

**SPECIAL TOWN COUNCIL MEETING**  
**AGENDA (Annual Licensing)**  
**May 11, 2026**  
**6:30 PM**

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**The Zoom Link to the meeting is provided below for those wishing to attend virtually:**

<https://us02web.zoom.us/j/7495106748>

**This meeting is being held at Northern Penobscot Tech Region III at 35 West Broadway**

**1a. Call to Order**

Council Chair; Stephen Clay \_\_\_\_\_, Vice Chair: David Ireland \_\_\_\_\_.

Councilors; Cathy Moison \_\_\_\_\_, Gordon Street \_\_\_\_\_, Sheldon Hanington \_\_\_\_\_, Eric Rojo \_\_\_\_\_, and Lee Rand \_\_\_\_\_.

**1b. Pledge of Allegiance**

**2. Open Forum:** The Council will allow Lincoln residents and/or Lincoln taxpayers to comment prior to Council action on agenda items. Individuals wishing to be heard by the Council will be recognized by the Council Chair. The individual must identify themselves to the Council by first and last name and/or business owner. After identifying themselves, the speaker may make brief comments regarding items on the agenda that do not have a public hearing. The Council Chair may set a time limit on the length of public comment and/or a time limit for individual speakers.

**3a. Public Hearing-Renewal Special Amusement Permits (0101)**

**SUGGESTED MOTION:** Move to open a public hearing for the purpose of hearing oral and written comments on the proposed issuance of renewal Special Amusement Permits to the following businesses:

Columbian Knights Association #5029  
Gather Brunch & Bar  
Gillmor's Restaurant & Lounge  
Lincoln Snowhounds Club  
Lincoln Tap House  
The Forester Pub  
49 Maine, LLC

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

TIME STARTED: \_\_\_\_\_ TIME CLOSED: \_\_\_\_\_

**3b. Issuance of Renewal Special Amusement Permits (0101)**

**SUGGESTED MOTION:** Move to issue renewal Special Amusement Permits to the following businesses:

Columbian Knights Association  
Gather Brunch & Bar  
Gillmor's Restaurant  
Lincoln Snowhounds Club  
Lincoln Tap House  
The Forester Pub  
49 Maine, LLC

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

**4. Approve Issuance of Renewal Pawnbroker Licenses (0101)**

**SUGGESTED MOTION:** Move to issue a renewal Pawnbroker License to Main Street Trading.

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

**5. Approve Issuance of Renewal Blanket Letters of Approval (0101)**

**SUGGESTED MOTION:** Move to issue renewal Blanket Letters of Approval for Games of Chance (*Beano-Bingo*) to the following businesses:

Carl Burrill American Legion Post #77  
Colombian Knights Association #5029

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

**6. Approve Issuance of Renewal Victualer Licenses (0101)**

**SUGGESTED MOTION:** Move to issue renewal Victualer Licenses to the following businesses; excluding Carl Burrill American Legion Post #77, Colombian Knights Association #5029, and Subway of Lincoln:

Aunnie Ashley's Variety  
Big Apple  
Big Rig Creamery  
Carl Burrill American Legion Post #77  
Charlie's Seafood

Circle K #7048  
Colombian Knights Association #5029  
Dunkin Donuts  
Dysart's Travel Stop  
Eagle Lodge and Camps  
49 Maine, LLC  
Gather Brunch and Bar  
Gillmor's Restaurant & Lounge  
Hannaford Supermarket & Pharmacy #8140  
High Street Market  
JATO Highlands Golf Course  
JJ's Pizza and Subs  
Lincoln House of Pizza  
Lincoln Snowhounds Club  
Lincoln Tap House  
Lincoln Why Not Stop- Convenience Store  
McDonald's of Lincoln  
Ninja Japanese Express  
Pat's Pizza- Lincoln  
Penobscot Valley Hospital Café  
Steaks N' Stuff  
Stewart Professional Learning Center  
Subway of Lincoln  
The Forester Pub  
Wake Zone Energy  
Wendy's Restaurant  
Why Not Stop Deli  
Wing Wah Restaurant

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

**7. Approve Issuance of Renewal Innkeeper Licenses (0101)**

**SUGGESTED MOTION:** Move to issue renewal Innkeeper Licenses to the following businesses:

Briarwood Motor Inn  
Eagle Lodge and Camps  
Lincoln House Motel  
The Whitetail Inn and Suites

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

**8. Approve Renewal Billiards License (0101)**

**SUGGESTED MOTION:** Move to approve the issuance of a renewal Billiard's license to Lincoln Tap House.

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

**9. Adjourn**

**SUGGESTED MOTION:** Move to adjourn the meeting at \_\_\_\_pm.

MOTION: \_\_\_\_\_ SECOND: \_\_\_\_\_ VOTE: \_\_\_\_\_

**Upcoming Meetings and other Noteworthy Items:**

May 7 <sup>th</sup>	6 <sup>th</sup> FY2027 Budget Committee Meeting-6pm
May 11 <sup>th</sup>	Annual Licensing Council Meeting-6pm
May 11 <sup>th</sup>	Regular Council Meeting-7pm
May 12 <sup>th</sup>	Events and Tourism Meeting- 5:30pm
May 14 <sup>th</sup>	FBI Scam Awareness Presentation at Town Office- 1pm
May 15 <sup>th</sup>	2 <sup>nd</sup> Half of FY2026 Tax Bills Due
May 18 <sup>th</sup>	Town Council FY2027 Budget Workshop-6pm
May 19 <sup>th</sup>	Planning Board-6pm
May 20 <sup>th</sup>	Council Work Session 6pm to 8pm (open time for residents to come speak with the Council; questions and/or concerns in an informal setting).
May 21 <sup>st</sup>	RSU67 Town Hall Style Budget Vote- 6pm at MA
May 25 <sup>th</sup>	All Town Departments Closed for Memorial Day
May 26 <sup>th</sup>	FY2027 Budget 1 <sup>st</sup> Public Hearing-6pm
June 1 <sup>st</sup>	FY2027 Budget 2 <sup>nd</sup> Public Hearing-6pm
June 9 <sup>th</sup>	State Primary and RSU67 Budget Referendum 8am-8pm at MA
June 15 <sup>th</sup>	FY2027 Municipal Budget Vote-6pm
June 19 <sup>th</sup>	All Town Departments Closed for Juneteenth
June 24 <sup>th</sup>	Council Work Session 6pm to 8pm (open time for residents to come speak with the Council; questions and/or concerns in an informal setting).

