CITY OF ROCKLAND, MAINE

270 Pleasant Street
Rockland, Maine 04841

CITY CLERK'S OFFICE

February 27, 2015

YOU ARE HEREBY NOTIFIED THAT A SPECIAL MEETING OF THE ROCKLAND CITY COUNCIL WILL BE HELD IN CITY COUNCIL CHAMBERS AT ROCKLAND CITY HALL, 270 PLEASANT STREET, ROCKLAND, MAINE ON MONDAY, MARCH 2, 2015 AT 5:30 P.M. FOR THE FOLLOWING PURPOSE(S):

[Please Note Starting Time and Date]

Executive Session pursuant to Title 1, M.R.S. §405(6)(F), and Title 36, M.R.S. §841, Subsection 2E, to hear and deliberate upon two applications for hardship tax abatements.

YOUR PUNCTUAL ATTENDANCE IS REQUESTED
PER ORDER OF THE MAYOR OF THE CITY OF ROCKLAND

STUART H. SYLVESTER
CITY CLERK

CITY OF ROCKLAND, MAINE

270 Pleasant Street
Rockland, Maine 04841

CITY CLERK'S OFFICE

February 27, 2015

YOU ARE HEREBY NOTIFIED THAT A SPECIAL MEETING OF THE ROCKLAND CITY COUNCIL WILL BE HELD IN CITY COUNCIL CHAMBERS AT ROCKLAND CITY HALL, 270 PLEASANT STREET, ROCKLAND, MAINE ON MONDAY, MARCH 2, 2015 AT 6:30 P.M. FOR THE FOLLOWING PURPOSE(S):

[Please Note Starting Time and Date]

FY 2016 Capital Improvement Plan Presentation
Condominium Association Financial Update
Set Agenda for March 9, 2015 Regular Meeting
Workshop: Transient Housing Ordinance

YOUR PUNCTUAL ATTENDANCE IS REQUESTED
PER ORDER OF THE MAYOR OF THE CITY OF ROCKLAND

STUART H. SYLVESTER
CITY CLERK

ITEMS FOR MARCH 9, 2015 REGULAR MEETING: **March 2, 2015**

Communications:

a. Letter from Neighbors for Overnight Oversight – Supporting Transient Housing Regs.
b. Letter from Seth Thompson – Supporting Transient Housing Regs.

Licenses and Permits:

a. Liquor & Entertainment Licenses – Comida (New)
b. Liquor & Entertainment Licenses – Sandbaggers Café
c. Liquor License – Roselyn Thai Fine Cuisine
d. Liquor & Entertainment Licenses – Trackside Station Restaurant
e. Liquor License – Home Kitchen Café
f. Liquor & Entertainment Licenses – The Landings Restaurant
g. Liquor & Entertainment Licenses – Eclipse Restaurant & Speakeasy
h. Liquor License – Primo Restaurant
i. Lodging House License – Ripple Inn at the Harbor
j. Lodging House License – Captain Lindsey House

Resolves:

#14 Appointment to ZBA – T. Berry
#15 Accepting Donations

Ordinances in Final Reading and Public Hearing:

#16 Ch. 19, Sec. 19-304 DT Zone Height Regs (Postponed from 2/9/15)
2 Ch, 2, Arts. III & XIV Dept. of Public Services

Ordinances in First Reading:

3 Ch. 7, Sec. 7-107 Sprinkler System Alarms

Orders:

#96 Amending Solid Waste Facility Fees (Postponed from 12/08/14)
#10 Authorizing Reserve Funds – Audio/Video Repairs (Postponed from 2/9/15)
#12 Accepting Wellness Grant
#13 Authorizing Grant Application – Fish Pier Improvement

NEIGHBORS FOR
OVERNIGHT OVERSIGHT
Protecting Communities. Promoting Safety.

To the Members of the Rockland City Council:

As you analyze and debate short-term online rentals, Neighbors for Overnight Oversight wants to bring to your attention growing concerns with these rentals, both in Rockland and nationwide. The fact is short-term online rental companies are operating outside of the law and making billions of dollars with little regard for the long-term health and safety of consumers and neighborhoods.

We believe with no oversight, these companies pose a significant threat to our homes, neighborhoods, and communities—as well as the guests who use their services. As a coalition of concerned residents, community leaders, businesses and policymakers committed to protecting neighborhoods nationwide, we believe sensible regulation of this industry is desperately needed.

Furthermore, the unchecked expansion of short-term rentals often has a disastrous impact on communities. Many predatory landlords have seen the growth of regulation-free short-term online rentals as a way to make more money than they would renting out apartments to locals. That has led to some buying up entire properties to lease on the short-term rental market—even evicting long-term residents to make some extra cash. Currently, most jurisdictions have no law in place to stop this kind of unscrupulous behavior.

Right now, short-term online rentals don't abide by basic health and safety regulations such as fire extinguishers, smoke alarms and liability insurance. Without these guarantees, are the people coming in and out of our neighborhoods, and current residents, safe?

Would you want to live next door to what is essentially a revolving door of strangers coming in and out of your neighborhood at any hour of the night? That's certainly not what most people look for in a neighborhood. We believe the unchecked expansion of the short-term rental market will continue to put consumers and neighborhoods at risk via the hands of illegal hoteliers. Like any other industry and any other business, the short-term online rental market needs to play by the rules to protect consumer safety as well as the integrity of communities throughout Rockland and across the country.

We hope that you consider this issue closely and weigh the negative effects illegal hotels are bringing to neighborhoods across the country. For more information, please visit www.overnightoversight.com.

Sincerely,

Neighbors for Overnight Oversight

For more information, please visit www.overnightoversight.com.

Stuart Sylvester

From: Seth Thompson <seth.thompson.media@gmail.com>
Sent: Thursday, February 26, 2015 10:05 AM
To: ssylvester@ci.rockland.me.us
Cc: jroot@ci.rockland.me.us
Subject: Proposed ordinance revisions due to influx of short-term rentals in the Rockland area.

Dear Mr. Stuart Sylvester,

Please add this email to the Rockland City Council agenda packet, as it pertains to the proposed ordinance revisions due to the influx of short-term rentals in the Rockland area.

I am a Rockland homeowner who resides next to a single family home that has been used to accommodate transient short-term renters. This property has been a disruption to both my wife and my own quality of life, primarily due to the parking issues it has caused in respect to our property. Evidence of these difficulties has been well documented with the Rockland Code Office.

I am in full support of clarifying the city ordinance in order to maintain the fabric and safety of Rockland's neighborhoods—specifically resulting in the current upsurge of short-term rentals of rooms and whole houses in Rockland due to opportunities available through such websites as Airbnb. While I do not object to the idea of short-term rentals, I feel that the ordinance needs to be further clarified in order to ensure: 1. renter's safety; 2. maintain and secure the fabric of Rockland's residential neighborhoods; and 3. enforce fair competition among the lodging businesses.

I have learned a great deal about the city of Rockland's ordinance through this ordeal that has been going on for over a year and a half and feel that the intention of a single family dwelling and related items such as parking needs to be further clarified, as they inadvertently and unintentionally benefit those seeking to turn homes into commercial properties for the sole purpose of economic gains and not the person who wishes to create a home in a neighborhood. Furthermore, I believe that these ordinance revisions fall closer in line with the National Fire Protection Association's Life Safety Code, which is considered the standard for safety by the Rockland Fire Department.

From what I have learned from John Root, not only do the proposed revisions help protect the homeowner, but they further clarify the intentions of a single family dwelling so those seeking to engage in providing short-term lodging facilities to transient guests may understand the laws and regulations necessary to engage in such practices for the safety and well-being of the renter, neighborhood and community as a whole.

If you have any questions or need additional information, please do not hesitate to contact me.

Thank you.

Best Regards,
Seth Thompson

--
Seth Thompson
Media Artist, Writer and Educator
http://www.seththompson.info

APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant Lisa Laurita-Spanglet Phone (207) 542-4258

Address of Applicant 15 Holmes St.
Rockland, ME 04841

Name of Business Pura Vida Inc. DBA Comida Phone (207) 542-5758

Address of Business 421 Main St.
Rockland, ME 04841

Name of Property Owner (if different) Peter Mason Peters

Type of License(s): ✓ Liquor ✓ Victualer ____ Entertainment

____ Lodging House ____ Commercial Hauler ____ Landscape Contractor

____ Billiard Room ____ Second Hand Dealer ____ Other (Specify) ____

Type of Business Restaurant

Expiration of Current License N/A

Fee(s) Paid $150.00 Date 2/3/15

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature Lisa Laurita-Spanglet Date 1/27/15

Approved By: License # ____

[signature] Code Officer 2/27/15 Date
X Approved ____ Inspected; See Report
we will reinspect before opening

[signature] Fire Inspector ____ Date
X Approved ____ Inspected; See Report

____ Police Chief ____ Date

____ City Clerk ____ Date

BUREAU OF ALCOHOLIC BEVERAGES
DIVISION OF LIQUOR LICENSING & ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, ME 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.
To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 1/02/15

INDICATE TYPE OF PRIVILEGE: ☑ MALT ☑ SPIRITUOUS ☑ VINOUS

INDICATE TYPE OF LICENSE:

- ☑ RESTAURANT (Class I,II,III,IV)
- ☐ HOTEL-OPTINONAL FOOD (Class I-A)
- ☐ CLASS A LOUNGE (Class X)
- ☐ CLUB (Class V)
- ☐ TAVERN (Class IV)
- ☐ RESTAURANT/LOUNGE (Class XI)
- ☐ HOTEL (Class I,II,III,IV)
- ☐ CLUB-ON PREMISE CATERING (Class I)
- ☐ GOLF CLUB (Class I,II,III,IV)
- ☐ OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) Pura Vida, Inc. **DOB:**	**2. Business Name (D/B/A)** Comida
DOB:	
DOB:	**Location (Street Address)** 421 Main St.
Address 15 Holmes St.	**City/Town** Rockland **State** ME **Zip Code** 04841
	Mailing Address 15 Holmes St.
City/Town Rockland **State** ME **Zip Code** 04841	**City/Town** Rockland **State** ME **Zip Code** 04841
Telephone Number (207) 542-5758 **Fax Number**	**Business Telephone Number** (207) 542-4258 **Fax Number**
Federal I.D. # 30-0756656	**Seller Certificate #** 116 0239

3. If premises is a hotel, indicate number of rooms available for transient guests: N/A
4. State amount of gross income from period of last license: ROOMS $ _____ FOOD $ _____ LIQUOR $_____
5. Is applicant a corporation, limited liability company or limited partnership? YES ☑ NO ☐

complete Supplementary Questionnaire ,If YES

6. Do you permit dancing or entertainment on the licensed premises? YES ☐ NO ☑
7. If manager is to be employed, give name: _____
8. If business is NEW or under new ownership, indicate starting date: 4/1/15
   Requested inspection date: 2/17/15 Business hours: Mon - Fri
9. Business records are located at: 15 Holmes St. Rockland

10. Is/are applicants(s) citizens of the United States? YES ☑ NO ☐

11. Is/are applicant(s) residents of the State of Maine? YES ☑ NO ☐

12. 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
Lisa Laurita-Spanglet	11/01/77	Johnson City New York
Thomas Sigler	08/08/81	Maryland

Residence address on all of the above for previous 5 years (Limit answer to city & state

Rockland, Maine

Rockland, Maine

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ☐ NO ☑

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes ☐ No ☑ If **Yes**, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES ☑ NO ☐

16. Does/do applicant(s) own the premises? Yes ☐ No ☑ If **No** give name and address of owner: _____

Peter Mason Peters 16 Bayview Landing, Camden, Me 04843

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) see diagram-

Full Service restaurant.

