

## **SOUTH PORTLAND CITY COUNCIL**

*POSITION PAPER OF THE CITY CLERK*

***SUBJECT:*** ORDER #205-16/17 – Granting Island Dog Brewing, 125 John Roberts Road, a Food Establishment with Malt License. Passage requires majority vote.

***POSITION:***

This is a new brewery requesting a Food Establishment Restaurant with Malt license.

The application was submitted and signed off by 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 #205-16/17.

A handwritten signature in black ink, appearing to read "Emp. of Salem", is located in the lower right quadrant 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 #205-16/17**

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, Island Dog Brewing, 125 John  
Roberts Road, be granted a F/E Restaurant  
with Malt License. Passage requires majority  
vote.

Dated: June 5, 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

Valid

to

2BA M.R.S.A. §663  
 Code of Ordinances - Chapter 14 §100-108

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		600.00
Retail Store		300.00	300.00	300.00	
Restaurant	1,400.00	600.00	600.00	X 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	3	X 25.00	75.00
Processing Fee:					20.00
<b>Total Due</b>					<b>695.00</b>

**Please Check Business Type:**

Corporations, Associations and Partnerships must complete a Corporate Officer List and submit with this application.

	Individual
X	Corporation
	Association
	Partnership

**Please Check One**

X	New license
	Renewal of license

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

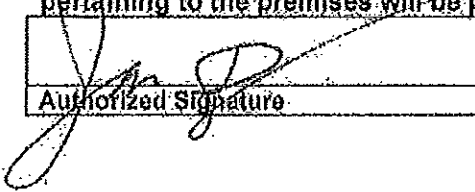
Are there Billiard/Pool Tables on the premises? Yes  No

**Please complete the following information (print):**

Business Name (D/B/A): Island Dog Brewing		Telephone: 207-450-1794
Location of Business: 125 John Roberts Rd, South Portland ME 04106		Website: <a href="http://islanddogbrewing.com">http://islanddogbrewing.com</a>
Name of Manager at Establishment: James Denz	Email for correspondence: <a href="mailto:jimdenz@islanddogbrewing.com">jimdenz@islanddogbrewing.com</a>	
Owner Name: James Denz		
Mailing Address: 16 Berwick St	City, State Zip: South Portland, ME 04106	
Email Address: <a href="mailto:jimdenz@islanddogbrewing.com">jimdenz@islanddogbrewing.com</a>	Telephone: 207-450-1794	

Seating Capacity: 72		Type of food served: Pre-packaged				
Days and Hours of operation:						
Sunday 12pm-8pm	Monday 12pm-8pm	Tuesday 3pm-8pm	Wednesday 3pm-8pm	Thursday 3pm-8pm	Friday 12pm-9pm	Saturday 12pm-9pm
Days and Hours of bar service:						
Sunday 12pm-8pm	Monday 12pm-8pm	Tuesday 3pm-8pm	Wednesday 3pm-8pm	Thursday 3pm-8pm	Friday 12pm-9pm	Saturday 12pm-9pm

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

James Denz / President

Print Name and Title

5/9/2017

Date

**Additional Information**

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**Municipal Use Only**

Date of Application: 5.10.17	Map and Lot
Real Estate taxes paid to Date: Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal Prop taxes paid to date: Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed Electronically	
Fire Chief	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature _____ <input type="checkbox"/>
Comment: _____	
Health Officer	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature _____ <input type="checkbox"/>
Comment: _____	
Police Chief	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature _____ <input type="checkbox"/>
Comment: _____	

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

Name of Company: Island Dog Brewing

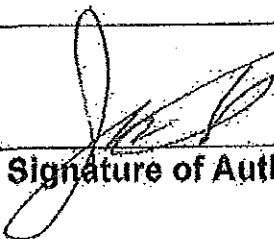
If applicant is a partnership, association or corporation, list names, residences, and birth dates as well as title of each member. If applicant is new and/or city ordinance requires a background check be conducted on all corporate officers, a \$25 fee per name applies. (Check may be made out to the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

Name <small>(full name, including middle initial and maiden name, if applicable)</small>	Date of Birth
James A. Denz Jr.	[REDACTED]
Address	Title
16 Berwick St, South Portland, ME 04106	President

Name <small>(full name, including middle initial and maiden name, if applicable)</small>	Date of Birth
Jody L. Denz (Spurling)	[REDACTED]
Address	Title
16 Berwick St, South Portland, ME 04106	Treasurer

Name <small>(full name, including middle initial and maiden name, if applicable)</small>	Date of Birth
Timothy B Francis	[REDACTED]
Address	Title
106 Church Hill Rd, Buxton, ME 04099	Vice President

Name <small>(full name, including middle initial and maiden name, if applicable)</small>	Date of Birth
Address	Title

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



**Bureau of Alcoholic Beverages and Lottery Operations**  
**Division of Liquor Licensing and Enforcement**  
 8 State House Station, Augusta, ME 04333-0008  
 Telephone: 207-624-7220 Fax: 207-287-3434  
 Email inquiries: [MaineLiquor@Maine.gov](mailto:MaineLiquor@Maine.gov)

RECEIVED  
 MAR 04 2017  
 Liquor Licensing  
 & Enforcement

DIVISION USE ONLY	
License No:	10033
Class:	1113 By: Hmr
Deposit Date:	04/07/17
Amt. Deposited:	50.00
Cash <input checked="" type="checkbox"/> Mo: #	1037

**APPLICATION FOR SMALL BREWERY**

\$50.00 Check Payable: Treasurer, State of Maine

NEW license  Yes  No

Present license expires: \_\_\_\_\_

The undersigned hereby applies for a Small Brewery License to produce malt liquors containing 25% or less Alcohol by volume not to exceed 50,000 gallons per year or their metric equivalent.

