

BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
 8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008 (Regular Mail)
 10 WATER STREET, HALLOWELL, ME 04347 (Overnight Mail)
 TEL: (207) 624-7220 FAX: (207) 287-3434
 EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	
Good SOS & DBA: YES <input type="checkbox"/> NO <input type="checkbox"/>	

PRESENT LICENSE EXPIRES: 5/23/19

NEW application: Yes No

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

Requested inspection (New Licensees/ Ownership Changes Only) Date : _____ Business hours: _____

INDICATE TYPE OF PRIVILEGE: MALT VINOUS SPIRITUOUS

INDICATE TYPE OF LICENSE:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> RESTAURANT (Class I,II,III,IV) | <input type="checkbox"/> RESTAURANT/LOUNGE (Class XI) | <input type="checkbox"/> CLASS A LOUNGE (Class X) |
| <input type="checkbox"/> HOTEL (Class I,II,III,IV) | <input type="checkbox"/> HOTEL, FOOD OPTIONAL (Class I-A) | <input type="checkbox"/> BED & BREAKFAST (Class V) |
| <input type="checkbox"/> GOLF COURSE (Class I,II,III,IV) | <input type="checkbox"/> TAVERN (Class IV) | <input type="checkbox"/> QUALIFIED CATERING |
| <input type="checkbox"/> OTHER: _____ | | <input type="checkbox"/> SELF-SPONSORED EVENTS |

(QUALIFIED CATERERS ONLY)

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: <u>Kaiya Enterprises Inc.</u>			Business Name (D/B/A) <u>The Narrows Tavern</u>		
APPLICANT(S) - (Sole Proprietor) <u>Jeffrey Hurd</u>		DOB: <u>11-18-76</u>	Physical Location: <u>15 friendship Rd</u>		
for		DOB:	City/Town <u>Waldoboro</u>	State <u>ME</u>	Zip Code <u>04572</u>
Address <u>Kaiya Enterprises 1078 Main St.</u>		Mailing Address <u>P.O. Box 8</u>	Same As Above? <input type="checkbox"/>		
City/Town <u>Waldoboro</u>	State <u>ME</u>	Zip Code <u>04572</u>	City/Town <u>Waldoboro</u>	State <u>ME</u>	Zip Code <u>04572</u>
Telephone Number <u>207. 832. 1522</u>		Fax Number	Business Telephone Number <u>2210</u>		Fax Number <u>207. 832. 1522</u>
Federal I.D. #			Seller Certificate #: or Sales Tax #:		
Email Address: <u>jibbahead14@icloud.com</u>			Website:		

- If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: _____
- State amount of gross income from period of last license:
 ROOMS \$ N/A. FOOD \$ 328K LIQUOR \$ 160K
- Is applicant a corporation, limited liability company or limited partnership? YES NO
 If Yes, please complete the Corporate Information required for Business Entities who are licensees.
- Do you permit dancing or entertainment on the licensed premises? YES NO

5. Do you own or have any interest in any another Maine Liquor License? Yes No (Use an additional sheet(s) if necessary.) If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License # _____ Name of Business _____

Physical Location _____ City / Town _____

6. If manager is to be employed, give name: N/A

7. Business records are located at: 15 Friendship Rd Waldoboro ME 04572

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

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

10. List name, date of birth, and place of birth for all applicants, managers, and bar managers.

Full Name (Please Print)	DOB	Place of Birth
Jeffrey Hurd	11/18/1976	Bridgton, ME

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

Name: <u>(SAME) 10+ YEARS</u>	City: <u>Waldoboro</u>	State: <u>ME</u>
Name: _____	City: _____	State: _____
Name: _____	City: _____	State: _____

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

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____ (use additional sheet(s) if necessary)

13. Will any law enforcement official benefit directly in your license, if issued?

Yes No If Yes, give name: _____

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

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

16. Describe in detail the premises to be licensed: (On Premise Diagram Required) a historic downtown brick building housing a restaurant that serves food and spirits.

17. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

YES NO Applied for: _____

18. 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? .15

Which of the above is nearest? Church

UNORGANIZED TERRITORIES \$10.00 filing fee shall be paid directly to County Treasurer. All applicants in unorganized territories shall submit along with their application evidence of payment to the County Treasurer. All applications for NEW or RENEWAL liquor licenses must contact their Municipal Officials or the County Commissioners in unincorporated places for approval and signatures for liquor licenses prior to submitting them to the bureau.

All fees must accompany application, make check payable to the **Treasurer, State of Maine.**

This application must be completed and signed by the Town or City and mailed to:
Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, ME 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
Payments by check subject to penalty provided by Title 28A, MRS, Section 3-B.

TO STATE OF MAINE MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:

Hereby certify that we have complied with Section 653 of Title 28-A Maine Revised Statutes and hereby approve said application.

Dated at: _____, Maine _____
City/Town (County)

On: _____
Date

The undersigned being: Municipal Officers County Commissioners of the
 City Town Plantation Unincorporated Place of: _____, Maine

THIS APPROVAL EXPIRES IN 60 DAYS

NOTICE – SPECIAL ATTENTION

§653. Hearings; bureau review; appeal

1. **Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms. [1993, c. 730, §27 (AMD).]

B. The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located. [1995, c. 140, §4 (AMD).]

C. If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal within 120 days of the filing of the application. [2003, c. 213, §1 (AMD).]