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES ☐ NO ☑ Applied for: 2/16/15

19. 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? .1 Mile Which of the above is nearest? Choice 5

20. 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 & Inspection 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: Rockland Maine (Town/City, State) on January 29th (Date), 2015

Please sign in blue ink

Lisa Laurita-Spanglet
Signature of Applicant or Corporate Officer(s)

Lisa Laurita-Spanglet
Print Name

Signature of Applicant or Corporate Officer(s)

Thomas Sigler
Print Name

MAINE DEPT OF PUBLIC SAFETY

STATE OF MAINE
Liquor Licensing & Inspection Division
164 State House Station
Augusta ME 04333-0164
Tel: (207) 624-7220 Fax: (207) 287-3424

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS, LIMITED LIABILITY COMPANIES, AND LIMITED PARTNERSHIPS

1. Exact Corporate Name: Pura Vida, Inc.
   Business D/B/A Name: _____
2. Date of Incorporation: December, 2012
3. State in which you are incorporated: Maine
4. If not a Maine Corporation, date corporation was authorized to transact business within the State of Maine: _____
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percent of stock owned:

Name	*Print Clearly* Address Previous 5 years	Birth Date	% of Stock	Title
Lisa Laurita-Spanglet	15 Holmes St. Rockland, ME 04841	11/1/77	33.33	President
Thomas Sigler	15 Holmes St. Rockland, ME 04841	8/8/81	33.33	Vice-president

6. What is the amount of authorized stock? N/A Outstanding Stock? _____
7. Is any principal officer of the corporation a law enforcement official? Yes ☐ No ☑
8. Has applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of the United States? Yes ☐ No ☑
9. If YES, please complete the following: Name: _____

   Date of Conviction: _____ Offense: _____

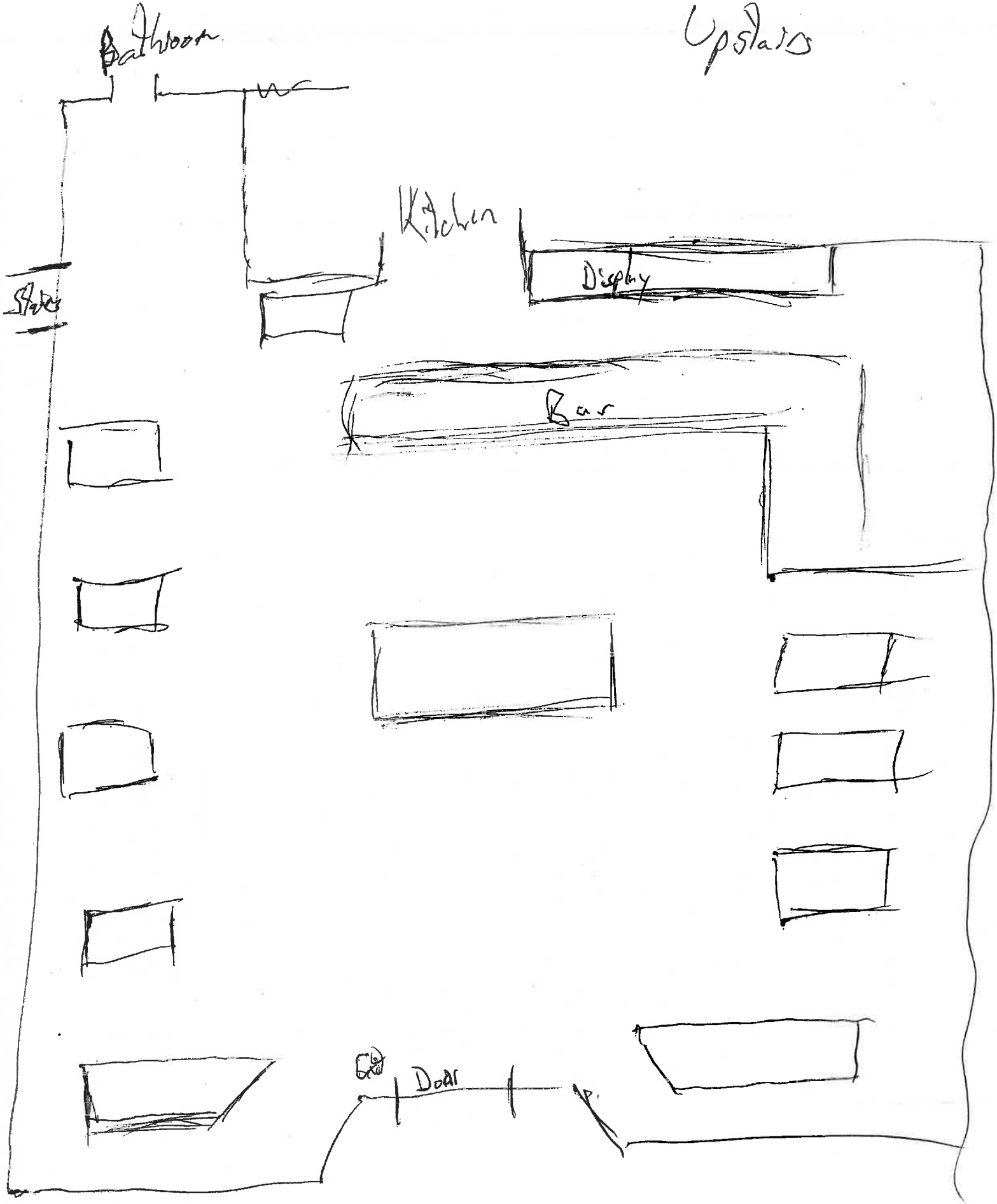
   Location: _____ Disposition: _____

   Dated at: _____ On: _____
   City/Town Date

Lisa Laurita-Spanglet
Signature of Duly Authorized Officer

1/28/15
Date

Lisa Laurita-Spanglet
Print Name of Duly Authorized Officer


Bathroom
Upstairs
Kitchen
Display
Stairs
Bar
Door

Downstairs
Display
Exit
Bathroom
Entrance
Stairs
Bathroom

APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant MARCIA L. FLANAGAN Phone 975-3167

Address of Applicant 606 OLD COUNTY ROAD
P.O. BOX 507 ROCKLAND, MAINE 04841

Name of Business SANDBAGGER'S CAFE Phone 594-9022

Address of Business SAME AS ABOVE

Name of Property Owner (if different) ROCKLAND GOLF CLUB

Type of License(s): X Liquor X Victualer X Entertainment

____ Lodging House ____ Commercial Hauler ____ Landscape Contractor

____ Billiard Room ____ Second Hand Merchant ____ Other (Specify) ____

Type of Business GOLF COURSE

Expiration of Current License 3/28/2015

Fee(s) Paid $300.00 Date ____

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature x Marcia L. Flanagan Date 2/20/15

Approved By: License # 7494

Code Officer 2/27/15 Date

____ Approved ____ Inspected; See Report

Fire Inspector 2/27/15 Date

____ Approved ____ Inspected; See Report

Police Chief 2/24/15 Date

City Clerk ____ Date

BUREAU OF ALCOHOLIC BEVERAGES
DIVISION OF LIQUOR LICENSING & ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, ME 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 03/28/2015

INDICATE TYPE OF PRIVILEGE: X MALT X SPIRITUOUS X VINOUS

INDICATE TYPE OF LICENSE:

- ف RESTAURANT (Class I,II,III,IV)
- ف HOTEL-OPTINONAL FOOD (Class I-A)
- ف CLASS A LOUNGE (Class X)
- ف CLUB (Class V)
- ف TAVERN (Class IV)
- ف RESTAURANT/LOUNGE (Class XI)
- ف HOTEL (Class I,II,III,IV)
- ف CLUB-ON PREMISE CATERING (Class I)
- X GOLF CLUB (Class I,II,III,IV)
- ف OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) **DOB:**	**2. Business Name (D/B/A)** ROCKLAND GOLF CLUB
MARSHA L. FLANAGAN **DOB:** 5/18/1963	SANDBAGGERS CAFE, LLC
DOB:	**Location (Street Address)** 606 OLD COUNTY ROAD
Address 1 ACADIA DRIVE	**City/Town** ROCKLAND **State** MAINE **Zip Code** 04841
ROCKLAND, MAINE 04841	**Mailing Address** P.O. BOX 507 ~~ROCKLAND~~
City/Town **State** **Zip Code**	**City/Town** ROCKLAND **State** MAINE **Zip Code** 04841
Telephone Number 207-975-3167 **Fax Number** N/A	**Business Telephone Number** 207-594-9022 **Fax Number** 207-594-0236
Federal I.D. # 45-4555567	**Seller Certificate #** 1155236

3. If premises is a hotel, indicate number of rooms available for transient guests: Ø
4. State amount of gross income from period of last license: ROOMS $ _____ FOOD $ _____ LIQUOR $ _____
5. Is applicant a corporation, limited liability company or limited partnership? YES X NO ف

complete Supplementary Questionnaire ,If YES

6. Do you permit dancing or entertainment on the licensed premises? YES X NO ف
7. If manager is to be employed, give name: _____
8. If business is NEW or under new ownership, indicate starting date: _____

   Requested inspection date: _____ Business hours: _____
9. Business records are located at: _____

10. Is/are applicants(s) citizens of the United States? YES ☒ NO ☐

11. Is/are applicant(s) residents of the State of Maine? YES ☒ NO ☐

12. 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
MARCIA L. BLAKE	5/18/63	ROCKLAND, ME.
KEENAN L. FLANAGAN	4/11/62	DALLAS, TEXAS

Residence address on all of the above for previous 5 years (Limit answer to city & state

ROCKLAND, MAINE

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ☐ NO ☒

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes ☐ No ☒ If **Yes**, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES ☒ NO ☐

16. Does/do applicant(s) own the premises? Yes ☐ No ☒ If **No** give name and address of owner:
ROCKLAND GOLF CLUB, INC. 606 OLD COUNTY ROAD ROCKLAND, MAINE 04841

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required)
GOLF CLUB

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES ☒ NO ☐ Applied for: _____

19. 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? 1 MILE Which of the above is nearest? CHURCH

20. 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 & Inspection 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: _____ on _____, 20 ____
Town/City, State Date

Please sign in blue ink

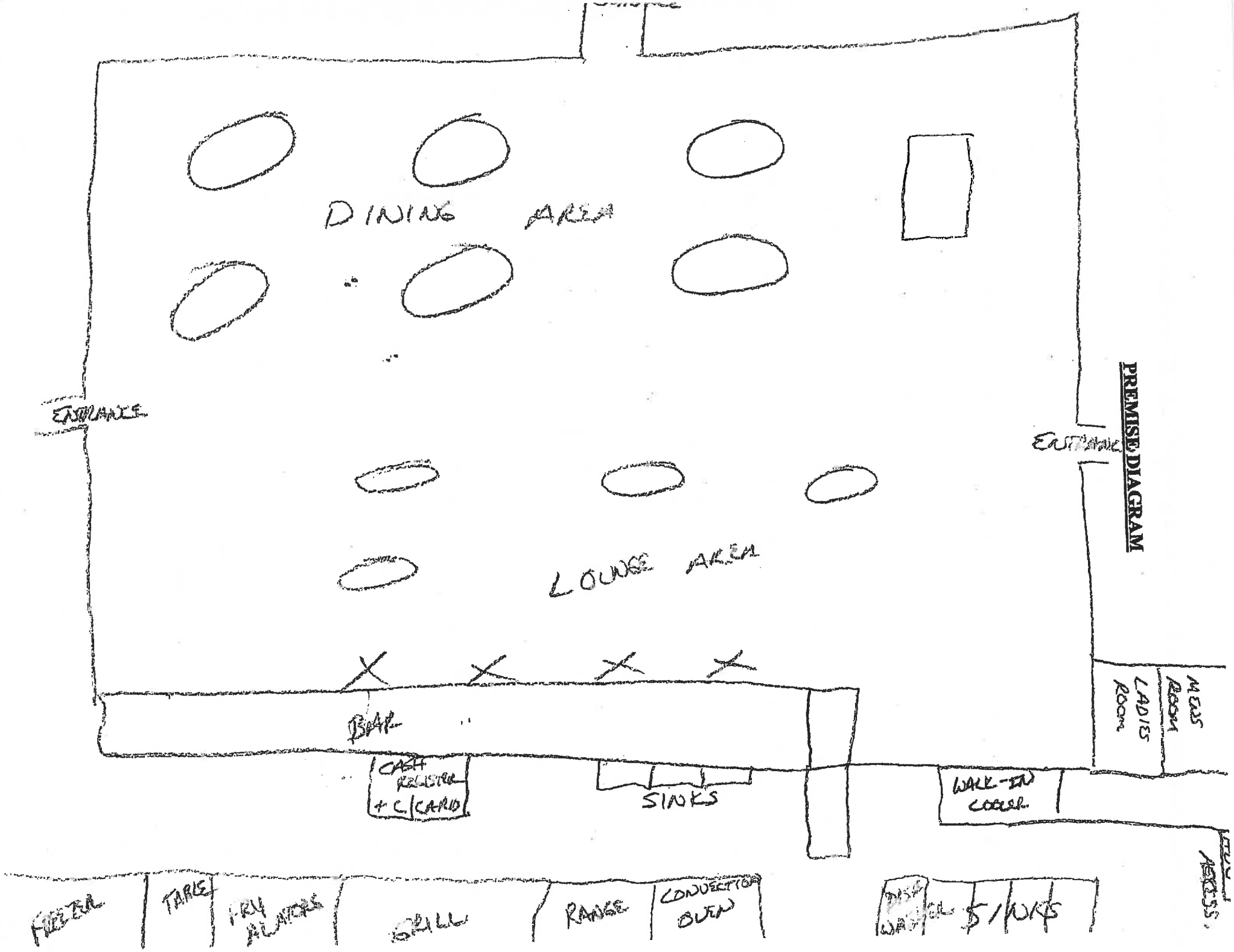
x Marcia L. Flanagan
Signature of Applicant or Corporate Officer(s)