\*Meetings and other noteworthy items are subject to change without notice.\*

AGENDA REQUEST

\* Please note Public Notices need a 7-14-day advance notice in the paper depending on subject.

Council Meeting Date: May 11, 2026	Today's Date: May 6, 2026
Department: Town Clerk	
Department #: 0101	

**Request:**

**Public Hearing-Renewal Special Amusement Permits (0101)**

Move to open a public hearing for the purpose of hearing oral and written comments on the proposed issuance of renewal Special Amusement Permits to the following businesses:

- Columbian Knights Association #5029
- Gather Brunch & Bar
- Gillmor's Restaurant & Lounge
- Lincoln Snowhounds Club
- Lincoln Tap House
- The Forester Pub
- 49 Maine, LLC

**Issuance of Renewal Special Amusement Permits (0101)**

Move to issue renewal Special Amusement Permits to the following businesses:

- Columbian Knights Association
- Gather Brunch & Bar
- Gillmor's Restaurant
- Lincoln Snowhounds Club
- Lincoln Tap House
- The Forester Pub
- 49 Maine, LLC

Action Needed From Council: Conduct a public hearing and approve renewal licenses

Is This Item Budgeted:	
Was This A Bid Process:	Lowest Bid:
Is Public Hearing Required:	
If So What Dates:	

Date: March 16, 2006 Business: 49 Maine, LLC  
Name of Applicant: Brad Libbin  
Resident Address: 42 Main St. Lincoln, ME 04457  
Business Name: 49 Maine  
Business Location: 49 Main St. Lincoln  
Mailing Address: 42 main St. Lincoln, ME 04457  
Contact Person: Jeremy Priest  
Telephone Number: 207. 659. 8778

If Incorporated, Name of Registered Agent: \_\_\_\_\_

Registered Agent's address: \_\_\_\_\_

Does someone other than the applicant own the property? \_\_\_\_\_ Yes  No

If yes, list name and last known address of property owner: \_\_\_\_\_

Describe in detail the kind and nature of entertainment: Restaurant -  
Live Music - No Dancing

Have you ever had a license to conduct the business described herein denied or revoked?  
No  Yes  If so, why? \_\_\_\_\_

Have you or any of your partners or corporate officers ever been convicted of a felony?  
No  Yes  If Yes, describe (be specific) \_\_\_\_\_

If alcoholic beverages are to be sold or consumed on the premises, please enclose a copy of the current liquor license or bottle club registration.

[Signature]  
Authorized Signature

Jeremy Priest  
Printed Signature  
Title: COO

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

First Time Applicant \$35.00 This covers Application and Ad fees

Renewal Application \$25.00 This covers Application and Ad fees

Checks are made payable to the Town of Lincoln.

**Come for the lakes stay for the lifestyle**

Date: 4-15-2026 Business: COLUMBIAN KNIGHTS ASSOCIATION  
Name of Applicant: Michael Ireland  
Resident Address: 47 Woodville Rd CHESTER ME 04457  
Business Name: Knights of Columbus  
Business Location: Lincoln, ME 04457 1003 WEST BROADWAY  
Mailing Address: P.O. BOX 506 Lincoln, ME 04457  
Contact Person: Michael Ireland  
Telephone Number: 207-290-7420

If Incorporated, Name of Registered Agent: \_\_\_\_\_

Registered Agent's address: \_\_\_\_\_

Does someone other than the applicant own the property?  Yes  No

If yes, list name and last known address of property owner: \_\_\_\_\_

Describe in detail the kind and nature of entertainment: WEDDINGS, BEREAVEMENTS, CRAFT FAIRS, SPORTSMAN SHOTS, Benefits

Have you ever had a license to conduct the business described herein denied or revoked?

No  Yes  If so, why? \_\_\_\_\_

Have you or any of your partners or corporate officers ever been convicted of a felony?

No  Yes  If Yes, describe (be specific) \_\_\_\_\_

If alcoholic beverages are to be sold or consumed on the premises, please enclose a copy of the current liquor license or bottle club registration.

Michael Ireland  
Authorized Signature

Michael Ireland  
Printed Signature

Title: Deputy Grand Knight

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

First Time Applicant \$35.00 This covers Application and Ad fees

Renewal Application \$25.00 This covers Application and Ad fees

Checks are made payable to the Town of Lincoln.

**Come for the lakes stay for the lifestyle**



Special Amusement Permit for Dancing & Entertaining Application

Date: 04/23/26 Business: GATHER BRUNCH + BAR (FULL-SERVICE RESTAURANT)
Name of Applicant: TYLER ARNOLD
Resident Address: 31 HOLIDAY LANE, ENFIELD, ME, 04493
Business Name: GATHER BRUNCH AND BAR
Business Location: 1 FLEMING ST., LINCOLN, ME, 04457
Mailing Address: SAME AS ABOVE
Contact Person: TYLER ARNOLD
Telephone Number: (207) 794-5056
If Incorporated, Name of Registered Agent:
Registered Agent's address:
Does someone other than the applicant own the property? Yes No (X)
If yes, list name and last known address of property owner:

Describe in detail the kind and nature of entertainment: OCCASIONAL TRIVIA NIGHTS.

Have you ever had a license to conduct the business described herein denied or revoked? No (X) Yes If so, why?

Have you or any of your partners or corporate officers ever been convicted of a felony? No (X) Yes If Yes, describe (be specific)

If alcoholic beverages are to be sold or consumed on the premises, please enclose a copy of the current liquor license or bottle club registration.