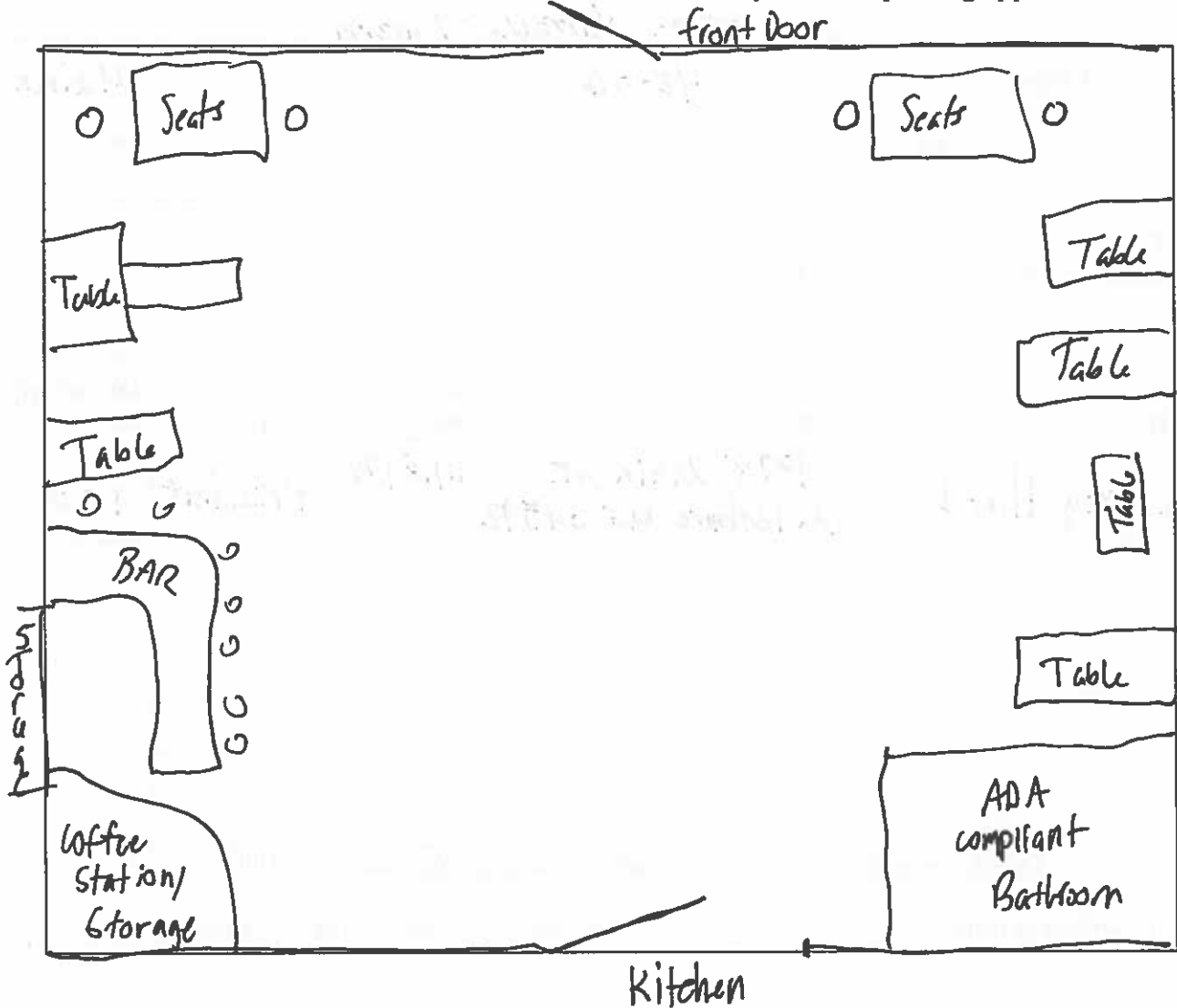
Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing & Enforcement
8 State House Station, Augusta, ME 04333-0008
10 Water Street, Hallowell, ME 04347 (overnight)
Tel: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@maine.gov



ON PREMISE DIAGRAM (Facility Drawing/ Floor Plan)

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

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas with the following: • Entrances • Office area • Kitchen • Storage Areas • Dining Rooms • Lounges • Function Rooms • Restrooms • Decks • All Inside and Outside areas that you are requesting approval.



7. 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

8. If Yes to Question 7, please complete the following: (attached additional sheets as needed)

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:

PLEASE SIGN IN BLUE INK


Signature of Owner or Corporate Officer

3/21/19
Date

Jeffrey Hurd
Print Name of Owner or Corporate Officer

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



Town of Waldoboro
SPECIAL AMUSEMENT PERMIT APPLICATION

Please enclose a \$10.00 fee with this application

DATE: 03/21/19

PART 1

Name of Applicant: THE NARROWS TAVERN/JEFF HURD

Mailing Address: PO BOX 8, WALDOBORO ME 04572

Phone Number: 207-832-2210/207-832-1522

PART 2

Business Name: THE NARROWS TAVERN

Street Address: 15 FRIENDSHIP STREET, WALDOBORO ME 04572

Business Phone: 207-832-1522

PART 3

Describe in detail the kind and nature of the business and entertainment: LIVE MUSIC/FOOD/DRINK

Horizontal lines for description of business and entertainment.

Describe in detail the location to be used - room(s) under this permit: 15 FRIENDSHIP STREET, WALDOBORO ME- MAIN DINING ROOM

Horizontal lines for location details.

Have you ever had a license to conduct business herein described either denied or revoked? NO

If yes, please describe those circumstances specifically:

Horizontal lines for license denial details.

SIGNATURES:

Handwritten signature line (Signature of Individual)

Horizontal line (If Partnership, Partners Signature)

KAIYA ENT. (If Partnership, Partners Signature)

Horizontal line (Name of Corporation)

By: Horizontal line (If Corporation, Duly Authorized Officers Signature)

BUREAU OF ALCOHOL BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
8 STATE HOUSE STATION, AUGUSTA, ME 04333-0008 (Regular Mail)
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TEL: (207) 624-7220 FAX: (207) 287-3434
EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV

DIVISION USE ONLY	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Cash Ck Mo:	
Good SOS & DBA: YES <input type="checkbox"/> NO <input type="checkbox"/>	

PRESENT LICENSE EXPIRES: 4-30-19

NEW application: Yes No

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

Requested inspection (New Licensees/ Ownership Changes Only) Date : _____ Business hours: _____

INDICATE TYPE OF PRIVILEGE: MALT VINOUS SPIRITUOUS

INDICATE TYPE OF LICENSE:

- RESTAURANT (Class I,II,III,IV) RESTAURANT/LOUNGE (Class XI) CLASS A LOUNGE (Class X)
 HOTEL (Class I,II,III,IV) HOTEL, FOOD OPTIONAL (Class I-A) BED & BREAKFAST (Class V)
 GOLF COURSE (Class I,II,III,IV) TAVERN (Class IV) QUALIFIED CATERING
 OTHER: _____ SELF-SPONSORED EVENTS
 (QUALIFIED CATERERS ONLY)

REFER TO PAGE 3 FOR FEE SCHEDULE

ALL QUESTIONS MUST BE ANSWERED IN FULL

Corporation Name: Resolutions			Business Name (D/B/A) River Side Billiards		
APPLICANT(S) –(Sole Proprietor) Leslie Crause		DOB: 7/10/59	Physical Location: 75 Winslow Mills Rd		
		DOB:	City/Town Waldoboro	State Me	Zip Code 04572
Address 674 Castner Rd			Mailing Address Same As Above? <input type="checkbox"/> P.O. Box 221		
City/Town Waldoboro	State Me	Zip Code 04572	City/Town Waldoboro	State Me	Zip Code 04572
Telephone Number 380-3236		Fax Number	Business Telephone Number (207) 975-3932		Fax Number 832-2201
Federal I.D. # 46-5342551			Seller Certificate #: or Sales Tax #: 1168105		
Email Address:			Website:		

1. If premise is a Hotel or Bed & Breakfast, indicate number of rooms available for transient guests: X

2. State amount of gross income from period of last license:

ROOMS \$ X FOOD \$ 15,876 LIQUOR \$ 22,910

3. Is applicant a corporation, limited liability company or limited partnership? YES NO

If Yes, please complete the Corporate Information required for Business Entities who are licensees.