_____
Signature of Applicant or Corporate Officer(s)

x Marcia L. Flanagan
Print Name

_____
Print Name

PREMISE DIAGRAM



APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant DJMN Inc. dba Trackside Station Phone 594-7500

Address of Applicant PO Box 946 (4 Union St.)

Rockland, ME

Name of Business Trackside Station Phone 594-7500

Address of Business 4 Union St.

Name of Property Owner (if different) Dpt. of Transportation

Type of License(s): X Liquor X Victualer X Entertainment

____ Lodging House ____ Commercial Hauler ____ Landscape Contractor

____ Billiard Room ____ Second Hand Merchant ____ Other (Specify) ____

Type of Business Restaurant w/ lounge

Expiration of Current License 3/30/15

Fee(s) Paid $300.00 Date 2/13/15

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature Kelly Winslow Date 2/13/15

Approved By: License # ____

Code Officer 2/27/15 Date

X Approved ____ Inspected; See Report

Fire Inspector 2/27/15 Date

X Approved ____ Inspected; See Report

Police Chief 2/24/15 Date

City Clerk ____ Date

BUREAU OF ALCOHOLIC BEVERAGES
DIVISION OF LIQUOR LICENSING & ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, ME 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 3/30/15

INDICATE TYPE OF PRIVILEGE: X MALT X SPIRITUOUS X VINOUS

INDICATE TYPE OF LICENSE:

ف RESTAURANT (Class I,II,III,IV)
ف HOTEL-OPTINONAL FOOD (Class I-A)
ف CLASS A LOUNGE (Class X)
ف CLUB (Class V)
ف TAVERN (Class IV)
X RESTAURANT/LOUNGE (Class XI)
ف HOTEL (Class I,II,III,IV)
ف CLUB-ON PREMISE CATERING (Class I)
ف GOLF CLUB (Class I,II,III,IV)
ف OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) **Michael Woods** **DOB: 5/15/69**	**2. Business Name (D/B/A)** **Trackside Station Restaurant**
Kelly Woods **DOB: 5/28/80**	
DOB:	**Location (Street Address)** **4 Union Street**
Address **62 Donahue Drive**	**City/Town** **State** **Zip Code** **Rockland** **ME** **04841**
P.O. Box 354	**Mailing Address** **P.O. Box 946**
City/Town **State** **Zip Code** **South Thomaston** **ME** **04858**	**City/Town** **State** **Zip Code** **Rockland** **ME** **04841**
Telephone Number **Fax Number** **207-354-0473** **N/A**	**Business Telephone Number** **Fax Number** **207-594-7500** **N/A**
Federal I.D. # 26-3121003	**Seller Certificate # 1138121**

3. If premises is a hotel, indicate number of rooms available for transient guests: ___ **N/A** _____
4. State amount of gross income from period of last license: ROOMS $ _ **N/A** _FOOD **$ 257,838** LIQUOR **$257,806**
5. Is applicant a corporation, limited liability company or limited partnership? YES X NO ف

complete Supplementary Questionnaire ,If YES

6. Do you permit dancing or entertainment on the licensed premises? YES X NO ف
7. If manager is to be employed, give name: _____
8. If business is NEW or under new ownership, indicate starting date: _____

Requested inspection date: _____ Business hours: _____

9. Business records are located at: **4 Union St., Rockland**

10. Is/are applicants(s) citizens of the United States? YES X NO ف

11. Is/are applicant(s) residents of the State of Maine? YES X NO ف

12. 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
Michael Woods	5/15/69	Rockland
Kelly A. Woods (Michaud)	5/28/80	Biddeford

Residence address on all of the above for previous 5 years (Limit answer to city & state

South Thomaston, Maine for both

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ف NO X

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?
Yes ف No X If **Yes**, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES X NO ف

16. Does/do applicant(s) own the premises? Yes ف No X If **No** give name and address of owner: **Maine Department of Transportation, Augusta**

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) **Brick structure with restaurant & lounge & kitchen on one side; railroad office on other side**

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?
YES X NO ف Applied for: _____

19. 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? ___**3/4 mile**__ Which of the above is nearest? **School**

20. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? YES ف NO X

If YES, give details: _____

The Division of Liquor Licensing & Inspection 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: Rockland, Maine
Town/City, State

on February 13, 2015
Date

Please sign in blue ink

Michael Woods
Signature of Applicant or Corporate Officer(s)

Kelly Woods
Signature of Applicant or Corporate Officer(s)

Michael Woods
Print Name

Kelly Woods
Print Name

State of Maine
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement

For Office Use Only:
License #: _____
Date Filed: _____

Supplemental Information Required for Business Entities Who Are Licensees

For information required for Questions 1 to 4, this information is on file with the Maine Secretary of State's office and must match their record information. Please clearly complete this form in its entirety.

1. Exact legal name:

   DJMK Inc.

2. Other business name for your entity (DBA), if any:

   Trackside Station

3. Date of filing with the Secretary of State: 7/18/08

4. State in which you are formed: Maine

5. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____

6. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

Name	Address for Previous 5 years	Date of Birth	Ownership %
Michael Woods, President, VP	South Thomaston, ME	5/15/69	50
Kelly Woods Treasurer, Secretary	South Thomaston, ME	5/28/80	50

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

   Yes ☐ No ☑

8. If Yes to Question 7, please provide the name and law enforcement agency:

   Name: _____ Agency: _____

9. 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 ☑

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

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

_____

Signature:

Kelly Woods
Signature of Duly Authorized Person

2/13/15
Date

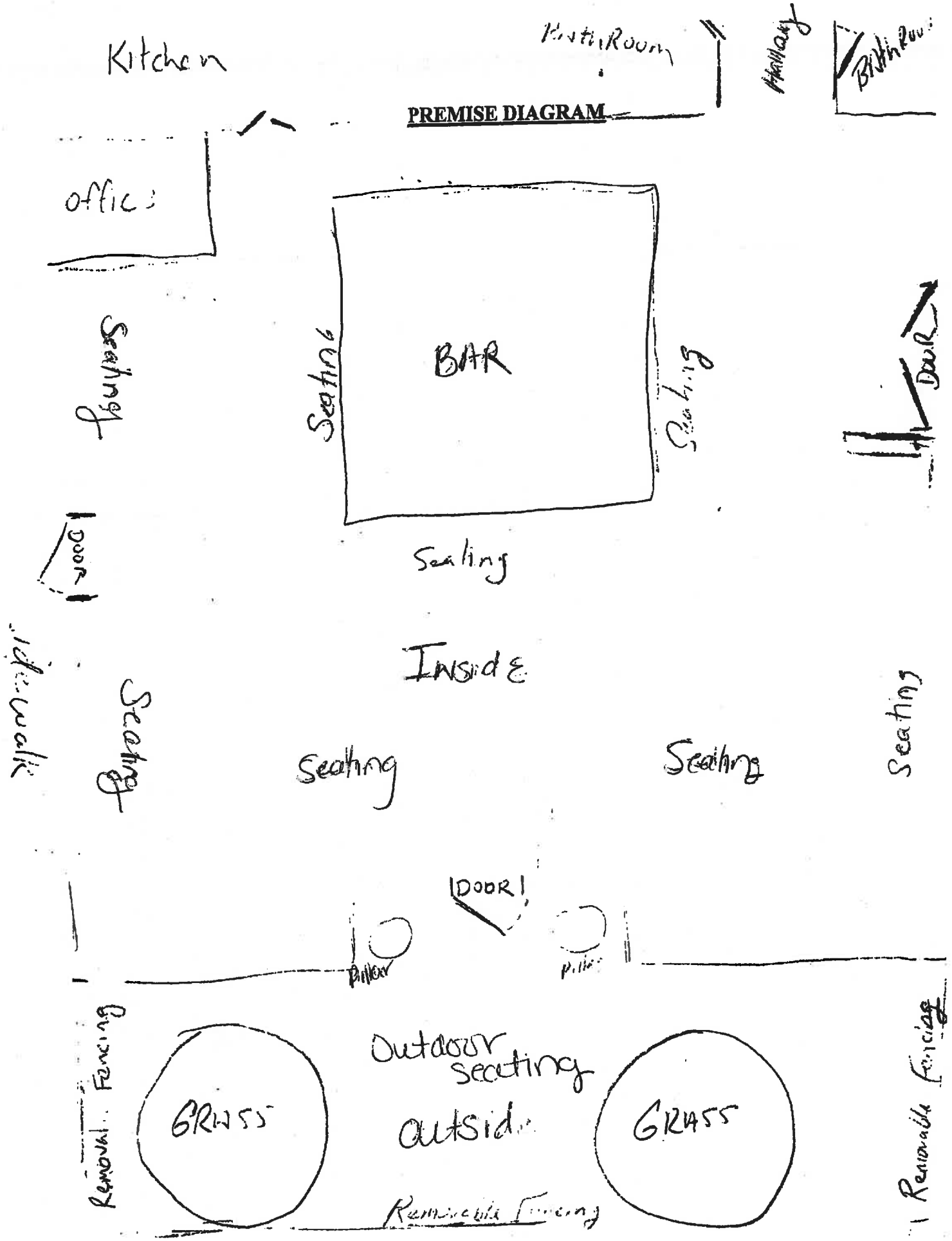
Kelly Woods
Print Name of Duly Authorized Person

If you have questions regarding the legal name or assumed (DBA) name on file with the Secretary of State's office, please call (207) 624-7752. The SOS can only speak to the information on file with their office, not the filing of this supplemental information – please direct any questions about this form to our office at the number below.