Authorized Signature (Handwritten: Tyler Arnold)

Printed Signature: TYLER ARNOLD

Title: OWNER

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

First Time Applicant \$35.00 This covers Application and Ad fees

Renewal Application \$25.00 This covers Application and Ad fees

Checks are made payable to the Town of Lincoln.

Come for the lakes stay for the lifestyle

Date: 04/23/26 Type of Business: FULL-SERVICE RESTAURANT  
Name of Business: GATHER BRUNCH AND BAR  
Recorded Owner: TYLER ARNOLD  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 1 FLEMING ST., LINCOLN, ME, 04457  
Mailing Address: SAME AS ABOVE  
Contact Person: TYLER ARNOLD Telephone # (207)794-8056  
Seating Capacity: 70 SEATS

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

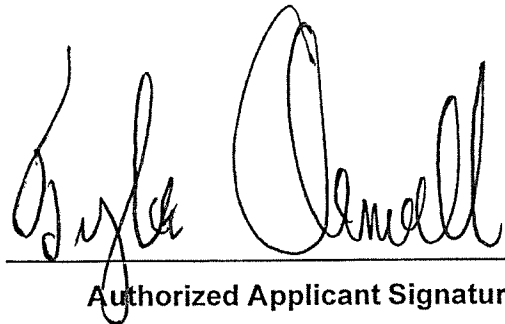
Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

  
\_\_\_\_\_  
Authorized Applicant Signature



Special Amusement Permit for Dancing & Entertaining Application

Date: 3/28/24 Business: Gillmors Restaurant
Name of Applicant: Theriault Operations, LLC
Resident Address: 236 W. Broadway, Lincoln, ME 04457
Business Name: Gillmors Restaurant & Lounge
Business Location: 236 W. Broadway
Mailing Address: 236 W. Broadway Lincoln, ME 04457
Contact Person: Kurtney Theriault
Telephone Number: 207-290-1975
If Incorporated, Name of Registered Agent:

Registered Agent's address:
Does someone other than the applicant own the property? Yes No
If yes, list name and last known address of property owner:

Describe in detail the kind and nature of entertainment: Restaurant (sometimes music (live))

Have you ever had a license to conduct the business described herein denied or revoked?
No Yes If so, why?

Have you or any of your partners or corporate officers ever been convicted of a felony?
No Yes If Yes, describe (be specific)

If alcoholic beverages are to be sold or consumed on the premises, please enclose a copy of the current liquor license or bottle club registration.

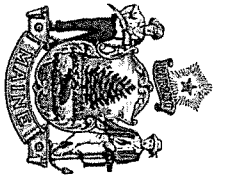
Authorized Signature: [Signature] Printed Signature: Kurtney Theriault
Title: Owner

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

First Time Applicant \$35.00 This covers Application and Ad fees
Renewal Application \$25.00 This covers Application and Ad fees

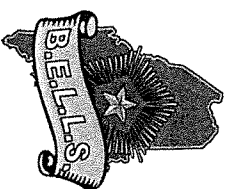
Checks are made payable to the Town of Lincoln.

Come for the lakes stay for the lifestyle



STATE OF MAINE  
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS  
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

LIQUOR LICENSE



On-Premises: Beer, Wine & Spirits

License Number:	CARL-26-107690	Premises:	Gillmor's Restaurant
Licensee:	Theriant Operations, LLC	Address:	236 W BROADWAY LINCOLN ME 04457-4006
Secondary Licenses:	None	Conditions:	None



\_\_\_\_\_  
Louis J. Luchini, Director  
Bureau of Alcoholic Beverages and Lottery Operations

*Louis J. Luchini*

Effective: 02/01/2026 to 01/31/2027

This license is valid only between the issue date and the expiration date appearing on this document. This license may be used only for the named holder at the location for which the license was issued. The person or business named in this license is authorized to sell or serve liquor as permitted by Maine law for the license type designated in this license. All licensees shall make available for inspection their licenses at the premises to which those licenses apply. This license or each type of license issued as part of this license is subject to fine, suspension, or revocation pursuant to Title 28-A of Maine law.

Date: 3/16/26 Business: The Forester Pub LLC  
Name of Applicant: Thomas W. Gardner  
Resident Address: PO Box 189- Lincoln ME 04457  
Business Name: The Forester Pub LLC  
Business Location: 204 West Broadway  
Mailing Address: PO Box 189- Lincoln ME 04457  
Contact Person: Tom Gardner - Katrina Peters  
Telephone Number: 794-2303 290-7632

If Incorporated, Name of Registered Agent: \_\_\_\_\_

Registered Agent's address: \_\_\_\_\_

Does someone other than the applicant own the property? \_\_\_\_\_ Yes  No

If yes, list name and last known address of property owner: \_\_\_\_\_

Describe in detail the kind and nature of entertainment: \_\_\_\_\_

Have you ever had a license to conduct the business described herein denied or revoked?  
No  Yes  If so, why? \_\_\_\_\_

Have you or any of your partners or corporate officers ever been convicted of a felony?  
No  Yes  If Yes, describe (be specific) \_\_\_\_\_

If alcoholic beverages are to be sold or consumed on the premises, please enclose a copy of the current liquor license or bottle club registration.

Thomas W. Gardner  
Authorized Signature

Thomas W. Gardner  
Printed Signature

Title: Owner

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

First Time Applicant \$35.00 This covers Application and Ad fees

Renewal Application \$25.00 This covers Application and Ad fees

Checks are made payable to the Town of Lincoln.

**Come for the lakes stay for the lifestyle**

Date: 4-25-26 Business: Lincoln Snowhounds Snowmobile Club

Name of Applicant: \_\_\_\_\_

Resident Address: 155 Town Farm Road

Business Name: Lincoln Snowhounds Snowmobile Club

Business Location: 155 Town Farm Road

Mailing Address: PO. Box 343 Lincoln, ME 04457

Contact Person: Stephen Lumbra

Telephone Number: (207) 592-6410

If Incorporated, Name of Registered Agent: \_\_\_\_\_

Registered Agent's address: \_\_\_\_\_

Does someone other than the applicant own the property? \_\_\_\_\_ Yes  No

If yes, list name and last known address of property owner: Dance, Club meetings

Facility, Rentals, Craft Fairs

Describe in detail the kind and nature of entertainment: \_\_\_\_\_

Have you ever had a license to conduct the business described herein denied or revoked?