4. Do you permit dancing or entertainment on the licensed premises? YES NO

5. Do you own or have any interest in any another Maine Liquor License? Yes No (Use an additional sheet(s) if necessary.) If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License # _____ Name of Business _____

Physical Location _____ City / Town _____

6. If manager is to be employed, give name: _____

7. Business records are located at: Resolutions Fitness

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

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

10. List name, date of birth, and place of birth for all applicants, managers, and bar managers.

Full Name (Please Print)	DOB	Place of Birth
Leslie Crouse	7/10/59	Rockland, Me

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

Name: Leslie Crouse	City: Waldoboro	State: ME
Name: _____	City: _____	State: _____
Name: _____	City: _____	State: _____

12. 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: Leslie Crouse Date of Conviction: 1980

Offense: Trespassing Location: Waldoboro

Disposition: _____ (use additional sheet(s) if necessary)

13. Will any law enforcement official benefit directly in your license, if issued?

Yes No If Yes, give name: _____

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

15. Does/do applicant(s) own the premises? Yes No If No give name and address of owner: Don + Ruth Barter 385 Goose Hill Rd Jefferson, Me

16. Describe in detail the premises to be licensed: (On Premise Diagram Required) Small Bar + Kit 8-9' Pool Tables

17. Does/do applicant(s) have all the necessary permits required by the State Department of Human Services?

YES NO Applied for: Limited Menu

18. 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? .5 miles school

Which of the above is nearest? School

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

If YES, give details: _____

The Division of Liquor Licensing & Enforcement is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also such books, records and returns during the year in which any liquor license is in effect.

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

Dated at: Waldoboro, Me on 3-21-19, 20 19
Town/City, State Date

PLEASE SIGN IN BLUE INK

Leslie Crowe

Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

Leslie Crowe

Print Name

Print Name

FEE SCHEDULE

FILING FEE: (must be included on all applications)	\$ 10.00
Class I Spirituous, Vinous and Malt	\$ 900.00
CLASS I: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers; OTB	
Class I-A Spirituous, Vinous and Malt, Optional Food (Hotels Only)	\$1,100.00
CLASS I-A: Hotels only that do not serve three meals a day.	
Class II Spirituous Only	\$ 550.00
CLASS II: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels.	
Class III Vinous Only	\$ 220.00
CLASS III: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	
Class IV Malt Liquor Only	\$ 220.00
CLASS IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.	
Class III & IV Malt & Vinous Only	\$ 440.00
CLASS III & IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	
Class V Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts)	\$ 495.00
CLASS V: Clubs without catering privileges.	
Class X Spirituous, Vinous and Malt – Class A Lounge	\$2,200.00
CLASS X: Class A Lounge	
Class XI Spirituous, Vinous and Malt – Restaurant Lounge	\$1,500.00
CLASS XI: Restaurant/Lounge; and OTB.	
SELF-SPONSORED EVENTS: Qualified Caterers Only	\$ 700.00

UNORGANIZED TERRITORIES \$10.00 filing fee shall be paid directly to County Treasurer. All applicants in unorganized territories shall submit along with their application evidence of payment to the County Treasurer. All applications for NEW or RENEWAL liquor licenses must contact their Municipal Officials or the County Commissioners in unincorporated places for approval and signatures for liquor licenses prior to submitting them to the bureau.

All fees must accompany application, make check payable to the Treasurer, State of Maine.

This application must be completed and signed by the Town or City and mailed to:
Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, ME 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
Payments by check subject to penalty provided by Title 28A, MRS, Section 3-B.

TO STATE OF MAINE MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:

Hereby certify that we have complied with Section 653 of Title 28-A Maine Revised Statutes and hereby approve said application.

Dated at: _____, Maine _____
City/Town (County)

On: _____
Date

The undersigned being: Municipal Officers County Commissioners of the
 City Town Plantation Unincorporated Place of: _____, Maine

THIS APPROVAL EXPIRES IN 60 DAYS

NOTICE – SPECIAL ATTENTION

§653. Hearings; bureau review; appeal

1. **Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms. [1993, c. 730, §27 (AMD).]

B. The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located. [1995, c. 140, §4 (AMD).]

C. If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal within 120 days of the filing of the application. [2003, c. 213, §1 (AMD).]



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

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

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: Resolution Fitness Center
- Doing Business As, if any: Riverside
- Date of filing with Secretary of State: May 5, 2014 State in which you are formed: Me
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attach additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
Leslie A Crouse	674 Castner Rd Waldoboro, Me.	7-10-59	owner	100