Submit Completed Forms To:

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
164 State House Station
Augusta, Me 04333-0101
Telephone Inquiries: (207) 624-7220
Fax: (207) 287-3424
Email Inquiries: MaineLiquor@Maine.gov

PREMISE DIAGRAM



APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant James Hatch Phone 691-9540

Address of Applicant 125 Limerock St.
Rockland, ME 04841

Name of Business Home Kitchen Cafe Phone 596-2449

Address of Business 650 Main St.
Rockland, ME 04841

Name of Property Owner (if different) _____

Type of License(s): X Liquor X Victualer ____ Entertainment

____ Lodging House ____ Commercial Hauler ____ Landscape Contractor

____ Billiard Room ____ Second Hand Merchant ____ Other (Specify) _____

Type of Business Restaurant

Expiration of Current License 3/31/15

Fee(s) Paid $150.00 Date _____

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature [signature] Date 2/25/14

Approved By: License # ~~2413~~ 5617

_____ Code Officer _____ Date

____ Approved ____ Inspected; See Report

_____ Fire Inspector _____ Date

____ Approved ____ Inspected; See Report

_____ Police Chief _____ Date

_____ City Clerk _____ Date

BUREAU OF ALCOHOLIC BEVERAGES
DIVISION OF LIQUOR LICENSING & ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, ME 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.
To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 3/31/15

INDICATE TYPE OF PRIVILEGE: ☐ MALT ☐ SPIRITUOUS ☐ VINOUS

INDICATE TYPE OF LICENSE:

☐ RESTAURANT (Class I,II,III,IV)
☐ HOTEL-OPTINONAL FOOD (Class I-A)
☐ CLASS A LOUNGE (Class X)
☐ CLUB (Class V)
☐ TAVERN (Class IV)
☐ RESTAURANT/LOUNGE (Class XI)
☐ HOTEL (Class I,II,III,IV)
☐ CLUB-ON PREMISE CATERING (Class I)
☐ GOLF CLUB (Class I,II,III,IV)
☐ OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) James Hatch **DOB:** 6/19/64	**2. Business Name (D/B/A)** Home Kitchen Cafe
DOB:	
DOB:	**Location (Street Address)** 650 Main St.
Address 125 Limerock St.	**City/Town** Rockland, **State** ME **Zip Code** 04841
	Mailing Address same
City/Town Rockland, **State** ME **Zip Code** 04841	**City/Town** **State** **Zip Code**
Telephone Number **Fax Number**	**Business Telephone Number** 207-596-2449 **Fax Number**
Federal I.D. # 26-3790106	**Seller Certificate #**

3. If premises is a hotel, indicate number of rooms available for transient guests: _____
4. State amount of gross income from period of last license: ROOMS $ _____ FOOD $ _____ LIQUOR $_____
5. Is applicant a corporation, limited liability company or limited partnership? YES ☒ NO ☐

If YES, complete Supplementary Questionnaire

6. Do you permit dancing or entertainment on the licensed premises? YES ☒ NO ☐
7. If manager is to be employed, give name: _____
8. If business is NEW or under new ownership, indicate starting date: _____

Requested inspection date: _____ Business hours: _____

10. Is/are applicants(s) citizens of the United States? YES ☒ NO ☐

11. Is/are applicant(s) residents of the State of Maine? YES ☒ NO ☐

12. 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
James S. Hatch	6/19/64	Somerville, MA

Residence address on all of the above for previous 5 years (Limit answer to city & state

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ☐ NO ☒

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes ☐ No ☒ If **Yes**, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES ☒ NO ☐

16. Does/do applicant(s) own the premises? Yes ☒ No ☐ If **No** give name and address of owner: _____

17. Describe in detail the premises to be licensed: (Supplemental Diagram **Required**) _____
Breakfast & Lunch open 7-3

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES ☒ NO ☐ Applied for: _____

19. 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? 1/4 mile Which of the above is nearest? synagogue

20. 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: Camden National Bank Loans

The Division of Liquor Licensing & Inspection 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: _____ on _____ .20
Town/City, State Date

Please sign in blue ink

Signature of Applicant or Corporate Officer(s) Signature of Applicant or Corporate Officer(s)

_____ _____

Print Name Print Name

APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant Michael R Miller Phone 542-1364

Address of Applicant 27 Highland St. Rockland.

Name of Business The Landings (Eat. Inc.) Phone 594-3011

Address of Business 1 Commercial St.

Name of Property Owner (if different) Stewarian Mgmt. (Kevin Taylor

Type of License(s): X Liquor X Victualer X Entertainment

____ Lodging House ____ Commercial Hauler ____ Landscape Contractor

____ Billiard Room ____ Second Hand Dealer ____ Other (Specify)

Type of Business Restaurant.

Expiration of Current License 3/31/15

Fee(s) Paid 300.00 Date

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature Date 2/23/15

Approved By: License #

X Approved ____ Inspected; See Report Code Officer 2/27/15 Date

X Approved ____ Inspected; See Report Fire Inspector 2/27/15 Date

Police Chief 2/24/15 Date

City Clerk Date

BUREAU OF ALCOHOLIC BEVERAGES
DIVISION OF LIQUOR LICENSING & ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, ME 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 3/31/15

INDICATE TYPE OF PRIVILEGE: ✓ MALT ✓ SPIRITUOUS ✓ VINOUS

INDICATE TYPE OF LICENSE:

- ✓ RESTAURANT (Class I,II,III,IV)
- ☐ HOTEL-OPTINONAL FOOD (Class I-A)
- ☐ CLASS A LOUNGE (Class X)
- ☐ CLUB (Class V)
- ☐ TAVERN (Class IV)
- ☐ RESTAURANT/LOUNGE (Class XI)
- ☐ HOTEL (Class I,II,III,IV)
- ☐ CLUB-ON PREMISE CATERING (Class I)
- ☐ GOLF CLUB (Class I,II,III,IV)
- ☐ OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) KATE MILLER **DOB:** 3/14/57	**2. Business Name (D/B/A)** THE LANDINGS RESTAURANT
MICHAEL MILLER **DOB:** 11/16/51	
DOB:	**Location (Street Address)** 1 Commercial St.
Address 27 Highland St.	**City/Town** ROCKLAND **State** ME **Zip Code** 04841
	Mailing Address SAME
City/Town Rockland **State** ME **Zip Code**	**City/Town** **State** **Zip Code**
Telephone Number cell 207 542-1364 **Fax Number**	**Business Telephone Number** 207 594 3011 **Fax Number** N/A
Federal I.D. # 46-1928135	**Seller Certificate #** 1161104

3. If premises is a hotel, indicate number of rooms available for transient guests: N/A
4. State amount of gross income from period of last license: ROOMS $ N/A FOOD $ 359,900 LIQUOR $ 91,200
5. Is applicant a corporation, limited liability company or limited partnership? YES ✓ NO ☐

If YES, complete Supplementary Questionnaire

6. Do you permit dancing or entertainment on the licensed premises? YES ☐ NO ☐
7. If manager is to be employed, give name: MAX MILLER, MOLLY STAPLES
8. If business is NEW or under new ownership, indicate starting date: N/A

   Requested inspection date: 2/24/15 Business hours: 11:30 - 9:00 PM APRIL TO DECEMBER
9. Business records are located at: 1 Commercial St.

10. Is/are applicants(s) citizens of the United States? YES ☑ NO ☐

11. Is/are applicant(s) residents of the State of Maine? YES ☑ NO ☐

12. 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
MICHAEL R. MILLER	11/16/51	Springfield MA
MOLLY MILLER STAPLES	8/3/84	NEW HAVEN CT
MAX M. R. MILLER	4/15/87	" " "

Residence address on all of the above for previous 5 years (Limit answer to city & state

MOLLY - JACKSONVILLE FL MAX - BOSTON MA

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ☐ NO ☑

Name: N/A Date of Conviction: N/A

Offense: Location:

Disposition:

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes ☐ No ☑ If **Yes**, give name: N/A

15. Has/have applicant(s) formerly held a Maine liquor license? YES ☑ NO ☐

16. Does/do applicant(s) own the premises? Yes ☐ No ☑ If **No** give name and address of owner:
STENTORIAN MGMT - KEVIN TAYLOR WINDING WAY ROCKPORT

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) SEE ATTACHED

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES ☑ NO ☐ Applied for:

19. 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? .3 mi Which of the above is nearest? ST JOHN'S CHURCH

20. 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: FIRST NAT'L BANK OF DAMARISCOTTA

The Division of Liquor Licensing & Inspection 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: Rockland (Town/City, State) on 2/23/15 (Date), 20____

Please sign in blue ink

pres, Signature of Applicant or Corporate Officer(s)

V.P. Signature of Applicant or Corporate Officer(s)

MICHAEL R MILLER
Print Name

KATHIE E GRINNELL-MILLER
Print Name

State of Maine
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement

For Office Use Only:
License #: _____
Date Filed: _____

Supplemental Information Required for Business Entities Who Are Licensees

For information required for Questions 1 to 4, this information is on file with the Maine Secretary of State's office and must match their record information. Please clearly complete this form in its entirety.

1. Exact legal name:

EAT Inc.

2. Other business name for your entity (DBA), if any:

THE LANDINGS RESTAURANT

3. Date of filing with the Secretary of State: 2/12/13

4. State in which you are formed: MAINE

5. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: N/A

6. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

Name	Address for Previous 5 years	Date of Birth	Ownership %
MICHAEL R MILLER	27 HIGHLAND ST ROCKLAND	11/16/51	50
KATHIE E. GRINNELL-MILLER	"		50

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

Yes ☐ No ☑

8. If Yes to Question 7, please provide the name and law enforcement agency:

Name: N/A Agency: _____

9. 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 ☑

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

Name: n/a

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:

pres.
Signature of Duly Authorized Person

2/23/15
Date

MICHAEL R MILLER pres.
Print Name of Duly Authorized Person

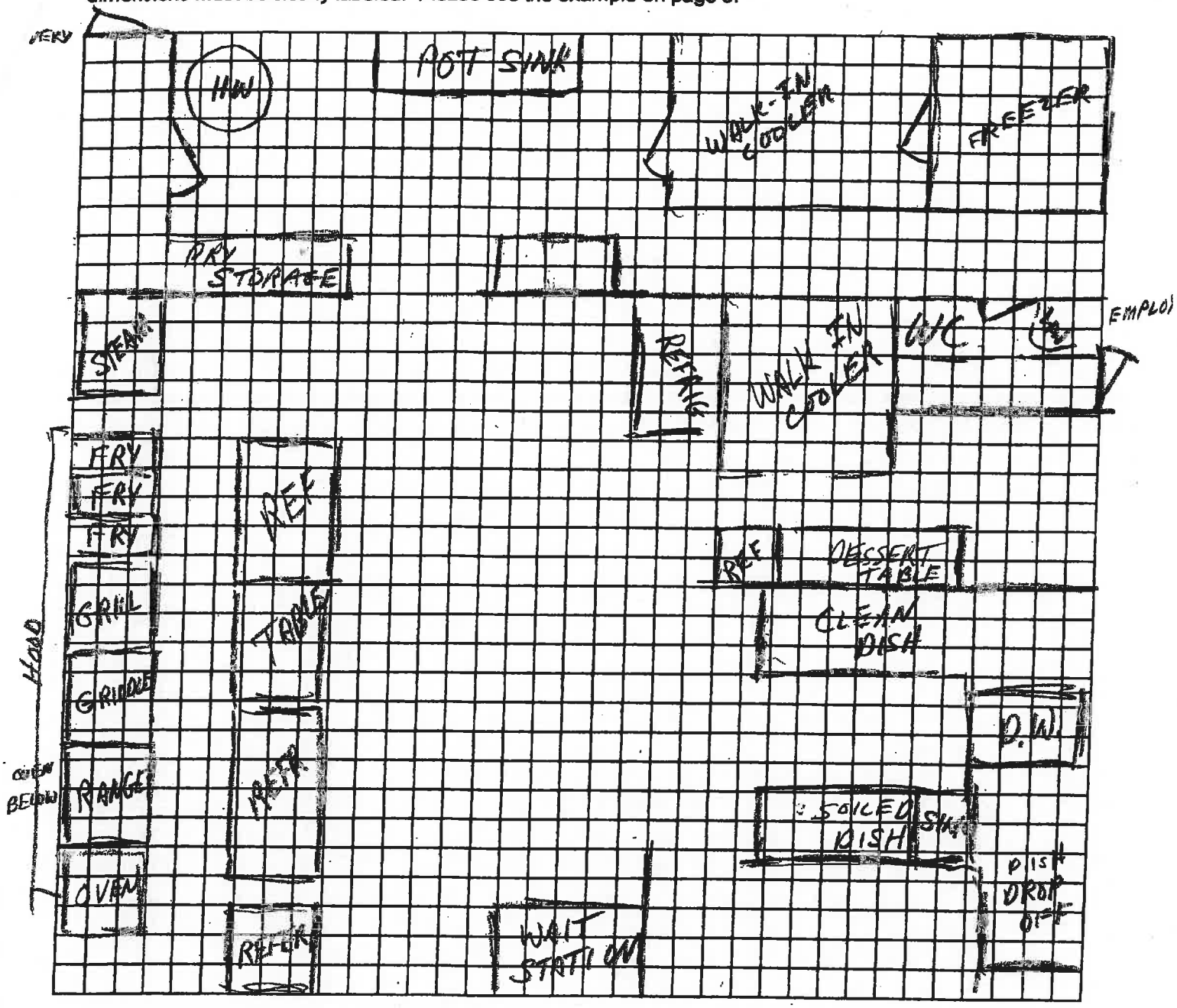
If you have questions regarding the legal name or assumed (DBA) name on file with the Secretary of State's office, please call (207) 624-7752. The SOS can only speak to the information on file with their office, not the filing of this supplemental information – please direct any questions about this form to our office at the number below.

