

SOUTH PORTLAND CITY COUNCIL

POSITION PAPER OF THE CITY CLERK

SUBJECT:

ORDER #213-17/18 – Public hearing and action regarding the renewal of Lodging Establishment license for NKS Hospitality, LLC, d/b/a Quality Inn, 738 Main Street. Passage requires majority vote.

POSITION:

Sec. 14-93 of the City's Code of Ordinances specifically names the City Council as the licensing board for all lodging establishment licenses, with the sole authority to "grant, deny, suspend or revoke any license in accordance with state law".

The application has been reviewed and signed off by Fire, Health and Police Departments and there have been no objections. The application is attached.

REQUESTED ACTION:

Passage of ORDER #213-17/18.

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



CITY OF SOUTH PORTLAND

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Mayor

SCOTT T. MORELLI
City Manager

EMILY F. SCULLY
City Clerk

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District Four
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District Five
ADRIAN T. DOWLING

At Large
MAXINE BEECHER

At Large
SUSAN HENDERSON

**IN CITY COUNCIL
ORDER #213-17/18**

ORDERED, that NKS Hospitality, LLC, d/b/a Quality Inn, 738 Main Street, be granted a Lodging Establishment license.

Dated: May 15, 2018



City of South Portland
Office of the City Clerk
25 Cottage Road
South Portland, ME 04106
207-767-7628

Application for a Lodging Establishment License

Valid _____ to May 31, _____
§14-800 to §14-803

All applicants require a State Lodging License. Failure to do this may result in your City Lodging 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.

Check One: Individual Corporation Association Partnership

Check One: Hotel Motel Bed & Breakfast

South Portland Business Name: NKS Hospitality LLC DBA Quality Inn	
South Portland Address of Business: 738 Main Street South Portland, ME 04106	
Mailing Address: 675 Main Street South Portland, ME 04106	
Telephone: 207-774-5891	Website: WWW.NKSHMLLC.COM
Manager Name: Chiara Moriconi	Email: Finance@NKSHMLLC.COM
Owner of Business: Suresh Gali	
Address: 5 Dermot Drive Cape Elizabeth, ME 04107	
Emergency Contact Name: James Hooper	Emergency Contact Number: (207) 303-9315
Owner of Premises: Suresh Gali	
Address of Premises Owner: 5 Dermot Drive Cape Elizabeth, ME 04107	

Total Number of Rooms for Rent in Establishment: This year: 104 Last year: 104

Is food available for guests to consume on premises? Yes No

Is there a swimming pool on the premises? Yes No

License Fee:	\$50.00
Each Room Fee: \$3.00	
# of rooms <u>104</u> x \$3.00 =	(not to exceed \$300.00)
Processing Fee:	\$20.00
Total:	<u>300.00</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.

Sandy Falton
 Authorized Signature

Sandy Falton Finance Manager
 Print Name and Title

5-8-18
 Date

FOR CITY USE ONLY

Date of Application: _____ Date taxes paid through: _____

Real Estate taxes paid to date: Yes No

Personal Prop taxes paid to date: Yes No

Fire Chief Approved Yes No Approved By: _____

Health Officer Approved Yes No Approved By: _____

Police Chief Approved Yes No Approved By: _____

*Bldg Inspector Approved Yes No Approved By: _____