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

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

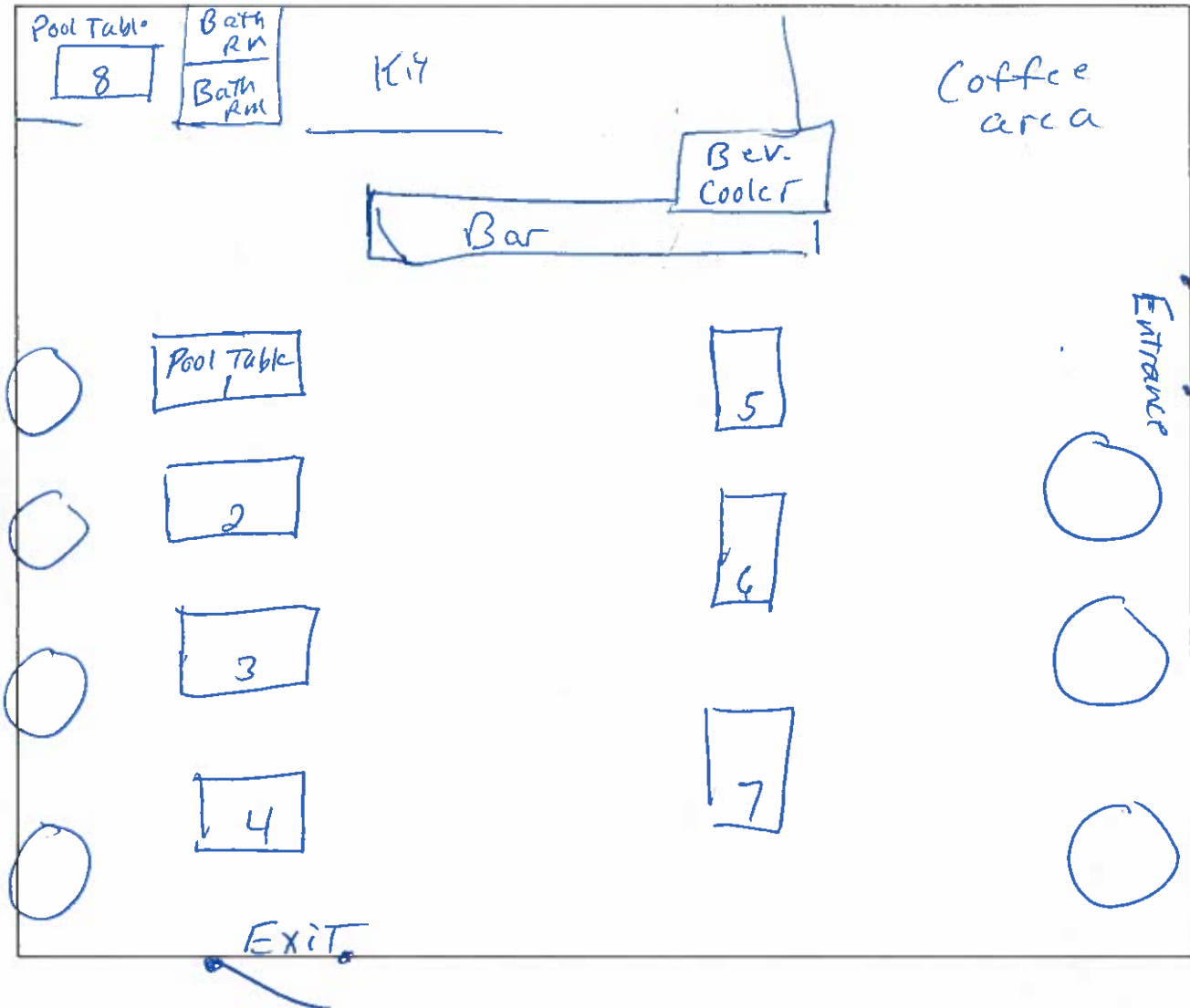
Bureau of Alcoholic Beverages and Lottery Operations
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Email Inquiries: MaineLiquor@maine.gov



ON PREMISE DIAGRAM
(Facility Drawing/ Floor Plan)

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

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7. 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

8. If Yes to Question 7, please complete the following: (attached additional sheets as needed)

Name: Leslie Crouse

Date of Conviction: 1980

Offense: Trespassing

Location of Conviction: Waldoboro

Disposition: _____

Signature:

PLEASE SIGN IN BLUE INK

Leslie Crouse
Signature of Owner or Corporate Officer

3/21/19
Date

Leslie Crouse
Print Name of Owner or Corporate Officer

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

Warrant 70

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description			Account	Proj		
00012 ADMIRAL FIRE & SAFETY INC						
0363	29789	03	5 APEX PANTS	111978		
5 APEX PANTS			E 340-20-20		413.83	0.00
			POLICE - Operating Ex / Clothing			
			Invoice Total-		413.83	
0363	29789	03	4 BLAUER SHIRTS	111979		
4 BLAUER SHIRTS			E 340-20-20		201.80	0.00
			POLICE - Operating Ex / Clothing			
			Invoice Total-		201.80	
0363	29789	03	1 BLAUER SHIRT	111977		
1 BLAUER SHIRT			E 340-20-20		33.95	0.00
			POLICE - Operating Ex / Clothing			
			Invoice Total-		33.95	
			Vendor Total-		649.58	
00029 ALEXANDER/SUSAN						
0363	29790	03	03/13 PB MINUTES			
03/13 PB MINUTES			E 700-10-30		100.00	0.00
			PLAN & DEV - Payroll Comp / P-T Emp			
			Vendor Total-		100.00	
01699 CARDMEMBER SERVICE						
0363	29791	03		479851006035525		
1 MO WEBSITE SECURITY			E 100-60-20		5.00	0.00
			SELECTBOARD - Equip R&M / Equip Rental			
45BASKETBALL MEDALS			E 621-20-65		90.46	0.00
			RECREATION - Operating Ex / Supplies			
.			E 200-20-65		39.00	0.00
			FINANCE - Operating Ex / Supplies			
			Vendor Total-		134.46	
00212 CENTRAL MAINE POWER COMPANY						
0363	29792	03	0 UPWELLER	35016363166		
0 UPWELLER			E 350-85-10		15.26	0.00
			SHELLFISH - Other Expens / Conserv Prog			
			Invoice Total-		15.26	
0363	29792	03	0 ADG	35012437550		
0 ADG			E 920-92-06		12.91	0.00
			CAP IMPROVMN - Capital Res / AD Gray Bldg			
			Invoice Total-		12.91	
			Vendor Total-		28.17	
00458 GROUP DYNAMIC INC						
0363	29793	03	HRA ADMIN	L1904-016000416		
HRA ADMIN 26 @ 5.50			E 200-20-60		143.00	0.00
			FINANCE - Operating Ex / Rec/Proc Fee			
HRA ADMIN 2 @ 5.50			E 940-20-60		11.00	0.00
			TRANSFER STA - Operating Ex / Rec/Proc Fee			
			Vendor Total-		154.00	
01746 INTEGRITY SERVICES						
0363	29794	03	2019-4	5063		
2019-4			E 730-63-10		256.93	0.00
			PHILBROOK PO - Building & G / Bldg Maint			
			Vendor Total-		256.93	
00000 KIMPTON, TIMOTHY						
0363	29795	03	SKI FUND REFUND (CANCELED)			
SKI FUND REFUND (CANCELED)			E 621-85-70		15.00	0.00