Submit Completed Forms To:

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
164 State House Station
Augusta, Me 04333-0101
Telephone Inquiries: (207) 624-7220
Fax: (207) 287-3424
Email Inquiries: MaineLiquor@Maine.gov

Appendix C
Kitchen or Food Preparation Area Plan

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled. Please see the example on page 8.



The floor plan should include the following items.

$\frac{1}{4}'' = 1'$

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Water Closets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Lavatories	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

COMPLETION CHECKLIST

APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant LaBree Enterprises, LLC Phone 207 975-2422

Address of Applicant 2 Park Drive
Rockland Maine

Name of Business The Chandler House & Speakeasy / Eclipse & Speakeasy Phone 207 596-6601 ext 606

Address of Business 2 Park Drive
Rockland Maine

Name of Property Owner (if different) The Tradewinds, INC.

Type of License(s): X Liquor X Victualer X Entertainment

____ Lodging House ____ Commercial Hauler ____ Landscape Contractor

____ Billiard Room ____ Second Hand Merchant ____ Other (Specify) ____

Type of Business Restaurant

Expiration of Current License 5-9-15

Fee(s) Paid $300.00 Date 2/27/15

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature [signature] Date 2/27/15

Approved By: License # 4311

[signature] Code Officer 2/27/15 Date

X Approved ____ Inspected; See Report

[signature] Fire Inspector 2/27/15 Date

X Approved ____ Inspected; See Report

____ Police Chief ____ Date

____ City Clerk ____ Date

BUREAU OF ALCOHOLIC BEVERAGES
DIVISION OF LIQUOR LICENSING & ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, ME 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DEPARTMENT USE ONLY	
LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 5-9-2015

INDICATE TYPE OF PRIVILEGE: ☒ MALT ☒ SPIRITUOUS ☒ VINOUS

INDICATE TYPE OF LICENSE:

- ☐ RESTAURANT (Class I,II,III,IV)
- ☐ HOTEL-OPTINONAL FOOD (Class I-A)
- ☐ CLASS A LOUNGE (Class X)
- ☐ CLUB (Class V)
- ☐ TAVERN (Class IV)
- ☐ RESTAURANT/LOUNGE (Class XI)
- ☒ HOTEL (Class I,II,III,IV)
- ☐ CLUB-ON PREMISE CATERING (Class I)
- ☐ GOLF CLUB (Class I,II,III,IV)
- ☐ OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.) THE TRADEWINDS MOTOR INN INC **DOB:**	**2. Business Name (D/B/A)** ECLIPSE & THE SPEAKEASY
LABREE ENTERPRISES **DOB:**	2 PARK DRIVE
DOB:	**Location (Street Address)** ROCKLAND ME 04841
Address PO. BOX 1706	**City/Town** SAME **State** **Zip Code**
ROCKLAND ME 04841	**Mailing Address**
City/Town **State** **Zip Code** 207 691-2737	**City/Town** 207 596-6661 **State** ME **Zip Code** EXT 606
Telephone Number **Fax Number** 46-3370120	**Business Telephone Number** **Fax Number**
Federal I.D. #	**Seller Certificate #**

3. If premises is a hotel, indicate number of rooms available for transient guests: 100 2741688
4. State amount of gross income from period of last license: ROOMS $ 1,200,000 FOOD $ [redacted] LIQUOR $ 59743
5. Is applicant a corporation, limited liability company or limited partnership? YES ☒ NO ☐

If YES, complete Supplementary Questionnaire

6. Do you permit dancing or entertainment on the licensed premises? YES ☒ NO ☐
7. If manager is to be employed, give name: Kyle Weaver
8. If business is NEW or under new ownership, indicate starting date: _____

   Requested inspection date: _____ Business hours: _____
9. Business records are located at: 520 Main St Rockland, Me

10. Is/are applicants(s) citizens of the United States? YES ☒ NO ☐

11. Is/are applicant(s) residents of the State of Maine? YES ☒ NO ☐

12. 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
Kevin LaBree	3-13-56	OLD TOWN ME
Kathleen LaBree	12-7-62	HUNTINGTON, W.Va
Kyle Weaver	3-16-89	Langhorne, PA

Residence address on all of the above for previous 5 years (Limit answer to city & state

Rockland, Me

Thomaston Me Camden Me

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ☐ NO ☒

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?
Yes ☐ No ☒ If **Yes**, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES ☒ NO ☐

16. Does/do applicant(s) own the premises? Yes ☐ No ☐ If **No** give name and address of owner: TRADEWINDS MOTOR INN, INC. 2 PARK DRIVE ROCKLAND ME

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) SEE DIAGRAM

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?
YES ☒ NO ☐ Applied for: _____

19. 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? 3/4 mile Which of the above is nearest? Church

20. 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 & Inspection 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: _____ on _____, 20 ____
Town/City, State Date

Please sign in blue ink

Kathleen LaBree
Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

KATHLEEN LABREE
Print Name

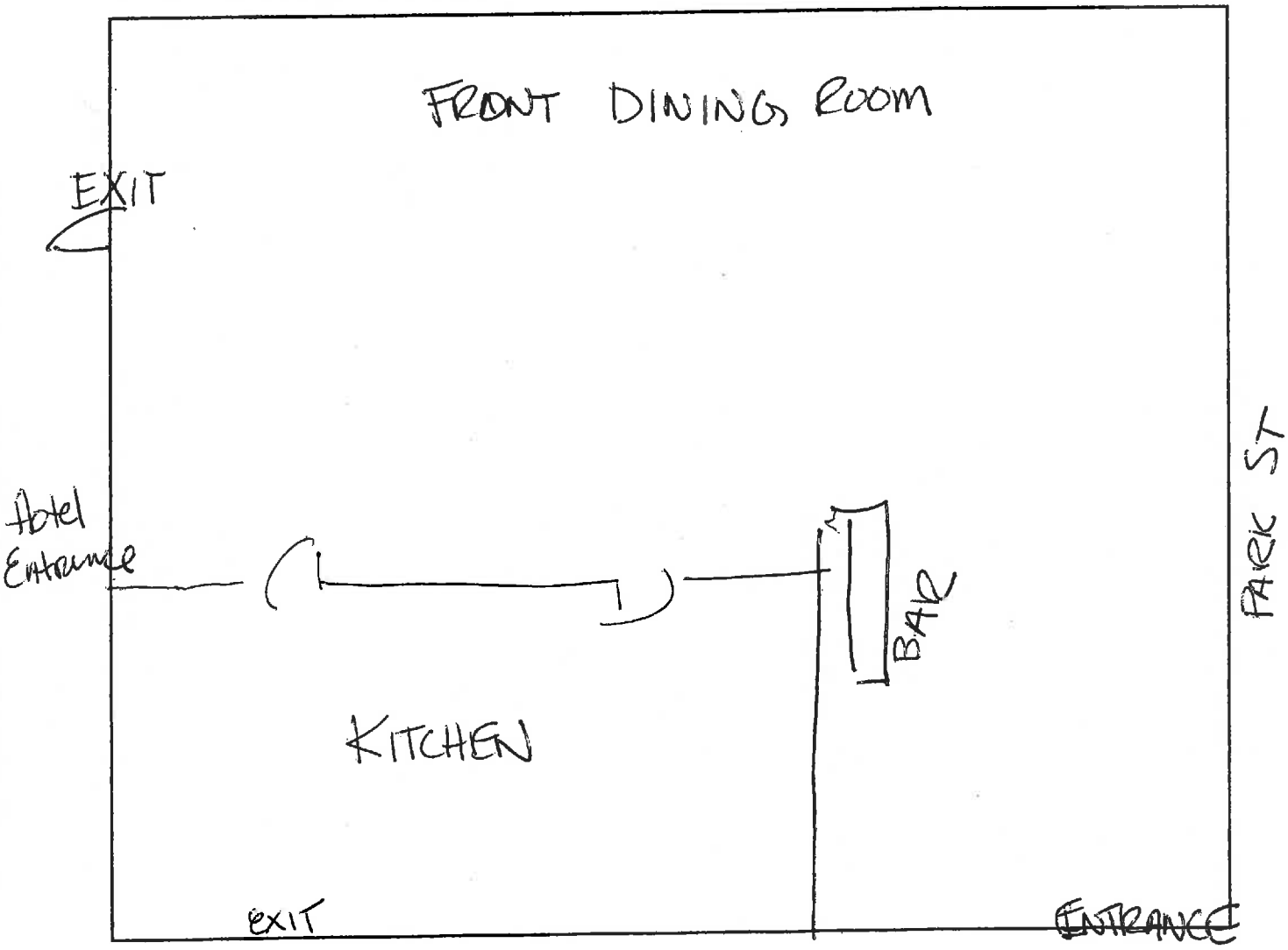
Print Name

Bureau of Alcoholic Beverages
Division of Liquor Licensing & Enforcement
164 State House Station
Augusta, ME 04330-0164
Tel: (207) 624-7220 Fax: (207) 387-3424

SUPPLEMENTAL APPLICATION FORM
ON-PREMISE DIAGRAM

In an effort to clearly define your license premise and the areas 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, decks and all areas that you are requesting approval from the Division for liquor consumption.