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: <b>Island Dog Brewing</b>		Business Name (D/B/A) <b>Island Dog Brewing</b>	
APPLICANT(S) (Solo Proprietor) DOB:		Physical Location: 125 John Roberts Rd	
DOB:		City/Town	State
		South Portland	ME
Address		Zip Code	
		04106	
Address		Mailing Address	
		16 Berwick St	
City/Town	State	City/Town	State
		South Portland	ME
	Zip Code		Zip Code
			04106
Telephone Number	Fax Number	Business Telephone Number	Fax Number
		207-450-1794	
Federal I.D. #	Seller Certificate #:		
BR-ME-21061	or Sales Tax #: Applied CN: 92188		
Email Address: Please Print	Website:		
jimdenz@islanddogbrewing.com	www.islanddogbrewing.com		

1. Is applicant a corporation, limited liability company or limited partnership?  Yes  No  
 If Yes, Complete Corporate Information Required for Business Entities who are licensees.

2. Business records are located at: 84 Marginal Way, Suite 600, Portland, ME 04101

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.

3. Is/Are applicant(s) citizens of the United States?  Yes  No

4. Is/Are applicant(s) citizens of the State of Maine?  Yes  No

5. If a corporation, does any officer, director or stockholder of said corporation have in any way an interest, directly or indirectly, as a director or stockholder in any other corporation which is a holder of a wholesale license granted by the State of Maine?  Yes  No

6. Is the applicant directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person, association, or corporation holding a liquor license granted by the State of Maine?  Yes  No

Each applicant shall file with the application a list giving the name and address of each wholesale dealer authorized to distribute products and designate the exclusive territory assigned to each wholesale dealer. Attach a distributor territory form or additional information outlining the exclusive territory for each wholesaler and the products they may distribute within the area.

7. Will you maintain an additional location for on premise consumption?  Yes  No

Name of Premise D/B/A Island Dog Brewing  
 Address: 125 John Roberts Rd State ME Zip Code 04106  
 Telephone: 207-450-1794 Name of Manager James Denz  
 Type of Premise Light Industrial, Brewery and tap room

List name, date of birth, place of birth for all applicants and managers. Give maiden name, if married.

Name in Full (Print Clearly)	DOB	Place of Birth
James Denz	[REDACTED]	Buffalo, NY
Jody Denz (maiden name Spurling)	[REDACTED]	Ellsworth, ME
Timothy Francis	[REDACTED]	New Haven, CT

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

Name in Full (Print Clearly)	Address	City	State
James Denz	16 Berick St	South Portland	ME
Jody Denz	16 Berick St	South Portland	ME
Timothy Francis	106 Church Hill Rd	Buxton	ME

Use a separate sheet of paper if necessary.

Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States?  Yes  No

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

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

Disposition: \_\_\_\_\_ Use a separate sheet of paper if necessary.

Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?

Yes  No If Yes, give name: \_\_\_\_\_

Payments to the Division of liquor licensing & enforcement by check subject to penalty provided by Section 3-B of Title 28A, MRS

NOTE: "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$2,000 or both."

Dated at: South Portland, ME on 04/04, 2017  
Town/City, State Date

[Signature]  
 Signature of Applicant or Corporate Officer(s)  
 James Denz  
 Print Name

Please sign in blue ink

[Signature]  
 Signature of Applicant or Corporate Officer(s)  
 Jody Denz  
 Print Name



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

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

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

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

- Exact legal name: Island Dog Brewing
- Doing Business As, if any: \_\_\_\_\_
- Date of filing with Secretary of State: 6/22/2017 State in which you are formed: Maine
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: \_\_\_\_\_
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
James Denz	16 Berwick St. S. Portland, ME 04106	██████████	President	89.27
Jody Denz	16 Berwick St. S. Portland, ME 04106	██████████	Treasurer	4.13
Timothy Francis	106 Church Hill Rd Buxton, ME 04093	██████████	VP	6.6

*(Ownership must equal 100% for Corporations, LLC's etc.)*

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



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

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

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

Yes  No

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

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

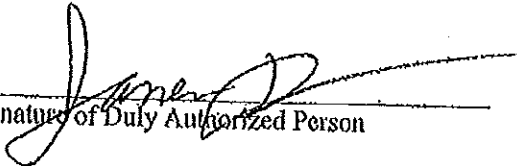
Date of Conviction: \_\_\_\_\_

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

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

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

Signature:

  
Signature of Duly Authorized Person

4/5/2017  
Date

James Denz  
Print Name of Duly Authorized Person

Submit Completed Forms To:

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