Warrant 70

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description			Account	Proj		
RECREATION - Other Expens / Organized Re						
Vendor Total-					15.00	
01493 MAINE MUNICIPAL BOND BANK						
0363	29796	03	PW GARAGE INTEREST	60661		
			PW GARAGE INTEREST		E 900-35-20	7,111.38
			DEBT SERVICE - Finance / Int - Bonds			0.00
Vendor Total-					7,111.38	
00705 MAINE MUNICIPAL EMPLOYEES						
0363	29797	03		APRIL 2019		
			IP (STD)		G 10-2025-00	800.78
			GENERAL FUND / SHORT TERM D			0.00
			HI (EE HEALTH DED)		G 10-2033-00	3,004.86
			GENERAL FUND / HEALTH INS E			0.00
			VL		G 10-2034-00	58.20
			GENERAL FUND / VOLUN LIFE			0.00
			V V		G 10-2035-00	99.52
			GENERAL FUND / VOLUN VISION			0.00
			.		E 120-15-40	2,789.24
			TOWN MGR - Emp Benefits / Health Ins			0.00
			.		E 150-15-40	1,276.34
			ASSESSMENT - Emp Benefits / Health Ins			0.00
			.		E 200-15-40	2,637.67
			FINANCE - Emp Benefits / Health Ins			0.00
			.		E 205-15-40	1,616.14
			TOWN CLERK - Emp Benefits / Health Ins			0.00
			.		E 300-15-40	4,848.42
			EMERG MED - Emp Benefits / Health Ins			0.00
			.		E 340-15-40	7,156.27
			POLICE - Emp Benefits / Health Ins			0.00
			.		E 500-15-40	11,316.90
			PUBLIC WORKS - Emp Benefits / Health Ins			0.00
			.		E 600-15-40	58.93
			GENL ASSIST - Emp Benefits / Health Ins			0.00
			.		E 620-15-40	1,616.14
			RECREATION - Emp Benefits / Health Ins			0.00
			.		E 940-15-40	2,482.74
			TRANSFER STA - Emp Benefits / Health Ins			0.00
			EE DENTAL		G 10-2038-00	74.85
			GENERAL FUND / DENTAL INS			0.00
			.		E 700-15-40	1,616.14
			PLAN & DEV - Emp Benefits / Health Ins			0.00
			.		E 350-15-60	1,616.14
			SHELLFISH - Emp Benefits / GroupLifeIns			0.00
Vendor Total-					43,069.28	
01758 RADLOFF, MICHELLE						
0363	29798	03	REIM MEAL/NH TRANSFER			
			REIM MEAL/NH TRANSFER		E 300-20-75	15.00
			EMERG MED - Operating Ex / Travel			0.00
Vendor Total-					15.00	
01102 SECRETARY OF STATE						
0363	29788	03	03/12/2019 - 03/19/2019	15160		
			03/12/2019 - 03/19/2019		G 10-2010-05	4,726.52
			GENERAL FUND / BMV REGISTRA			0.00
Vendor Total-					4,726.52	
01757 SMELTZER, AARON						
0363	29799	03	REIM MEAL/NH TRANSFER			

Warrant 70

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description			Account	Proj		
REIM MEAL/NH TRANSFER			E 300-20-75		15.00	0.00
			EMERG MED - Operating Ex / Travel			
			Vendor Total-		15.00	
01274 TREASURER, STATE OF MAINE						
0363	29800	03	CRASH REPORTING DJJ	190306CJA05		
CRASH REPORTING DJJ			E 340-20-70		42.50	0.00
			POLICE - Operating Ex / Training			
			Vendor Total-		42.50	
			Prepaid Total-		4,726.52	
			Current Total-		51,591.30	
			EFT Total-		0.00	
			Warrant Total-		56,317.82	

TO THE TREASURER:

PAY TO EACH OF THE PERSONS NAMED IN THE ABOVE WARRANT, ACCOMPANYING SCHEDULES OF BILLS PAYABLE THE SUMS SET AGAINST THEIR RESPECTIVE NAMES, AMOUNTING IN THE AGGREGATE TO THE WARRANT TOTAL ABOVE AND CHARGE THE SAME TO THE APPROPRIATIONS OR ACCOUNT INDICATED.

APPROVED

_____	_____
_____	_____
_____	_____



Town of Waldoboro, Maine
<http://www.waldoboromaine.org>

P.O. Box J
Waldoboro, ME 04572-0911
Phone: (207) 832-5369
Fax: (207) 832-6061

PAYROLL WARRANT 71

WEEK ENDING 03/24/2019
PAY DATE 03/29/2019

To the Treasurer:

Pay to each of the persons named in the following warrant the sums set against their respective names,
amounting in the aggregate to \$35,801.68 and charge the same to the appropriations or account indicated.

APPROVED

Payroll Accounting Charges

Pay Date: 03/29/2019

Summary

Description	Account	Debit	Credit
Gross Pay-----			
TOWN MGR - Payroll Comp / Regular Emp	E 120-10-20	2,358.05	
ASSESSMENT - Payroll Comp / Regular Emp	E 150-10-20	1,335.38	
FINANCE - Payroll Comp / Regular Emp	E 200-10-20	2,140.48	
TOWN CLERK - Payroll Comp / Regular Emp	E 205-10-20	1,180.40	
EMERG MED - Payroll Comp / Regular Emp	E 300-10-20	3,655.40	
EMERG MED - Payroll Comp / P-T Emp	E 300-10-30	6,172.18	
EMERG MED - Payroll Comp / Overtime	E 300-10-50	310.59	
FIRE - Payroll Comp / P-T Emp	E 320-10-30	388.92	
POLICE - Payroll Comp / Regular Emp	E 340-10-20	6,714.48	
POLICE - Payroll Comp / P-T Emp	E 340-10-30	375.36	
POLICE - Payroll Comp / Overtime	E 340-10-50	32.03	
SHELLFISH - Payroll Comp / P-T Emp	E 350-10-30	226.46	
PUBLIC WORKS - Payroll Comp / Regular Emp	E 500-10-20	5,910.10	
GENL ASSIST - Payroll Comp / Regular Emp	E 600-10-20	97.47	
RECREATION - Payroll Comp / Regular Emp	E 620-10-20	835.20	
PLAN & DEV - Payroll Comp / P-T Emp	E 700-10-30	920.00	
TRANSFER STA - Payroll Comp / Regular Emp	E 940-10-20	1,298.65	
TRANSFER STA - Payroll Comp / Contract	E 940-10-90	975.28	
Taxes-----			
Fed Tax W/H	G 10-2021-00		2,850.56
Soc Sec W/H	G 10-2021-00		783.58
Medicare W/H	G 10-2021-00		966.92
State Tax W/H	G 10-2022-00		1,323.94
Medicare Employer's Match	E 120-15-10	34.02	
Medicare Employer's Match	E 150-15-10	19.30	
Medicare Employer's Match	E 200-15-10	30.99	
Medicare Employer's Match	E 205-15-10	17.12	
Medicare Employer's Match	E 300-15-10	146.62	
Medicare Employer's Match	E 320-15-10	5.24	
Medicare Employer's Match	E 340-15-10	102.27	
Medicare Employer's Match	E 350-15-10	3.23	
Medicare Employer's Match	E 500-15-10	68.25	
Medicare Employer's Match	E 600-15-10	1.41	
Medicare Employer's Match	E 620-15-10	12.11	
Medicare Employer's Match	E 700-15-10	13.10	
Medicare Employer's Match	E 940-15-10	29.80	
FICA Employer's Match	E 300-15-20	355.26	
FICA Employer's Match	E 320-15-20	22.36	
FICA Employer's Match	E 340-15-20	14.17	
EIC	G 10-2021-00		0.00
Deductions-----			
REG PENSION	G 10-2023-00		1,484.75
POLICE PENSION	G 10-2023-00		356.52
IP ABT	G 10-2025-00		129.99
IPTAX	G 10-2025-00		54.82
TOWN TAXES	G 10-2026-00		297.00
UNION DUES AFSCME 1458-032	G 10-2032-00		128.70
VOLUNTARY LIFE	G 10-2034-00		13.43
GARNISHMENT	G 10-2037-00		103.20
Paid-----			
Federal Tax W/H	G 10-2021-00	2,850.56	
FICA W/H	G 10-2021-00	783.58	