Bureau of Alcoholic Beverages
Division of Liquor Licensing & Enforcement
164 State House Station
Augusta, ME 04330-0164
Tel: (207) 624-7220 Fax: (207) 387-3424

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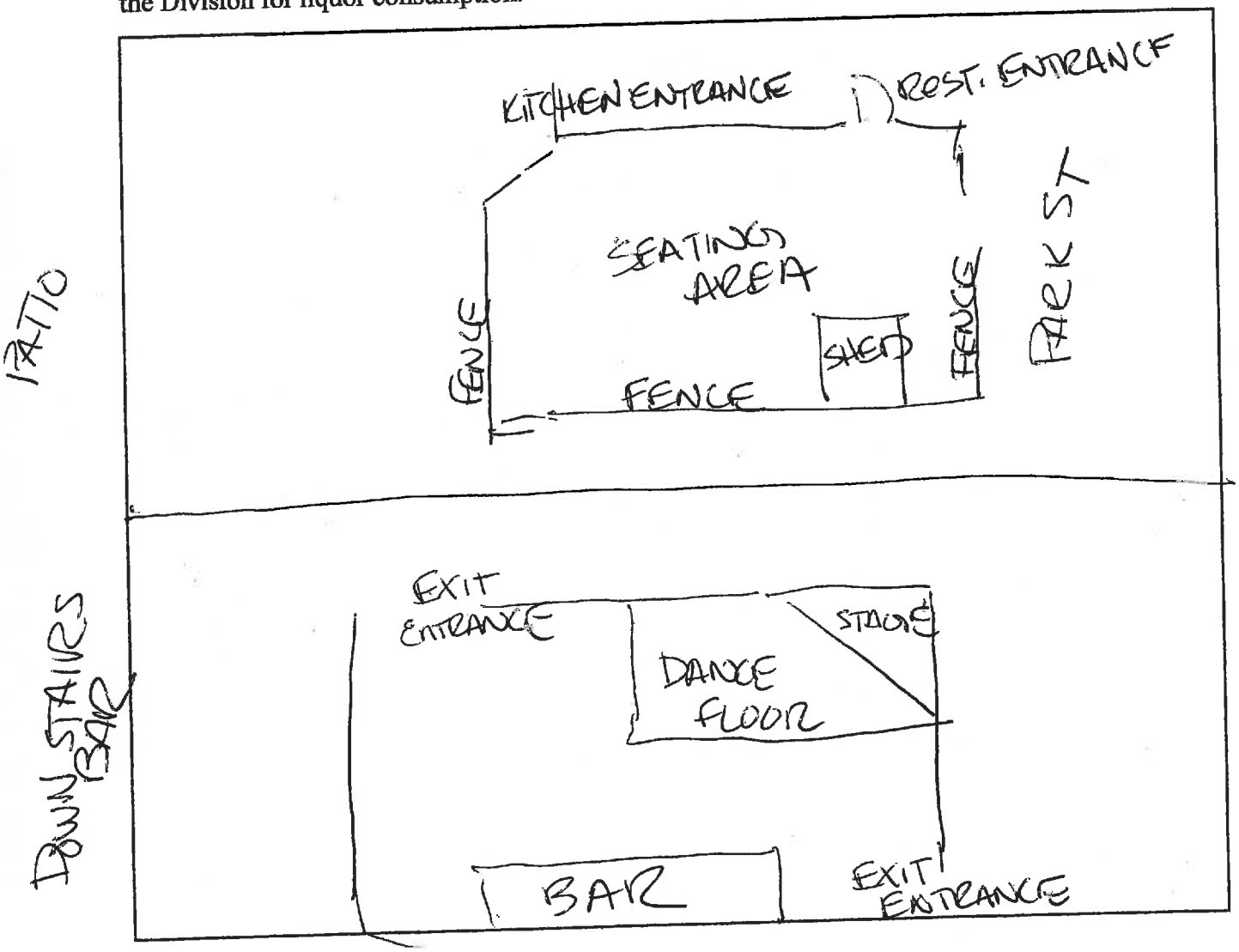


State of Maine
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement

For Office Use Only:

License #: _____

Date Filed: _____

Supplemental Information Required for Business Entities Who Are Licensees

For information required for Questions 1 to 4, this information is on file with the Maine Secretary of State's office and must match their record information. Please clearly complete this form in its entirety.

1. Exact legal name:

LABREE ENTERPRISES, LLC

2. Other business name for your entity (DBA), if any:

THE CHOWDER HOUSE & SPEAKEASY, ECLIPSE & THE SPEAKEASY

3. Date of filing with the Secretary of State: 3/25/2013

4. State in which you are formed: MAINE

5. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____

6. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

Name	Address for Previous 5 years	Date of Birth	Ownership %
Kevin LaBree	520 MAIN ST ~~THOMASTON~~ ROCKLAND 7 GAY ST THOMASTON ME	3-13-56	47.5
Kathleen LaBREE	520 MAIN ST ROCKLAND ME 7 GAY ST THOMASTON ME	12-7-62	47.5
KYLE WEAVER	60 BB ST CAMDEN ME 7 GAY ST THOMASTON ME	3-16-89	5

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

Yes ☐ No ☒

8. If Yes to Question 7, please provide the name and law enforcement agency:

Name: _____ Agency: _____

9. 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 ☒

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

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

_____

Signature:

K LaBree
Signature of Duly Authorized Person

2/24/15
Date

Kathleen LaBree
Print Name of Duly Authorized Person

If you have questions regarding the legal name or assumed (DBA) name on file with the Secretary of State's office, please call (207) 624-7752. The SOS can only speak to the information on file with their office, not the filing of this supplemental information – please direct any questions about this form to our office at the number below.

Submit Completed Forms To:

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
164 State House Station
Augusta, Me 04333-0101
Telephone Inquiries: (207) 624-7220
Fax: (207) 287-3424
Email Inquiries: MaineLiquor@Maine.gov

APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant Price Kushner / Melissa Kelly Phone 207.691.3903

Address of Applicant 2 Main st Rockland Me 04841

Name of Business Primo Restaurant Phone 207 596.0770

Address of Business 2 Main st Rockland Me 04841

Name of Property Owner (if different) _____

Type of License(s): X Liquor X Victualer ____ Entertainment

____ Lodging House ____ Commercial Hauler ____ Landscape Contractor

____ Billiard Room ____ Second Hand Merchant ____ Other (Specify) _____

Type of Business Restaurant

Expiration of Current License April 2015

Fee(s) Paid $150.00 Date 2.22.15

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature [signature] Date 2.22.15

Approved By: License # _____

[signature] Code Officer 2/27/15 Date

X Approved ____ Inspected; See Report

[signature] Fire Inspector 2/27/15 Date

X Approved ____ Inspected; See Report

[signature] Police Chief 2/24/15 Date

City Clerk _____ Date

BUREAU OF ALCOHOLIC BEVERAGES
DIVISION OF LIQUOR LICENSING & ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, ME 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

DEPARTMENT USE ONLY

LICENSE NUMBER:	CLASS:
DEPOSIT DATE	
AMT. DEPOSITED:	BY:
CK/MO/CASH:	

PRESENT LICENSE EXPIRES 4·15·2015

INDICATE TYPE OF PRIVILEGE: ☒ MALT ☒ SPIRITUOUS ☒ VINOUS

INDICATE TYPE OF LICENSE:

- ☒ RESTAURANT (Class I,II,III,IV)
- ☐ HOTEL-OPTINONAL FOOD (Class I-A)
- ☐ CLASS A LOUNGE (Class X)
- ☐ CLUB (Class V)
- ☐ TAVERN (Class IV)
- ☐ RESTAURANT/LOUNGE (Class XI)
- ☐ HOTEL (Class I,II,III,IV)
- ☐ CLUB-ON PREMISE CATERING (Class I)
- ☐ GOLF CLUB (Class I,II,III,IV)
- ☐ OTHER: _____

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) –(Sole Proprietor, Corporation, Limited Liability Co., etc.)	**2. Business Name (D/B/A)** PRIMO Restaurant Ltd
PRICE KUSHNER DOB: 12·01·70	
MELISSA KELLY DOB: 5·17·65	**Location (Street Address)** 2 MAIN St
DOB:	**City/Town** Rockland **State** Me **Zip Code** 04841
Address PO·Box 183	**Mailing Address**
City/Town S. Thomaston **State** Me **Zip Code** 04858	**City/Town** SAME → **State** **Zip Code**
Telephone Number 207 6913903 **Fax Number**	**Business Telephone Number** 207 596·0770 **Fax Number** 207 596 5938
Federal I.D. # 01-0529716	**Seller Certificate #**

3. If premises is a hotel, indicate number of rooms available for transient guests: N/A
4. State amount of gross income from period of last license: ROOMS $ _____ FOOD $ 1.6 LIQUOR $ 800,000
5. Is applicant a corporation, limited liability company or limited partnership? YES ☒ NO ☐

If YES, complete Supplementary Questionnaire

6. Do you permit dancing or entertainment on the licensed premises? YES ☐ NO ☒
7. If manager is to be employed, give name: N/A
8. If business is NEW or under new ownership, indicate starting date: N/A

   Requested inspection date: _____ Business hours: _____
9. Business records are located at: 2 MAIN street

10. Is/are applicants(s) citizens of the United States? YES ☑ NO ☐

11. Is/are applicant(s) residents of the State of Maine? YES ☑ NO ☐

12. 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
PRICE KUSHNER	12-9-70	FLORIDA
MELISSA KELLY	5-17-65	NEW YORK

Residence address on all of the above for previous 5 years (Limit answer to city & state

PO BOX 163 S. THOMASTON MAINE 04858

13. Has/have applicant(s) or manager ever been convicted of any violation of the law, other then minor traffic violations, of any State of the United States? YES ☐ NO ☑

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

14. Will any law enforcement official benefit financially either directly or indirectly in your license, if issued? Yes ☐ No ☑ If **Yes**, give name: _____

15. Has/have applicant(s) formerly held a Maine liquor license? YES ☑ NO ☐

16. Does/do applicant(s) own the premises? Yes ☑ No ☐ If **No** give name and address of owner: _____

17. Describe in detail the premises to be licensed: (Supplemental Diagram Required) SEE DIAGRAM

18. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services? YES ☑ NO ☐ Applied for: _____

19. 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? +/- 1000 ft Which of the above is nearest? Wolcott School

20. 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: MTG LOAN First Bank

The Division of Liquor Licensing & Inspection 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: _____ on _____, 20 ____
Town/City, State Date