No  Yes  If so, why? \_\_\_\_\_

Have you or any of your partners or corporate officers ever been convicted of a felony?

No  Yes  If Yes, describe (be specific) \_\_\_\_\_

If alcoholic beverages are to be sold or consumed on the premises, please enclose a copy of the current liquor license or bottle club registration.

  
Authorized Signature

Stephen M. Lumbra  
Printed Signature

Title: President

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

First Time Applicant \$35.00 This covers Application and Ad fees

Renewal Application \$25.00 This covers Application and Ad fees

Checks are made payable to the Town of Lincoln.

**Come for the lakes stay for the lifestyle**

Date: 5/1/26 Business: LINCOLN TAP HOUSE  
Name of Applicant: GREGORY HAWES  
Resident Address: 120 MOUNTAIN ROAD RD EDDINGTON ME 04428  
Business Name: LINCOLN TAP HOUSE  
Business Location: 222 W BROADWAY LINCOLN ME 04457  
Mailing Address: 222 W BROADWAY LINCOLN ME 04457  
Contact Person: GREG HAWES  
Telephone Number: 207-852-0575

If Incorporated, Name of Registered Agent: GREGORY DOER  
Registered Agent's address: 61 MAIN ST. #1 BANGOR ME 04401

Does someone other than the applicant own the property?  Yes  No

If yes, list name and last known address of property owner: DAVE PROPERTIES  
PO Box 1221 HOLDEN ME 04429

Describe in detail the kind and nature of entertainment: BANDS, DJ, KARAOKE,  
DANCING, POOL TABLES


Have you ever had a license to conduct the business described herein denied or revoked?

No  Yes  If so, why? \_\_\_\_\_

Have you or any of your partners or corporate officers ever been convicted of a felony?

No  Yes  If Yes, describe (be specific) \_\_\_\_\_

If alcoholic beverages are to be sold or consumed on the premises, please enclose a copy of the current liquor license or bottle club registration.

  
Authorized Signature

GREG HAWES  
Printed Signature

Title: MANAGING MEMBER

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

First Time Applicant \$35.00 This covers Application and Ad fees

Renewal Application \$25.00 This covers Application and Ad fees

Checks are made payable to the Town of Lincoln.

**Come for the lakes stay for the lifestyle**

AGENDA REQUEST

\* Please note Public Notices need a 7-14-day advance notice in the paper depending on subject.

Council Meeting Date: May 11, 2026	Today's Date: May 6, 2026
------------------------------------	---------------------------

Department: Town Clerk

Department #: 0101

**Request:**

**Approve Issuance of Renewal Pawnbroker Licenses (0101)**

Move to issue a renewal Pawnbroker License to Main Street Trading.

Action Needed From Council: Approve renewal licenses

Is This Item Budgeted:

Was This A Bid Process:	Lowest Bid:
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Is Public Hearing Required:

If So What Dates:



Pawnbroker/Junk Dealer  
Resale – Consignment  
License Application

Date: 4/20/26  
 Name of Business: Main Street Trading Center  
 Recorded Owner: James Southworth Leonard  
 If Incorporated, Registered Agent:  
 Registered Agent's Address: 43 Main St. Lincoln ME 04457  
 Location of Business: 43 MAIN Street Lincoln ME 04457  
 Mailing Address: 43 Main St Lincoln ME 04457  
 Contact Person: JAMES Leonard Telephone # 207-290-0465

Please describe items to be sold:  
Second Hand Items Firearms, Gold, Silver  
MUSICAL INSTRUMENTS

Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation, of any state or the United States, within the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
 Disposition \_\_\_\_\_  
 Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

[Signature]  
 Authorized Signature  
 Title: OWNER

Annual Fee \$20.00

Please Make Checks Payable to: Town of Lincoln

*Come for the lakes stay for the lifestyle*

AGENDA REQUEST

\* Please note Public Notices need a 7–14-day advance notice in the paper depending on subject.

Council Meeting Date: May 11, 2026	Today's Date: May 6, 2026
------------------------------------	---------------------------

Department: Town Clerk

Department #: 0101

**Request:**

**Approve Issuance of Renewal Blanket Letters of Approval (0101)**

Move to issue renewal Blanket Letters of Approval for Games of Chance (*Beano-Bingo*) to the following businesses:

- Carl Burrill American Legion Post #77
- Colombian Knights Association #5029

Action Needed From Council: Approve renewal licenses

Is This Item Budgeted:	
Was This A Bid Process:	Lowest Bid:
Is Public Hearing Required:	
If So What Dates:	

# Blanket Letter of Approval Application

Date: 4-15-2026 Type of Business: CATHOLIC MENS ORGANIZATION  
Name of Organization: KNIGHTS OF COLUMBUS  
Business Address: Lincoln ME 04457 1003 WEST BROADWAY  
Mailing Address: P.O. BOX 506 Lincoln, ME 04457  
Contact Person: Michael Ireland  
Telephone Number: 207-290-7420

If Incorporated, Name of Registered Agent: \_\_\_\_\_

Registered Agent's address: \_\_\_\_\_

Email Address: MISABELHA@GMAIL.COM

Types of License(s) applied for: Games of Chance   
Beano/Bingo

Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation, of any state or the United States, within the past five years?

Yes  No

If the answer to the above question is yes, then complete the following:

Name \_\_\_\_\_

Offense \_\_\_\_\_

Disposition \_\_\_\_\_

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

Location \_\_\_\_\_

Michael Ireland

Authorized Signature

Title: Deputy Grand Knight

Check each license you are applying for. Checks are made payable to the Town of Lincoln.

Games of Chance  Beano Bingo  Each license is \$20.00 per year

Total Fee paid 40.