Payroll Accounting Charges

Pay Date: 03/29/2019

Medicare W/H	G 10-2021-00	966.92	
State Tax W/H	G 10-2022-00	1,323.94	
GARNISHMENT	G 10-2037-00	103.20	
Due To\From	G 21-1600-10		2,303.73
Due To\From	G 10-1600-21	2,303.73	
03/29/2019 PYDTDF - Cash	G 10-1010-00		33,336.47
Totals		44,133.61	44,133.61

Total:	Gross Pay	34,926.43
	Federal Tax W/H	2,850.56
	FICA Tax W/H	391.79
	Medicare Tax W/H	483.46
	State Tax W/H	1,323.94
	Local Tax W/H	
	Deductions W/H	2,568.41
	Net Pay	27,308.27
	FICA Match	391.79
	Medicare Match	483.46
	Employer Match	0.00



Town of Waldoboro, Maine
<http://www.waldoboromaine.org>

P.O. Box J
Waldoboro, ME 04572-0911
Phone: (207) 832-5369
Fax: (207) 832-6061

PAYROLL WARRANT 72

WEEK ENDING 03/31/2019
PAY DATE 04/05/2019

To the Treasurer:

Pay to each of the persons named in the following warrant the sums set against their respective names, amounting in the aggregate to \$41,205.20 and charge the same to the appropriations or account indicated.

APPROVED

Payroll Accounting Charges

Pay Date: 04/05/2019

Summary

Description	Account	Debit	Credit
Gross Pay-----			
TOWN MGR - Payroll Comp / Regular Emp	E 120-10-20	2,453.34	
ASSESSMENT - Payroll Comp / Regular Emp	E 150-10-20	1,331.33	
FINANCE - Payroll Comp / Regular Emp	E 200-10-20	2,140.48	
TOWN CLERK - Payroll Comp / Regular Emp	E 205-10-20	1,180.40	
TOWN CLERK - Payroll Comp / P-T Emp	E 205-10-30	133.00	
EMERG MED - Payroll Comp / Officials Co	E 300-10-10	647.83	
EMERG MED - Payroll Comp / Regular Emp	E 300-10-20	3,790.00	
EMERG MED - Payroll Comp / P-T Emp	E 300-10-30	5,881.68	
EMERG MED - Payroll Comp / Overtime	E 300-10-50	906.96	
FIRE - Payroll Comp / P-T Emp	E 320-10-30	2,826.59	
POLICE - Payroll Comp / Regular Emp	E 340-10-20	7,606.88	
POLICE - Payroll Comp / P-T Emp	E 340-10-30	195.84	
POLICE - Payroll Comp / Overtime	E 340-10-50	352.28	
SHELLFISH - Payroll Comp / P-T Emp	E 350-10-30	278.72	
PUBLIC WORKS - Payroll Comp / Regular Emp	E 500-10-20	5,922.65	
GENL ASSIST - Payroll Comp / Regular Emp	E 600-10-20	97.47	
RECREATION - Payroll Comp / Regular Emp	E 620-10-20	835.20	
RECREATION - Payroll Comp / Overtime	E 620-10-50	375.84	
PLAN & DEV - Payroll Comp / P-T Emp	E 700-10-30	920.00	
TRANSFER STA - Payroll Comp / Regular Emp	E 940-10-20	1,311.43	
TRANSFER STA - Payroll Comp / Contract	E 940-10-90	974.58	
Taxes-----			
Fed Tax W/H	G 10-2021-00		3,187.28
Soc Sec W/H	G 10-2021-00		992.70
Medicare W/H	G 10-2021-00		1,092.70
State Tax W/H	G 10-2022-00		1,427.62
Medicare Employer's Match	E 120-15-10	34.88	
Medicare Employer's Match	E 150-15-10	19.29	
Medicare Employer's Match	E 200-15-10	30.45	
Medicare Employer's Match	E 205-15-10	18.03	
Medicare Employer's Match	E 300-15-10	160.34	
Medicare Employer's Match	E 320-15-10	38.22	
Medicare Employer's Match	E 340-15-10	115.15	
Medicare Employer's Match	E 350-15-10	3.76	
Medicare Employer's Match	E 500-15-10	66.32	
Medicare Employer's Match	E 600-15-10	1.41	
Medicare Employer's Match	E 620-15-10	17.03	
Medicare Employer's Match	E 700-15-10	12.50	
Medicare Employer's Match	E 940-15-10	28.97	
FICA Employer's Match	E 205-15-20	6.20	
FICA Employer's Match	E 300-15-20	342.23	
FICA Employer's Match	E 320-15-20	147.92	
EIC	G 10-2021-00		0.00
Deductions-----			
REG PENSION	G 10-2023-00		1,625.02
POLICE PENSION	G 10-2023-00		623.84
COLONIAL LIF	G 10-2024-00		3.13
IP ABT	G 10-2025-00		116.38
IPTAX	G 10-2025-00		54.82
TOWN TAXES	G 10-2026-00		531.82
UNION DUES AFSCME 1458-032	G 10-2032-00		118.80
HEALTH INS PRETAX	G 10-2033-00		714.59

