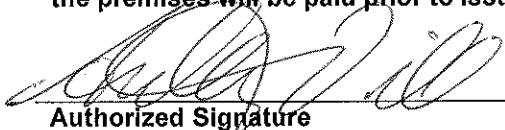
Type of Food Served:

We are a reseller of food made by Portland Pe & Sysco.

Days and Hours of operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>10a-8p</u>	<u>3p-8p</u>	<u>10a-8p</u>	<u>10a-8p</u>	<u>3p-8p</u>	<u>10a-11p</u>	<u>10a-11p</u>

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

Anthony Dill - President
 Print Name and Title

3-28-17
 Date

FOR CITY USE ONLY

Date of Payment: 3-28-17

Fire Chief Approved Yes No Approved By: _____
 Comments:

Health Officer Approved Yes No Approved By: dh email
 Comments:

Police Chief Approved Yes No Approved By: dh email
 Comments:

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

Name of Company: South Portland Urban Air, LLC.

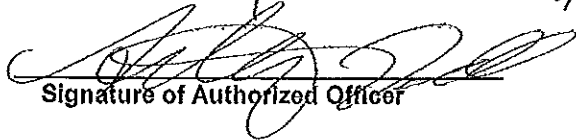
If applicant is a partnership, association or corporation, list names, residences, and birth dates as well as title of each member. If applicant is new and/or city ordinance requires a background check be conducted on all corporate officers, a \$25 fee per name applies. (Check may be made out to the City of South Portland).

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Anthony D. Dill	[REDACTED]
Address	Title
5 Rays Circle Scarborough, ME 04074	President

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Robert D. Ecker	[REDACTED]
Address	Title
7 Tiger Lane Cape Elizabeth, ME 04107	Investor

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Stephen B. Freese	[REDACTED]
Address	Title
19 Coulthard Farms Rd. Scarborough, ME 04074	Investor

Name full name, including middle initial and maiden name, if applicable	Date of Birth
Steven J. Chicoine	[REDACTED]
Address	Title
68 Irving St. Portland, ME 04103	Investor


 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

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI) | <input type="checkbox"/> CLASS A LOUNGE (Class X) |
| <input type="checkbox"/> HOTEL (Class I,II,III,IV) | <input type="checkbox"/> HOTEL, FOOD OPTIONAL (Class I-A) | <input type="checkbox"/> BED & BREAKFAST (Class V) |
| <input type="checkbox"/> CLUB w/o Catering (Class V) | <input type="checkbox"/> CLUB with CATERING (Class I) | <input type="checkbox"/> GOLF COURSE (Class I,II,III,IV) |
| <input type="checkbox"/> TAVERN (Class IV) | <input type="checkbox"/> QUALIFIED CATERING | <input checked="" type="checkbox"/> OTHER: <u>Recreational Facility</u> |

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: <u>South Portland Urban Air, LLC.</u>	Business Name (D/B/A) <u>South Portland Urban Air, LLC</u>
APPLICANT(S) –(Sole Proprietor) <u>attached</u>	DOB:
DOB:	Physical Location: <u>333 Clarks Pond Parkway</u>
Address <u>333 Clarks Pond Parkway</u>	City/Town State Zip Code <u>South Portland ME 04106</u>
City/Town State Zip Code <u>South Portland ME 04106</u>	Mailing Address <u>333 Clarks Pond Parkway #3</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) 771-2010 N/A</u>	Business Telephone Number Fax Number <u>(207) 771-2010 N/A</u>
Federal I.D. # <u>81-1698179</u>	Seller Certificate #: or Sales Tax #: <u>1181479</u>
Email Address: Please Print <u>adill@maine.rr.com</u>	Website: <u>www.urbanairsouthportland.com</u>

If business is NEW or under new ownership, indicate starting date: 11/19/16

Requested inspection date: asap Business hours: 10am - 8pm

- If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: N/A
- State amount of gross income from period of last license: ROOMS \$ 0 FOOD \$ 0 LIQUOR \$ 0
- 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.

- Do you permit dancing or entertainment on the licensed premises? YES NO
- If manager is to be employed, give name: Andrew Moreau
- Business records are located at: 5 Rays Circle, Scarborough, ME 04074
- Is/are applicants(s) citizens of the United States? YES NO
- 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
attached		
Residence address on all of the above for previous 5 years (Limit answer to city & state)		
Anthony Dill - Scarborough, ME.		
Robert Ecker - Scarborough and Cape Elizabeth, ME.		
Stephen Freese - Scarborough, ME.		
Steven Chicane - Portland, ME.		

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: Anthony Dill Date of Conviction: March 01

Offense: DUI Location: Scarborough, ME

Disposition: Pleaded guilty and paid fine (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:
333 Clarks Pond LLC PO Box 910 Westbrook, ME 04098-0910

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? 500 ft.
Which of the above is nearest? 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: Commercial loan with Machias Savings Bank

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.

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

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

ON PREMISE DIAGRAM

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

For Office Use Only:	
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: South Portland Urban Air, LLC.
- Doing Business As, if any: N/A
- Date of filing with Secretary of State: 4/25/15 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: N/A
- 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 %
See attached				

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

- If Co-Op # of members: N/A (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: Anthony Dill

Date of Conviction: 03/2001

Offense: DOJ

Location of Conviction: Scarborough, ME

Disposition: Pleaded guilty and paid fine

Signature:

Anthony Dill 3-29-17
Signature of Duly Authorized Person Date

Anthony Dill
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