***Come for the lakes stay for the lifestyle***

## AGENDA REQUEST

\* Please note Public Notices need a 7–14-day advance notice in the paper depending on subject.

Council Meeting Date: May 11, 2026

Today's Date: May 6, 2026

Department: Town Clerk

Department #: 0101

**Request:****Approve Issuance of Renewal Victualer Licenses (0101)**

Move to issue renewal Victualer Licenses to the following businesses; excluding Carl Burrill American Legion Post #77, Colombian Knights Association #5029, and Subway of Lincoln:

Aunnie Ashley's Variety  
Big Apple  
Big Rig Creamery  
Carl Burrill American Legion Post #77  
Charlie's Seafood  
Circle K #7048  
Colombian Knights Association #5029  
Dunkin Donuts  
Dysart's Travel Stop  
Eagle Lodge and Camps  
49 Maine, LLC  
Gather Brunch and Bar  
Gillmor's Restaurant & Lounge  
Hannaford Supermarket & Pharmacy #8140  
High Street Market  
JATO Highlands Golf Course  
JJ's Pizza and Subs  
Lincoln House of Pizza  
Lincoln Snowhounds Club  
Lincoln Tap House

TOWN COUNCIL  
AGENDA REQUEST

YR: 26 MO: 5 ITEM # 6

Lincoln Why Not Stop- Convenience Store  
McDonald's of Lincoln  
Ninja Japanese Express  
Pat's Pizza- Lincoln  
Penobscot Valley Hospital Café  
Steaks N' Stuff  
Stewart Professional Learning Center  
Subway of Lincoln  
The Forester Pub  
Wake Zone Energy  
Wendy's Restaurant  
Why Not Stop Deli  
Wing Wah Restaurant

Action Needed From Council: Approve renewal licenses

Is This Item Budgeted:

Was This A Bid Process:

Lowest Bid:

Is Public Hearing Required:

If So What Dates:



# Victualer License Application

Date: 03-22-20 Type of Business: C-store and Gas Station  
 Name of Business: Dani's Express Mart  
 Recorded Owner: Dani Raval  
 If Incorporated, Registered Agent: \_\_\_\_\_  
 Registered Agent's Address: \_\_\_\_\_  
 Location of Business: 119, main st, Lincoln, ME - 04457  
 Mailing Address: 7 Highland Ave, Lincoln ME - 04457  
 Contact Person: Dani Raval Telephone # 857-499-2021  
 Seating Capacity: \_\_\_\_\_

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
 Disposition \_\_\_\_\_  
 Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

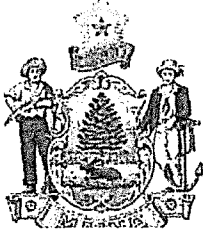
**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

Dani Raval  
 Authorized Applicant Signature



Maine Department of Agriculture, Conservation & Forestry  
 Division of Quality Assurance and Regulations  
 28 State House Station  
 Augusta, Maine 04333-0028  
 Phone: 207-287-3841 Fax: 207-287-5576



**RETAIL FOOD INSPECTION REPORT**

Establishment Name:		Dani's Express Mart				Fee:					
Street Address:		119 Main ST				License #:		5-23156		Expiration: n/a	
City:	Lincoln	State:	ME	Zip:	04457-	Type of Inspection:		Initial			
Telephone:	207.794.0089					Reason for Inspection:		Scheduled			
Email:	milogasstation@gmail.com					Admin. Action Requested		N		Follow-up Date:	
Date:	03/10/2026	Time In:	10:45	Time Out:	13:00	Report #:	892630				

CRITICAL DEFICIENCY POINTS : 0 TOTAL POINTS : 3

**Critical Deficiencies**

**Non-Critical Deficiencies**

VIOLATION: 5-203.13: Service Sink.

Service sink or curbed cleaning facility equipped with a floor drain is not provided

Specifically: No Service Sink provided.

**CORRECTION: Service sink or curbed cleaning facility equipped with a floor drain shall be provided and conveniently located**

**DATE:**

VIOLATION: 4-301.12: Manual Warewashing, Sink Compartment Requirements.

Manual warewashing sinks are lacking sufficient compartments;(3) for operations with continuous or intermittent flow of kitchenware or compartments not large enough to accommodate immersion of largest equipment; (2) compartment sink not ap

Specifically: No warewashing sink provided.

**CORRECTION: Manual warewashing sinks shall be equipped with sufficient compartments (3) for operations with continuous or intermittent flow of kitchenware or compartments large enough to accommodate immersion of largest equipment; (2) compartment sink**

**DATE:**

VIOLATION: 5-501.17: Toilet Room Receptacle, Covered.

Female, toilet rooms lacking a covered receptacle

Specifically: Toilet room receptacle is uncovered.

**CORRECTION: Female toilet rooms shall be provided with a covered receptacle**

**DATE:**

Comments: Spoke with Linda, the store's manager.

Cannot issue a license at this time.

*The store has gone through major renovations. All floors, walls, and ceilings are constructed of new non-porous, smooth, durable, and easily cleanable surfaces.*

*The store is not complete as of the time of inspection. Currently, there is no mop sink provided. The contractor stated they can put one in the utility closet.*

*The store would also like to sell coffee prepared on-site, along with pizza made at one of Dani's other stores in Lincoln. Linda stated it is possible for it to come from High Street Market, which is under the same ownership. Currently, there is no 3-compartment sink located on site. Linda and the contractor stated they will come up with a plan to install one, along with a proper handwashing station, and create a completely separated and segregated area, away from the customer retail space.*

*Linda and the contractor stated they will contact me with a timeline of when these renovations can be completed.*

*I amended the license to add the 4 mid-grade fuel nozzles.*

CB

Inspector: Corey Burlock

Received By:

Signature:

---

Date: 4-21-26 Type of Business: Restaurant  
Name of Business: 49 Maine  
Recorded Owner: Brad Libby  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: 42 Main Street, Lincoln, ME 04457  
Location of Business: 49 Main Street, Lincoln, ME 04457  
Mailing Address: 42 Main Street, Lincoln, ME 04457  
Contact Person: Jeremy Priest Telephone # 207-659-8778  
Seating Capacity: 90

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may *result* in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**



\_\_\_\_\_  
**Authorized Applicant Signature**

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 33186

EATING PLACE TIER 3 90 Seats (in)

49 MAINE  
49 MAIN ST  
LINCOLN ME 04457

EXPIRES: 12/19/2026

FEE: \$300.00

ATTN JEREMY PRIEST  
49 MAINE LLC  
49 MAINE  
42 MAIN ST  
LINCOLN ME 04457



*Janet L. Hoopes*

Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at [tsup.dhhs@maine.gov](mailto:tsup.dhhs@maine.gov) or call 207-287-4627.