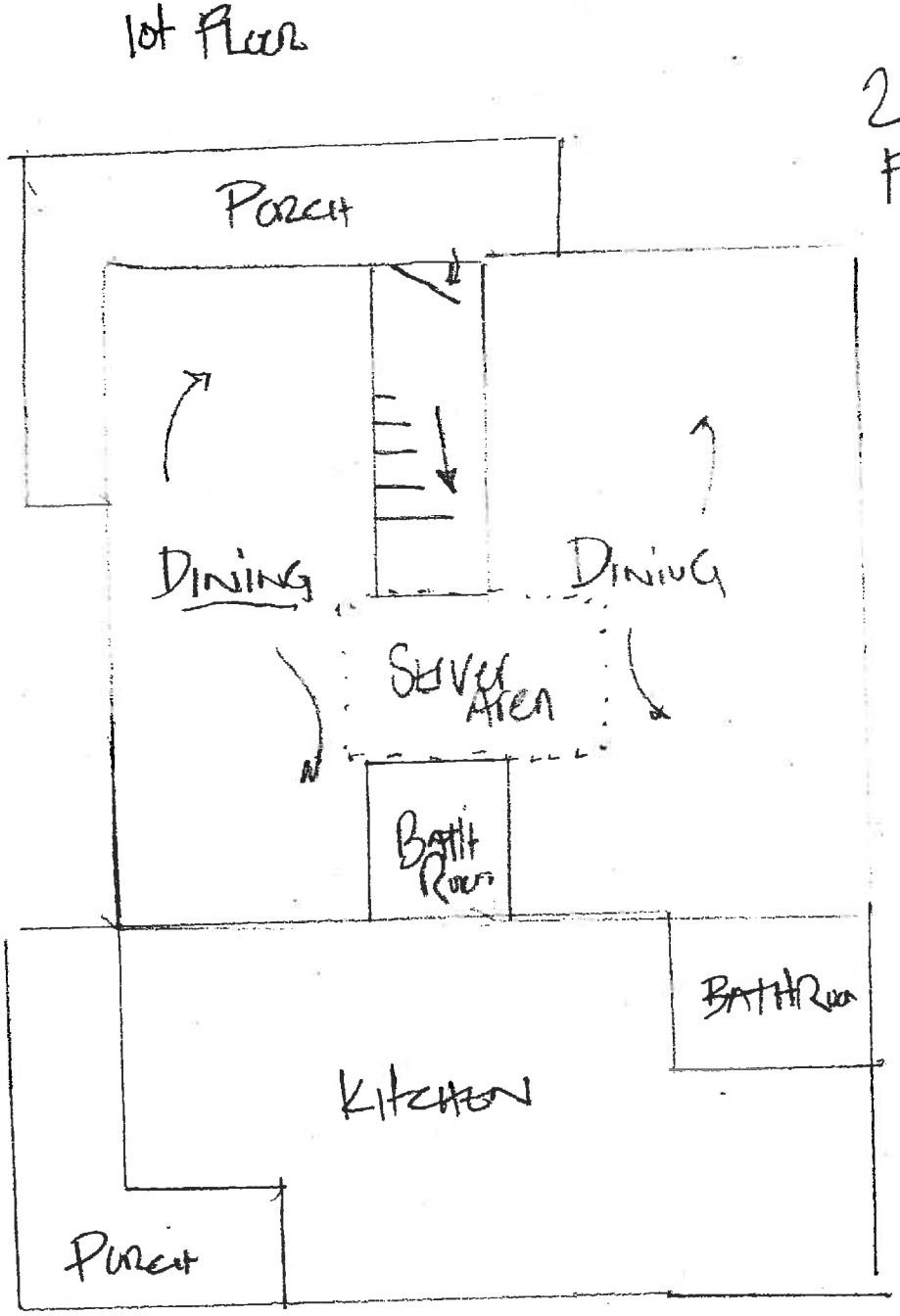
Please sign in blue ink

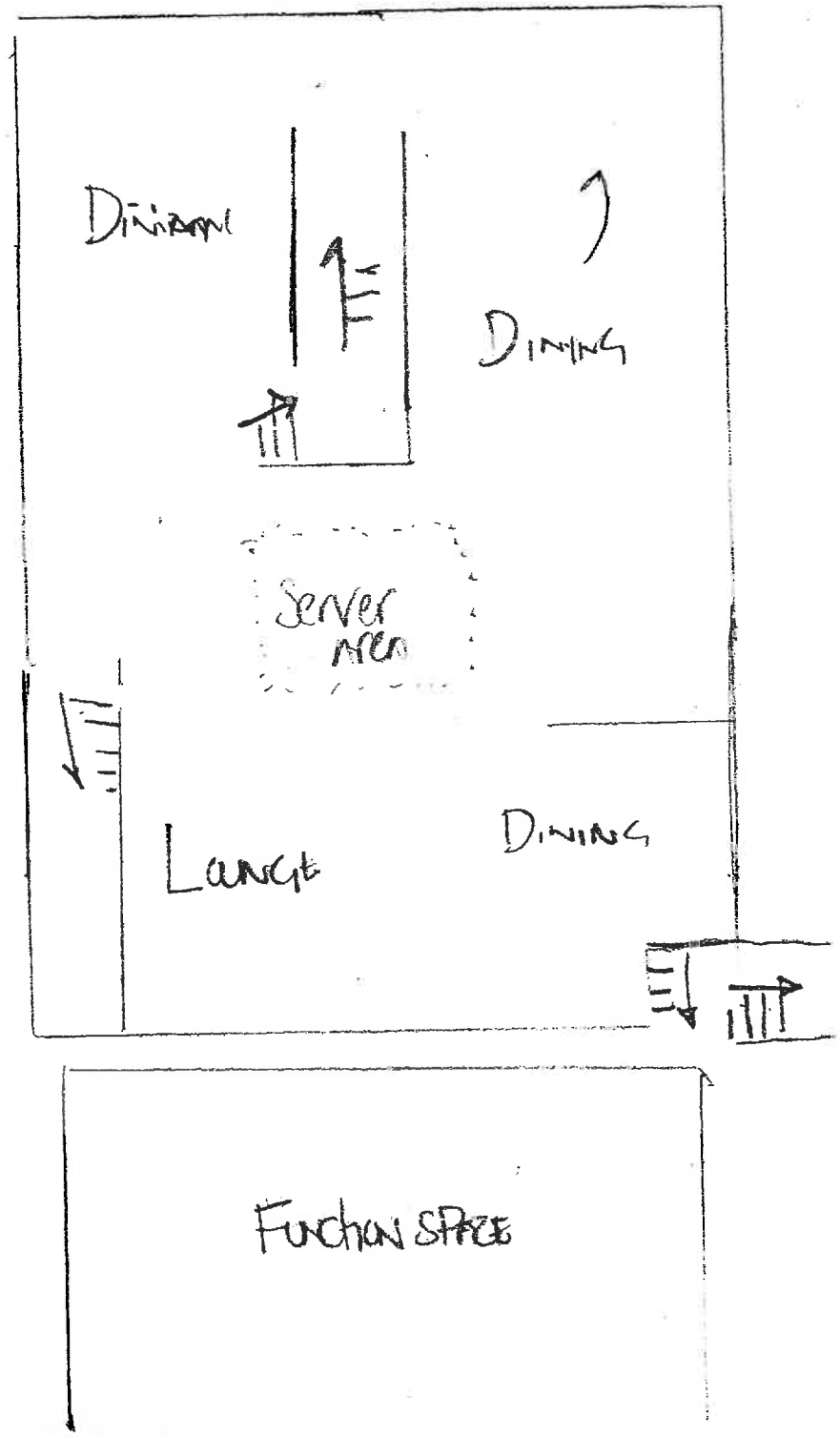
Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

PRICE KUSHNER / VP Treasurer
Print Name

Print Name


1st Floor
Porch
Dining
Dining
Server Area
Bath Room
Bathroom
Kitchen
Porch


2nd Floor
Dining
Dining
Server Area
Lounge
Dining
Function Space

APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant Sandra Dillon Phone 594-5771

Address of Applicant 16 Pleasant St.
Rockland, Me

Name of Business Ripples Inn at the Harbor Phone 207 594 5771

Address of Business 16 Pleasant St.
Rockland, Me

Name of Property Owner (if different) Same

Type of License(s): ____Liquor ____Victualer ____Entertainment

X Lodging House ____Commercial Hauler ____Landscape Contractor

____Billiard Room ____Second Hand Merchant ____Other (Specify)____

Type of Business Bed + Breakfast.

Expiration of Current License Apr. 9, 2015

Fee(s) Paid $100.00 Date 2/13/14

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature Sandra Dillon Date 2/13/14

Approved By: License #

Code Officer 2/27/15 Date

X Approved ____Inspected; See Report

Fire Inspector ____ Date

____Approved ____Inspected; See Report

Police Chief 2/24/15 Date

City Clerk ____ Date

APPLICATION FOR CITY LICENSE
CITY OF ROCKLAND, MAINE
270 Pleasant Street
Rockland, Maine 04841

Name of Applicant Kimberly Swan Phone 207-266-5818

Address of Applicant P.O. Box 46
Bar Harbor ME 04609

Name of Business Capt. Lindsey House Inn Phone 596-7950

Address of Business 5 Lindsey Street
Rockland ME 04841

Name of Property Owner (if different) Hotel Lindsey LLC

Type of License(s): ____Liquor ____Victualer ____Entertainment

X Lodging House ____Commercial Hauler ____Landscape Contractor

____Billiard Room ____Second Hand Merchant ____Other (Specify)____

Type of Business Inn

Expiration of Current License 4/14/15

Fee(s) Paid $100.00 Date 2-25-15

The applicant herein agrees to conform with the provisions of the Ordinances of the City of Rockland relating to business licenses and such reasonable rules and regulations as may hereafter be adopted. The applicant hereby gives all persons and governmental agencies having information relevant to the above items permission to release the same to the City Clerk, Chief of Police, or other person(s) authorized to receive the same, and releases any claim that may be alleged to have arisen as a result of such release or disclosure.

Applicant's Signature Kimberly Swan Date 2-25-15

Approved By: (KMS) License # ____

[signature] Code Officer 2/27/15 Date

X Approved ____Inspected; See Report

____ Fire Inspector ____ Date

____Approved ____Inspected; See Report

____ Police Chief ____ Date

____ City Clerk ____ Date

CITY OF ROCKLAND, MAINE

RESOLVE #14

IN CITY COUNCIL

March 9, 2015

RESOLVE Appointment to Zoning Board of Appeals – T. Berry

BE IT HEREBY RESOLVED BY THE CITY COUNCIL AS FOLLOWS:

THAT the Mayor's appointments of Theodore Berry, 59 Crescent Street, to the Zoning Board of Appeals to fill a vacancy on that Board is hereby confirmed. Mr. Berry shall serve until that term expires in 2016.

Sponsor: Mayor Isganitis
Originator: Mayor Isganitis

CITY OF ROCKLAND, MAINE

RESOLVE #15

IN CITY COUNCIL

March 9, 2015

RESOLVE Accepting Donations

BE IT HEREBY RESOLVED BY THE CITY COUNCIL AS FOLLOWS:

WHEREAS, the Friends of the Rockland Public Library donated $488.07 for 43 children's titles to be added to the children's collection, to be receipted into the Library Revenue Donations account (#10062-03147) and the same expended from the Library Restricted Donations Expenditure account (#10062-07003); and

WHEREAS, the Rockland Public Library Endowment Association donated $80.96 to the Library for YA games, to be receipted into the Library Revenue Donations account (#10062-03147) and the same expended from the Library Restricted Donations Expenditure account (#10062-07003); and

WHEREAS, the First Universalist Church in Rockland donated $486 to the City to help offset the costs of services provided by the City, said funds to be receipted into the City's Payment in Lieu of Taxes Account (#10008-03102);

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL AS FOLLOWS:

THAT the City gratefully accepts the donations and directs that letters of thanks be sent to each donor in recognition of their generous donations.

Sponsor: City Manager
Originator: City Manager

UUR
THE FIRST UNIVERSALIST CHURCH IN ROCKLAND

8-03102

February 11, 2015

Thomas J. Luttrell, Acting City Manager
City of Rockland
270 Pleasant Street
Rockland, Maine 04841

Re: Donation to the City of Rockland

Dear City Manager Luttrell,

The First Universalist Church in Rockland is committed to supporting the community outside our walls by donating half our weekly cash collection plate ***to nonprofit organizations doing important work in our community.*** *This year, our donations will benefit Out! As I Want to Be, Mid-Coast Health Net and Rockland District Nursing Association.*

In addition to this annual donation to a nonprofit, we also provide an annual donation to the City of Rockland in recognition of the public safety and public works services the Church receives from the City. The Church has been making an annual donation for many years, and we are pleased to continue that tradition again this year with a donation of $486.00

We are a part of the Rockland community, and we appreciate the City services we receive as a community member.

Sincerely,

Rev. Mark Glovin

First Universalist Church - 345 Broadway - Rockland, ME 04841
(A Unitarian Universalist Congregation)
We are a Welcoming Congregation
Our service is at 10:00 a.m.
207-594-8750
www.uurockland.org - mail@uurockland.org

CITY OF ROCKLAND, MAINE

ORDINANCE AMENDMENT #16

IN CITY COUNCIL

June 9, 2014

ORDINANCE AMENDMENT: Amending the Maximum Height in the Downtown Zone

THE CITY OF ROCKLAND HEREBY ORDAINS THAT CHAPTER 19, Zoning and Planning, BE AMENDED AS FOLLOWS:

Sec. 19-304 Zone Regulations

14. Downtown Zone "DT" Regulations.

* * *

C. Standards.

(1) The standards of Section 19-316 shall be observed.
(2) The following space and bulk standards shall apply to all lots and/or parcels of land:

Table 304-14 **"DT" ZONE**

	COMMERCIAL AND MIXED USE
MINIMUM FLOOR AREA PER DWELLING	200 sq. ft. per dwelling
MAXIMUM BUILDING HEIGHT	Either 65 feet or 5 stories north of the center line of Park Street and Park Drive; either 50 feet or 4 stories south of the center line of Park Street and Park Drive to Central Park.

Sponsor: Councilor Dickerson
Originator: Councilor Dickerson

Postponed 7/14/14 to 2/9/15
Postponed 2/9/15 to 3/9/15

First Reading 6/9/14
First Publication 6/19/14
Public Hearing 7/14/14
Final Passage
Second Publication
Effective Date

CITY OF ROCKLAND KNOX COUNTY MAINE

DT Zone Height Proposal

- 4 stories 50'
- 5 stories 65'

Printed: 6/3/2014

0 100 200 400 600 Feet

DISCLAIMER

Tax maps are compiled from aerial photography, existing surveys, deeds, and landowner's descriptions. They are to be used for assessment purposes only, and not for conveyance

Excerpt from Comprehensive Planning Commission Minutes from 01/15/15:

Downtown Zone Building Height Regulations-180 Day Moratorium

Chair Geiger said the moratorium ends on March 10, 2015.