Payroll Accounting Charges

Pay Date: 04/05/2019

VOLUNTARY LIFE	G 10-2034-00	13.43
VISION INS PRETAX	G 10-2035-00	26.30
GARNISHMENT	G 10-2037-00	103.20
DENTAL PRETAX	G 10-2038-00	18.71

Paid-----

Federal Tax W/H	G 10-2021-00	3,187.28	
FICA W/H	G 10-2021-00	992.70	
Medicare W/H	G 10-2021-00	1,092.70	
State Tax W/H	G 10-2022-00	1,427.62	
GARNISHMENT	G 10-2037-00	103.20	
Due To\From	G 21-1600-10		2,314.98
Due To\From	G 10-1600-21	2,314.98	
04/05/2019 PYDTDF - Cash	G 10-1010-00		37,358.36

Totals		50,323.68	50,323.68
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Total:	Gross Pay	40,162.50
	Federal Tax W/H	3,187.28
	FICA Tax W/H	496.35
	Medicare Tax W/H	546.35
	State Tax W/H	1,427.62
	Local Tax W/H	
	Deductions W/H	3,950.04
	Net Pay	30,554.86
	FICA Match	496.35
	Medicare Match	546.35
	Employer Match	0.00

Warrant 73

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description			Account	Proj		
01709 COASTAL RESOURCES OF MAINE LLC						
0372	29802	03	54.67T @ 70/T		19WALD10010	
54.67T @ 70/T			E 940-85-50		3,826.90	0.00
			TRANSFER STA - Other Expens / Tipping Fees			
			Vendor Total-		3,826.90	
00365 CONSOLIDATED COMMUNICATIONS INC						
0372	29803	03	TELEPHONES		2078325369606	
TELEPHONES			E 250-50-40		256.43	0.00
			MUN BUILDING - Utilities / Phone/WIFI			
TELEPHONES			E 500-50-40		28.97	0.00
			PUBLIC WORKS - Utilities / Phone/WIFI			
TELEPHONES			E 940-50-40		28.97	0.00
			TRANSFER STA - Utilities / Phone/WIFI			
			Vendor Total-		314.37	
00382 FIRE TECH & SAFETY OF N.E.						
0372	29804	03	2 RETAINING SCREWS		178566	
2 RETAINING SCREWS			E 320-20-65		8.20	0.00
			FIRE - Operating Ex / Supplies			
			Vendor Total-		8.20	
00437 GORDON LIBBY FOREST						
0372	29805	03	3 TRIPS @ 450/EA		44973	
3 TRIPS @ 450/EA			E 940-85-60		1,350.00	0.00
			TRANSFER STA - Other Expens / Trans Servic			
			Vendor Total-		1,350.00	
00512 HOWARD P FAIRFIELD LLC						
0372	29806	03			6517070	
10 8' PLOW BLADES @ 150			E 500-70-50		1,500.00	0.00
			PUBLIC WORKS - Roads / Blades			
10 6' WINGS @ 120			E 500-70-50		1,200.00	0.00
			PUBLIC WORKS - Roads / Blades			
4 6X9 WINGS @ 180			E 500-70-50		432.00	0.00
			PUBLIC WORKS - Roads / Blades			
			Vendor Total-		3,132.00	
00745 MARITIME ENERGY						
0372	29807	03	993G @ 2.503/G		57974	*** SEPARATE ***
993G @ 2.503/G			E 500-60-40		2,485.47	0.00
			PUBLIC WORKS - Equip R&M / Gas & Diesel			
			Invoice Total-		2,485.47	
0372	29808	03	565G @ 2.5188/G		58890	*** SEPARATE ***
565G @ 2.5188/G			E 500-60-40		1,423.13	0.00
			PUBLIC WORKS - Equip R&M / Gas & Diesel			
			Invoice Total-		1,423.13	
0372	29809	03	249.7G @ 2.330/G		50119	
249.7G @ 2.330/G			E 500-50-20		581.80	0.00
			PUBLIC WORKS - Utilities / Heating Oil			
			Invoice Total-		581.80	
0372	29809	03	167.2G @ 2.330/G		50606	
167.2G @ 2.330/G			E 250-50-20		389.58	0.00
			MUN BUILDING - Utilities / Heating Oil			
			Invoice Total-		389.58	
0372	29809	03	172.6G @ 2.330/G		50605	
172.6G @ 2.330/G			E 630-50-20		402.16	0.00
			FRIENDSHIP S - Utilities / Heating Oil			

Warrant 73

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description			Account	Proj		
				Invoice Total-	402.16	
				Vendor Total-	5,282.14	
01025 RELIABLE CLEANING SYSTEMS						
0372	29810	03	POWER WASHER NOZZLE	12279		
			E 500-60-70		98.00	0.00
			PUBLIC WORKS - Equip R&M / Vehicle Main			
				Vendor Total-	98.00	
01056 ROLFE III/BRUCE G						
0372	29811	03	REIM BOOTS	SUPER SHOES		
			E 940-20-20		116.04	0.00
			TRANSFER STA - Operating Ex / Clothing			
				Vendor Total-	116.04	
01102 SECRETARY OF STATE						
0372	29801	03	03/19/2019 - 03/26/2019	15160		
			G 10-2010-05		4,905.06	0.00
			GENERAL FUND / BMV REGISTRA			
				Vendor Total-	4,905.06	
01271 TREASURER STATE OF MAINE						
0372	29812	03	ANNUAL RPT FEES TS	DEP 0305191 SWF		
			E 940-20-60		189.00	0.00
			TRANSFER STA - Operating Ex / Rec/Proc Fee			
				Vendor Total-	189.00	
01293 TWIN PINE ENTERPRISES						
0372	29813	03	ANTIFREEZE	516913		
			E 500-60-40		48.42	0.00
			PUBLIC WORKS - Equip R&M / Gas & Diesel			
				Vendor Total-	48.42	
				Prepaid Total-	4,905.06	
				Current Total-	14,365.07	
				EFT Total-	0.00	
				Warrant Total-	19,270.13	

TO THE TREASURER:

PAY TO EACH OF THE PERSONS NAMED IN THE ABOVE WARRANT, ACCOMPANYING SCHEDULES OF BILLS PAYABLE THE SUMS SET AGAINST THEIR RESPECTIVE NAMES, AMOUNTING IN THE AGGREGATE TO THE WARRANT TOTAL ABOVE AND CHARGE THE SAME TO THE APPROPRIATIONS OR ACCOUNT INDICATED.