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

## State of Maine

Department of Health and Human Services • 11 State House Station, Augusta, ME 04333-0011

FIRST-CLASS  
PRE-SORT  
U.S. POSTAGE PAID  
AUGUSTA ME  
PERMIT NO. 8

ATTN JEREMY PRIEST  
49 MAINE LLC  
49 MAINE  
42 MAIN ST  
LINCOLN ME 04457

Date: 3/15/20 Type of Business: Variety Store  
Name of Business: Aunnie Ashley's Variety  
Recorded Owner: Ashley Morrill  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: 663 W. Broadway  
Location of Business: 663 W. Broadway  
Mailing Address: 663 W. Broadway  
Contact Person: Ashley Telephone # 207-794-8422  
Seating Capacity: 16

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

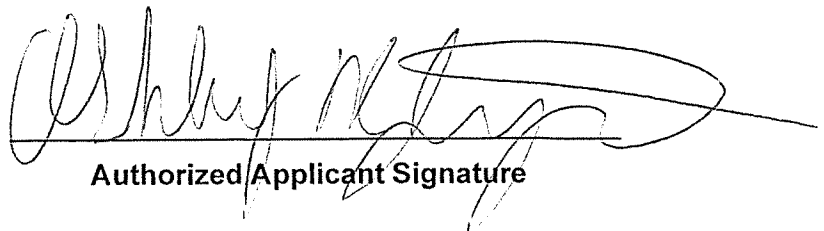
Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

  
Authorized Applicant Signature

Date: 4-7-26 Type of Business: Non-profit  
Name of Business: American Legion Post #77  
Recorded Owner: American Legion Post #77  
If Incorporated, Registered Agent: —  
Registered Agent's Address: —  
Location of Business: 3 Fleming St Lincoln ME 04457  
Mailing Address: "  
Contact Person: Sheldon Harrington Telephone # 207-2909299  
Seating Capacity: 75

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

  
\_\_\_\_\_  
Authorized Applicant Signature

Date: 3/20/2021 Type of Business: Convenience store / Petroleum Products  
Name of Business: Big Apple Lincoln #1063  
Recorded Owner: CANBROWN COMPANY  
If Incorporated, Registered Agent: Hastings, Maine PA  
Registered Agent's Address: 376 - Main St. Fryeburg, ME 04037  
Location of Business: 24 Fleming St Lincoln, ME 04157  
Mailing Address: 100 Brown Way So. Paris, ME 04281  
Contact Person: Linda Macdonald Telephone # 207-891-1451  
Seating Capacity: 0

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\*** *NO inspection records / copy of Health License / enclosed.*  
**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

*Linda Macdonald*  
Authorized Applicant Signature



# State of Maine

Department of Agriculture, Conservation & Forestry  
Division of Quality Assurance & Regulations  
28 State House Station, Augusta, ME 04333-0028  
(207) 287-3841

SERIAL NUMBER

174104

1-2752

October 17, 2025

December 31, 2026

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

*This certifies that*  
**Big Apple 1063 The  
CN Brown Co; Att: L MacDonald  
1 CN Brown WAY  
  
South Paris, ME 04281-1600**

## CONVENIENCE STORE

Location: 34 Flemming ST, Lincoln

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Retail Meat	Prepackaged for Direct Sale	10.00
Retail Food Establishment	0 to 10 Coffee/Tea(prepared on site) Dairy Products Fruit Juices Hotdog Steamer Prepackaged Meat Prepackaged Food	20.00
Retail Fuel	Nozzles: 18	360.00
<b>TOTAL:</b>		<b>390.00</b>



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

*Amanda Beal*

*Collette J. Franklin*

Commissioner

Director

Date: 3-16-2026 Type of Business: Ice Cream Shop  
Name of Business: Big Rig Creamery  
Recorded Owner: Scott A. Gardner  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 154 West Broadway  
Mailing Address: P.O. Box 100 Lincoln, ME 04457  
Contact Person: William T. Gardner Telephone # 207-290-0897  
Seating Capacity: 0 - outdoor only

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

Scott A Gardner

Authorized Applicant Signature

Date: 3/16/26 Type of Business: Restaurant  
Name of Business: Charlie's Seafood  
Recorded Owner: Carriage Lane Ventures LLC  
If Incorporated, Registered Agent: Dean Beaupain  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 20 School St Lincoln, ME 04457  
Mailing Address: 13 Carriage Ln. Hampden, ME 04444  
Contact Person: Galaxy Hume Telephone # 207-852-9221  
Seating Capacity: 40

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

  
\_\_\_\_\_  
Authorized Applicant Signature

Date: 03/19/26 Type of Business: Convenience Store w/fuel  
Name of Business: Circle K #14707048  
Recorded Owner: Irving Oil Corp, Mac's Convenience Stores, LLC  
If Incorporated, Registered Agent: Corporation Service Company  
Registered Agent's Address: 45 Memorial Circle Augusta ME 04330  
Location of Business: 114 W. Broadway Lincoln ME 04457  
Mailing Address: P.O. Box #347 Columbus IN 47202  
Contact Person: Noel Whitten Telephone # 812.379.9227  
Seating Capacity: 0 X 8954

Has applicant(s) /or manager ever been convicted of a violation of the law, other than a minor traffic violation /or misdemeanor, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