Member Files spoke about areas where she thought reduced heights may be appropriate. These included south of Park Street and Park Drive, some of the areas north of Summer Street that are predominantly residential, and the area behind Rankin block and Leland Street. Member Keedy mentioned the Knox County Court House is the tallest building in the city, but the building is not right up to the road, there is plenty of space around it. There should be relational proportion between the street size and the building height.

Asst. CEO Kalloch said that he will be documenting the number of stories of buildings in the Downtown area for next meeting.

Member Morris asked about using Route 1 from Main Street to Union Street as the boundary as to where 5-story buildings can be. (The area inside the rotary.) Chair Geiger asked members to walk the area for the next meeting.

CITY OF ROCKLAND, MAINE

ORDINANCE AMENDMENT #2

IN CITY COUNCIL

February 9, 2015

ORDINANCE AMENDMENT: Establishing the Department of Public Services

THE CITY OF ROCKLAND HEREBY ORDAINS THAT CHAPTER 2, Administration, ARTICLE III, City Manager, and ARTICLE XIV, Department of Public Works, BE AMENDED AS FOLLOWS:

CHAPTER 2 ADMINISTRATION

ARTICLE III City Manager

* * *

Sec. 2-304 Division of Administrative Service

The administrative service of the City shall be divided, under the City Manager, into the following sixteen (16) ~~thirteen (13)~~ departments:

Department	Head
Code Enforcement Office	Code Enforcement Officer Eff: 11/28/85
Finance Department	Finance Director
Economic & Community Development Dept.	Community Development Director
Fire Department	Fire Chief
Fish Pier Department	Fish Pier Director
Harbor and Waterfront Department	Harbor Master
Health Department	Health Officer
Legal Department	City Attorney
Library Department	Library Director
Personnel Department	Personnel Director
Police Department	Police Chief
~~Public Works Department~~	~~Public Works Director~~
Department of Public Services	Director of Public Services
Records Department	City Clerk
Recreation Department	Recreation Director
Water Pollution Control Department	Water Pollution Control Director
Welfare Department	Director of Public Welfare

ARTICLE XIV Department of Public Services~~Works~~

Sec. 2-1401 Establishment

There shall be a Department of Public Services~~Works~~, the head of which shall be the

Director of Public Services~~Works Director~~ who shall be, or be appointed by, the City Manager.

Sec. 2-1402 Duties

The Director of Public Services~~Works~~ shall, subject to and in consultation with the City Manager, be responsible for:

1. City Property. ~~Be responsible for all matters pertaining to~~ The construction, ~~management,~~ maintenance, and operation of the ~~physical properties of the~~ City's infrastructure ~~under the administrative direction of the City Manager~~, including streets, sidewalks, sanitary and storm sewers, parking areas, parks, and public landings, except as otherwise provided by the City charter, other ordinances, or instructions by the City Manager;

~~2. Planning. Be responsible for all planning in connection with such changes or improvements to the physical properties as are essential or desirable for the future growth of the City.~~

2. Solid Waste. Be responsible for and serve as Director of the Solid Waste Facility;

3. Department ~~Property~~Resources. ~~Be responsible for~~ The direction and management of Department of Public Services and Solid Waste Facility employees, and the care and maintenance of all real and personal property occupied or used by the Department.

4. Enforcement on City Property. Seeing that no encroachments are made upon any street, public landing, place, square, land or ground of the City, by fences, buildings or otherwise, and whenever any encroachments shall hereafter be made upon the same, and the party making such encroachment shall neglect or refuse after notification to remove the same, to report the facts at once to the Police Chief and cooperate to the end that the person so offending shall be prosecuted and the nuisance abated.

5. Contracts. In consultation with the City Attorney, prepare or cause to be prepared all contracts and specifications that may be required for public services~~works~~ and solid waste management.

6. Sewer Construction. ~~Have general management and supervision~~In consultation with the Water Pollution Control Director, perform or cause to be performed the construction, maintenance, repair, and replacement of the public sanitary, storm, and combined sewer systems, and all appurtenances thereto, including the ~~and shall~~ enforcement of all ordinances, rules and regulations relative thereto, keeping an accurate record of the location and the expense of constructing and completing each public drain or common sewer hereafter built, and ~~shall~~, after the same is completed, furnishing to the City Assessor a detailed statement of such expense and all necessary information to enable the City Assessor to make an assessment upon the lots or parcels of land benefited by such public drain or common sewer.

7. Property Schedule. Annually preparing and submitting a capital improvement program, surveying the condition, useful life, and repair or replacement of the equipment, ~~Include a~~

~~schedule of the~~ machinery, tools and other City property in ~~his~~the Director's charge.

8. Maintenance. ~~Have charge of~~The operation and maintenance of ~~the City sewerage system and all appurtenances thereto; maintenance of~~all streets, sidewalks, and other public lands, grounds and buildings; street cleaning ~~and sprinkling~~; and snow removal, except as may otherwise directed by the City Manager.

9. Technical Standards. Preparing and keeping current a manual of standards and specifications governing the construction, reconstruction, repair, backfilling, compaction, paving, and repaving, as applicable, of City streets, sidewalks, culverts, sewers, and other infrastructure. Such Technical Standards Manual may also include sewer construction specifications provided or identified by the Water Pollution Control Director. The Director of Public Services shall submit the Technical Standards Manual, and supplements and amendments thereof, to the City Manager for review and adoption as an Administrative Policy of the City. The Director shall cause copies of the adopted Technical Standards Manual to be made available to the public at the Department of Public Services, Water Pollution Control Facility, and Code Enforcement Office, and on the City's website. The Director shall assure adherence with the Technical Standards Manual by the Department and by the public.

10. Plans; Public Records. Collect, maintain, and update all plans, estimates, profiles, records and surveys of street bounds, streets, sidewalks, sewers, and other public infrastructure.

~~**Sec. 2-1403 Public Works Advisory Committee**~~

~~A Public Works Advisory Committee is hereby created. It shall consist of five (5) members appointed by the Mayor and confirmed by the City Council for a term of three (3) years, except that of the first five (5) members first appointed, of which one (1) shall be appointed for a term of one (1) year, two (2) for two (2) years, and two (2) for three (3) years. The committee shall elect a chairman and secretary from its membership annually and adopt its own rules of procedure. The Director of Public Works, or designee, shall be an ex-officio non-voting member of the Committee. The Committee shall advise the City Council in matters of policy and planning in the areas of operation, maintenance, repair, acquisition and disposition of public buildings, equipment, cemeteries, solid waste, wastewater and sewer issues, streets, roads and public parks, while maintaining close cooperation with the Planning Board, the Comprehensive Planning Commission, the Economic Development Advisory Committee, the Recreation Advisory Committee, and the Parks Commission.~~

First Reading 2/9/15
First Publication 2/19/15
Public Hearing 3/9/15
Final Passage
Final Publication
Effective Date

Sponsor: Councilor Pritchett
Originator: Councilor Pritchett
Councilor MacLellan-Ruf
Councilor Clayton

CITY OF ROCKLAND, MAINE

ORDINANCE AMENDMENT #3

IN CITY COUNCIL

March 9, 2015

ORDINANCE AMENDMENT: Accepting Alternative Sprinkler System Alarms

THE CITY OF ROCKLAND HEREBY ORDAINS THAT CHAPTER 7, Fire Prevention And Suppression, ARTICLE I, Fire & Emergency Medical Services Department, SECTION 7-107, Alarm Systems, BE AMENDED AS FOLLOWS:

Sec. 7-107 Alarm Systems

1. Purpose. In order to protect public safety and welfare and to assure that fire suppression systems for the protection of life and property are fully operational, it is necessary to require that such systems be correctly designed, installed, and maintained.

* * *

4. System Requirements. Alarm Systems in Rockland shall include the following, in addition to requirements imposed by applicable codes and regulations:

* * *

E. Sprinkler System Alarms. Any alarm bell which shall make local, external notification of a sprinkler system flow shall be of the hydraulically-operated water motor gong type, or an effective substitute acceptable to the Fire Chief in his sole discretion. An electric bell shall not be allowed as a substitute.

* * *

Sponsor:
Originator: Acting Fire Chief

CITY OF ROCKLAND, MAINE

ORDER #96

IN CITY COUNCIL

December 8, 2014

ORDER Amending Solid Waste Disposal Facility Fee Schedule

IT IS HEREBY ORDERED BY THE CITY COUNCIL AS FOLLOWS:

THAT, the fee schedule for the City's Solid Waste Disposal Facility, as amended 06/30/14, be further amended as follows:

* * * *

PERMIT AND LICENSE FEES

Resident Permit	$135.00 per year ~~if purchased on or before 04/30/15, which fee shall permit MSW disposals through 05/01/15; no fee thereafter~~
Commercial Permit	$ no fee (Disposal Fee: $115 per ton through 05/01/2015, then $125 per ton from 05/01/2015 on).
Recycling Permit	$0 per year ~~(to be discontinued on 05/01/15)~~
Seasonal Permit	$135.00 per year ~~if purchased on or before 04/30/15, which fee shall permit MSW disposals through 05/01/15; no fee thereafter~~
Commercial Hauler License Fee	$250.00 per year
Non-Resident Contractor Permit (each job)	$20.00 per job
Non-Resident Landscape Contractor Permit	$72.00 per year
Temporary General Permit	no fee

Sponsor: City Manager
Originator: City Manager
Postponed 12/8/14 to 3/9/15

CITY OF ROCKLAND, MAINE

ORDER #10

IN CITY COUNCIL

February 9, 2015

ORDER Authorizing Reserve Fund Expenditure – Audio/Visual Equipment

IT IS HEREBY ORDERED BY THE CITY COUNCIL AS FOLLOWS:

THAT the City Manager is hereby authorized to expend up to $1,100 from the Audio Visual Reserve Account (#70000-01771) for the following audio visual equipment repairs and/or upgrades:

- Three pan/tilt controllers
- Used Mackie audio mixer
- Two long goose neck microphones
- Repair/replace microphone cable/connection at Mayor's desk

Sponsor: City Manager
Originator: City Clerk

Postponed 2/9/15 to 3/9/15

CITY OF ROCKLAND, MAINE

ORDER #12

IN CITY COUNCIL

March 9, 2015

ORDER Accepting Grant Funds – MMA Wellness Grant

IT IS HEREBY ORDERED BY THE CITY COUNCIL AS FOLLOWS:

THAT the City hereby accepts from the Maine Municipal Association a Wellness Program Grant in the amount of $1,480, receipted into the Wellness Program Grant Account (#60401-03704) to support the City's Wellness Program.

Sponsor: City Manager
Originator: City Manager

CITY OF ROCKLAND, MAINE

ORDER #13

IN CITY COUNCIL

March 9, 2015

ORDER Authorizing application and matching funds for, and expenditure of, an Economic Development Administration Grant and Maine Department of Transportation Grant for capital improvements to the Municipal Fish Pier.

WHEREAS, the City owns and manages the Rockland Municipal Fish Pier; and

WHEREAS, the City is seeking state and federal support for critical repairs and improvements to the Rockland Municipal Fish Pier totaling approximately $1.0 million;

NOW, THEREFORE, IT IS HEREBY ORDERED BY THE CITY COUNCIL AS FOLLOWS:

THAT the City Council authorizes the City Manager to apply for an Economic Development Administration Grant and Maine Department of Transportation Grant to fund capital improvements to the Rockland Municipal Fish Pier; and

THAT the City hereby appropriates $100,000 from the Fish Pier Improvement Reserve Account (#70000-01776) for the City's match for such grants.

Sponsor: City Manager
Originator: Community Development Director &
Fish Pier Manager