APPROVED

Warrant 74

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description	Account	Proj				
00022 AFSCME COUNCIL 93						
0377	29814	04	MARCH DUES			
MARCH DUES	G 10-2032-00				643.50	0.00
	GENERAL FUND / UNION DUES					
			Vendor Total-		643.50	
00029 ALEXANDER/SUSAN						
0377	29815	04	3/26 SB MINUTES			
3/26 SB MINUTES	E 120-10-30				100.00	0.00
	TOWN MGR - Payroll Comp / P-T Emp					
			Vendor Total-		100.00	
01653 BENNER/MARCUS						
0377	29816	04	REIM MILEAGE 225 MILES	03/31/2019		
REIM MILEAGE 225 MILES	E 620-20-75				122.63	0.00
	RECREATION - Operating Ex / Travel					
			Vendor Total-		122.63	
00252 COLONIAL SUPPLEMENTAL INS						
0377	29817	04	DAIGLE/JOHN R	E9314741		
DAIGLE/JOHN R	G 10-2024-00				12.50	0.00
	GENERAL FUND / GROUP INS					
			Vendor Total-		12.50	
01666 KEIZER/JULIE						
0377	29818	04		03/31/2019		
JAN CELL PHONE	E 120-50-40				50.00	0.00
	TOWN MGR - Utilities / Phone/WIFI					
FEB CELL PHONE	E 120-50-40				50.00	0.00
	TOWN MGR - Utilities / Phone/WIFI					
MAR CELL PHONE	E 120-50-40				50.00	0.00
	TOWN MGR - Utilities / Phone/WIFI					
REIM 252 MILES	E 120-20-75				137.35	0.00
	TOWN MGR - Operating Ex / Travel					
			Vendor Total-		287.35	
00765 MCKENNEY/DARRYL L.						
0377	29819	04	REIM 228 MILES	03/26/2019		
REIM 228 MILES	E 150-20-75				124.26	0.00
	ASSESSMENT - Operating Ex / Travel					
			Vendor Total-		124.26	
00956 PITNEY BOWES PURCHASE POWER						
0377	29820	04	POSTAGE	800090900258705		
POSTAGE	E 120-20-45				235.00	0.00
	TOWN MGR - Operating Ex / Postage					
POSTAGE	E 150-20-45				800.00	0.00
	ASSESSMENT - Operating Ex / Postage					
POSTAGE	E 200-20-45				2,500.00	0.00
	FINANCE - Operating Ex / Postage					
POSTAGE	E 205-20-45				300.00	0.00
	TOWN CLERK - Operating Ex / Postage					
POSTAGE	E 300-20-45				100.00	0.00
	EMERG MED - Operating Ex / Postage					
POSTAGE	E 350-20-45				200.00	0.00
	SHELLFISH - Operating Ex / Postage					
POSTAGE	E 700-20-45				65.00	0.00
	PLAN & DEV - Operating Ex / Postage					
			Vendor Total-		4,200.00	
01102 SECRETARY OF STATE						

Warrant 74

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description			Account	Proj		
0377	29821	04	03/26/2019 - 04/02/2019	15160		
03/26/2019 - 04/02/2019			G 10-2010-05		7,502.31	0.00
			GENERAL FUND / BMV REGISTRA			
			Vendor Total-		7,502.31	
01263 TREASURER LINCOLN COUNTY						
0377	29822	04	MARCH COMPOST			
MARCH COMPOST			R 940-3434		78.00	0.00
			TRANSFER STA - DISPOSAL FEE			
			Vendor Total-		78.00	
01266 TREASURER STATE OF MAINE						
0377	29823	04	REGISTRATIONS	97365		
REGISTRATIONS			G 10-2010-01		1,347.63	0.00
			GENERAL FUND / IF&W LICENSE			
			Invoice Total-		1,347.63	
0377	29823	04	LICENSES	97365		
LICENSES			G 10-2010-04		463.00	0.00
			GENERAL FUND / IF&W REGISTR			
			Invoice Total-		463.00	
			Vendor Total-		1,810.63	
01703 US BANK EQUIPMENT FINANCE						
0377	29824	04	1 MONTH COPIER LEASE	380364786		
1 MONTH COPIER LEASE			E 200-60-20		106.00	0.00
			FINANCE - Equip R&M / Equip Rental			
			Vendor Total-		106.00	
01350 WALDOBORO/TOWN OF						
0377	29825	04		MARCH TAX CLUB		
DUCHARME RE2650			G 10-2026-00		205.00	0.00
			GENERAL FUND / TOWN RE TAX			
TYNAN RE187			G 10-2026-00		200.00	0.00
			GENERAL FUND / TOWN RE TAX			
EATON RE1146 PP59			G 10-2026-00		640.00	0.00
			GENERAL FUND / TOWN RE TAX			
MCKAY RE351			G 10-2026-00		456.66	0.00
			GENERAL FUND / TOWN RE TAX			
SEARLE RE210			G 10-2026-00		240.00	0.00
			GENERAL FUND / TOWN RE TAX			
ROLFE RE2609			G 10-2026-00		207.00	0.00
			GENERAL FUND / TOWN RE TAX			
			Vendor Total-		1,948.66	
			Prepaid Total-		0.00	
			Current Total-		16,935.84	
			EFT Total-		0.00	
			Warrant Total-		16,935.84	

TO THE TREASURER:

PAY TO EACH OF THE PERSONS NAMED IN THE ABOVE WARRANT, ACCOMPANYING SCHEDULES OF BILLS PAYABLE THE SUMS SET AGAINST THEIR RESPECTIVE NAMES, AMOUNTING IN THE AGGREGATE TO THE WARRANT TOTAL ABOVE AND CHARGE THE SAME TO THE APPROPRIATIONS OR ACCOUNT INDICATED.

APPROVED



Town of Waldoboro, Maine

<http://www.waldoboromaine.org>

P.O. Box J

Waldoboro, ME 04572-0911

Phone: (207) 832-5369

Fax: (207) 832-6061

**APPLICATION FOR LICENSE
POOL HALL / BOWLING LANES
PAWNBROKER**

(Please check all that apply and enclose \$10.00 each)

Pool Hall X

Bowling Lanes _____

Pawnbroker _____

Name of Proprietor: **Resolutions d/b/a Riverside Billiards**

Name of Establishment: **Riverside Billiards (Leslie Crouse)**

Street Address: **75 Winslows Mills Road, Waldoboro**

Mailing Address *(if different)*: **PO Box 221, Waldoboro**

Telephone Number: **207-975-3932**

Hours of Operation: **5:30 p.m. to 12:00 a.m.**

Signature: *Leslie Crouse*