Melissa Duncan  
Authorized Applicant Signature



# State of Maine

Department of Agriculture, Conservation & Forestry  
Division of Quality Assurance & Regulations  
28 State House Station, Augusta, ME 04333-0028  
(207) 287-3841

SERIAL NUMBER

173573

2-23483

October 9, 2025

December 31, 2026

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Circle K #4707048**  
**Mac's Convenience Stores LLC**  
**PO Box 347**  
  
**Columbus, IN 47202-**

## CONVENIENCE STORE

**Location: 114 W Broadway, Lincoln**

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Retail Meat	Prepackaged for Direct Sale	10.00
Retail Food Establishment	0 to 10 Baked Goods (produced on site) Beverage Dispenser Coffee/Tea(prepared on site) Dairy Products Frozen Food Fruit Juices Hot Foods (prepared on site) Hotdog Steamer Prepackaged Meat Prepackaged Food Produce (fresh) Ready to Eat Deli Items	20.00
Retail Bakery	0 to 10	20.00
Retail Fuel	Nozzles: 41	820.00
<b>TOTAL:</b>		<b>870.00</b>



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

*Amanda Beal*

*Christy Franklin*

Commissioner

Director

Date: 4-15-2026 Type of Business: CATHOLIC MENS ORGANIZATION  
Name of Business: COLUMBIAD KNIGHTS ASSOCIATION  
Recorded Owner: \_\_\_\_\_  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: Lincoln maine 04457 1003 WEST BROADWAY  
Mailing Address: P.O. BOX 506  
Contact Person: Michael Ireland Telephone # 207-290-7420  
Seating Capacity: 247

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

Michael Ireland

Authorized Applicant Signature

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

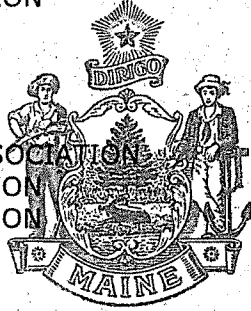
EST ID: 10047

EATING PLACE TIER 3 247 Seats (in)

COLUMBIA KNIGHT ASSOCIATION  
1003 W BROADWAY  
LINCOLN ME 04457

EXPIRES: 07/22/2026

FEE: \$300.00



ATTN COLUMBIA KNIGHTS ASSOCIATION  
COLUMBIA KNIGHT ASSOCIATION  
COLUMBIA KNIGHT ASSOCIATION  
PO BOX 506  
LINCOLN ME 04457

*Jane F. Pittman*

Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at [tsup.dhhs@maine.gov](mailto:tsup.dhhs@maine.gov) or call 207-287-4627.

Date: 4/9/20 Type of Business: Dunkin - Restaurant  
Name of Business: Dunkin  
Recorded Owner: Danny COSTA  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 142 W. Broadway Lincoln  
Mailing Address: 289 Great Rt Ste 307 Acton MA 01720  
Contact Person: Nancy Boyarsky Telephone # 978-263-6200 x113  
Seating Capacity: \_\_\_\_\_

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

Nancy Boyarsky, Act Mgr.  
**Authorized Applicant Signature**

Date: 3/16/2026 Type of Business: Convenience Store  
Name of Business: Dysarts Travel Stop  
Recorded Owner: Dysarts Service  
If Incorporated, Registered Agent: David T. Dysart  
Registered Agent's Address: 2952 Western Ave, Hampden ME  
Location of Business: 199 W. Broadway, Lincoln, ME 04457 04444  
Mailing Address: P.O. Box 1689, Bangor, ME 04402-1689  
Contact Person: Angela Arbo Telephone # 207-942-4878  
Seating Capacity: \_\_\_\_\_

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**



\_\_\_\_\_  
Authorized Applicant Signature



# State of Maine

Department of Agriculture, Conservation & Forestry  
Division of Quality Assurance & Regulations  
28 State House Station, Augusta, ME 04333-0028  
(207) 287-3841

SERIAL NUMBER

174680

2-27717

November 13, 2025

December 31, 2026

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

*This certifies that*  
**Dysarts Travel Stop**  
**Dysart's Service; Att: Dave Wright**  
**PO Box 1689**  
  
**Bangor, ME 04402-1689**

## CONVENIENCE STORE

Location: 199 W Broadway, Lincoln

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type		Authorizations	Fee
Retail Food Establishment	0 to 10	Baked Goods (produced on site) Bulk Sales (candy, fruit, nuts, popcorn) Coffee/Tea(prepared on site) Cold Foods (prepared on site) Dairy Products Fruit Juices Hot Foods (prepared on site) Hotdog Steamer Prepackaged Meat Ready to Eat Deli Items SaladBar Seafood (Ready to Eat)	20.00
Retail Meat	Prepackaged for Direct Sale		10.00
Retail Fuel		Nozzles: 16	320.00
<b>TOTAL:</b>			<b>350.00</b>

Department of Agriculture, Conservation & Forestry

*Amanda Beal*

Commissioner



Division of Quality Assurance

*Christy Paulin*

Director

Date: 4/6/26 Type of Business: Spoting Camp  
Name of Business: Eagle Lodge and Camps  
Recorded Owner: Justin and Loraine Morse  
If Incorporated, Registered Agent: Lorraine Morse  
Registered Agent's Address: 600 Folsom Pond Rd, Lincoln  
Location of Business: 600 Folsom Pond Rd, Lincoln  
Mailing Address: PO Box 686, Lincoln  
Contact Person: Lorraine Morse Telephone # 794-2181  
Seating Capacity: 23

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

Lorraine Morse

Authorized Applicant Signature

Failed   
 Closed   
 IHH

# State of Maine Lodging Inspection Report

<b>Establishment Name</b> EAGLE LODGE & CAMPS		<i>As Authorized by 22 MRSA § 2491-2501</i>	<b>Critical Violations</b> 0 <b>Non-Critical Violations</b> 0	<b>Date:</b> 5/24/21 <b>Time in:</b> 11:00 AM <b>Time out:</b> 11:45 AM
<b>EST. ID #</b> 10871	<b>Owner Name</b> MORSE, JUSTIN & LORAINE	<b>Location Street</b> 600 FOLSOM POND RD		<b>Location City</b> LINCOLN
<b>Lic. Expiration</b> 04/05/22	<b>License Posted</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>License Type</b> SPORTING/RECREATIONAL CAMP		<b>Purpose of Inspection</b> Regular Inspection

**Mark "X" in appropriate box for COS and/or R**

COS=corrected on-site during inspection

R=repeat violation

Compliance Status			COS	R	Compliance Status			COS	R
<b>Administration</b>					<b>Rooms</b>				
1	IN	Licensing			13	IN	Maintained		
2	IN	Register / Records			14	IN	Cleanliness		
<b>Premises</b>					15	IN	Illumination		
3	IN	Water Supply			16	IN	Ventilation		
4	IN	Sewage Disposal			17	IN	Utensils		
5	IN	Plumbing			<b>Bathrooms</b>				
6	IN	Electrical			18	IN	Maintained		
7	IN	Ice			19	IN	Cleanliness		
8	IN	Vermin / Animal Control			20	IN	Fixtures		
9	IN	Garbage / Refuse			21	IN	Ventilation		
10	IN	Laundry / Storage			22	IN	Waste Receptacle		
11	IN	Oil / Gas Equipment							
12	IN	Life Safety Codes							

## REFERRALS

<b>Referred to:</b>	<u>Date</u>	<b>Referred to:</b>	<u>Date</u>	<b>Referred to:</b>	<u>Date</u>
<input type="checkbox"/> Attorney General's Office		<input type="checkbox"/> Fire Marshal		<input type="checkbox"/> Department of Education	
<input type="checkbox"/> Department of Agriculture		<input type="checkbox"/> Liquor Licensing		<input type="checkbox"/> Inland Fisheries & Wildlife	
<input type="checkbox"/> Subsurface Wastewater Program		<input type="checkbox"/> State Police		<input type="checkbox"/> Tobacco Enforcement	
<input type="checkbox"/> Drinking Water Program		<input type="checkbox"/> Disease Control		<input type="checkbox"/> Board of Pesticide Control	
<input type="checkbox"/> Marine Resources		<input type="checkbox"/> Municipality CEO/LPI		<input type="checkbox"/> Other	

Lorraine Morse <i>referred with permission</i>	Date: 5/24/2021
Person in Charge (Signature) 	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      Date of Follow-up:
Health Inspector (Signature) JENNIFER SPRINGER	

Failed   
Closed   
IHH

# State of Maine Lodging Inspection Report

<b>Establishment Name</b> EAGLE LODGE & CAMPS		<small>As Authorized by 22 MRSA § 2491-2501</small>	<b>Critical Violations</b> 0	<b>Date:</b> 5/24/21
			<b>Non-Critical Violations</b> 0	<b>Time in</b> 11:00 AM
				<b>Time out</b> 11:45 AM
<b>EST. ID #</b> 10871	<b>Owner Name</b> MORSE, JUSTIN & LORAIN	<b>Location Street</b> 600 FOLSOM POND RD	<b>Location City</b> LINCOLN	
<b>Lic. Expiration</b> 04/05/22	<b>License Posted</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>License Type</b> SPORTING/RECREATIONAL CAMP	<b>Purpose of Inspection</b> Regular Inspection	

## Observations and Corrective Actions

<i>Lorraine Morse</i> <i>PK noted with permission</i>		<b>Date:</b> 5/24/2021
<b>Person in Charge (Signature)</b> <i>M J &amp; J Springer</i>	<b>Follow-up:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>Date of Follow-up:</b>
<b>Health Inspector (Signature)</b> JENNIFER SPRINGER		

Failed   
 Closed   
 IHH

# State of Maine Lodging Inspection Report

Establishment Name EAGLE LODGE & CAMPS		<i>As Authorized by 22 MRSA § 2491-2501</i>		Critical Violations 0	Date: 5/24/21
				Non-Critical Violations 0	Time in 11:00 AM
					Time out 11:45 AM
EST. ID # 10871	Owner Name MORSE, JUSTIN & LORAINÉ	Location Street 600 FOLSOM POND RD		Location City LINCOLN	
Lic. Expiration 04/05/22	License Posted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	License Type SPORTING/RECREATIONAL CAMP		Purpose of Inspection Regular Inspection	
<b>INSPECTION NOTES</b>					

PIC: Loraine Morse

This inspection was conducted and reviewed on-site. The report was entered in remote format and finalized off-site. The name of the PIC was printed in the signature block by the inspector with prior permission obtained from the PIC. The PIC's actual signature was not obtained. A copy of this report has been provided to the PIC via email.

Inspected Folsom Cabin & Pleasant View Cabin, no violations noted. Discussed cleaning and sanitizing all dishes and utensils in cabins, between guests.

Violation Correction Timeframe:

Pursuant to Chapter 201 Rules Relating to the Administration and Enforcement of Establishments Regulated by the Health Inspection Program, critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact the inspector when the critical violations have been addressed. Non-critical violations must be corrected no later than 30 calendar days after the inspection. The Department may approve a compliance schedule that extends beyond the time limits if a written schedule of compliance is submitted by the Permit Holder and no health hazard exists or will result from allowing an extended schedule for compliance. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department, which are outlined in Sections 7, 8 and 9 of the Rules Relating to the Administration and Enforcement of Establishments Licensed by the Health Inspection Program available at <http://www.maine.gov/healthinspection>. License renewals can be denied if violations are not corrected within the noted timeframes.

C=Critical violation NC=Non-critical violation:

Critical violation is a violation of the Rules Relating to Lodging Establishments, which is more likely than other rule violations to present a clear risk of contamination, illness, or environmental health hazard. Non-critical is any violation other than a critical violation.

Document Retention and Posting:

The establishment license shall be displayed in a place readily visible to customers or other persons using the licensed establishment at all times. A copy of the water analysis shall be available for inspection by the Department at all times. A copy of the most recent inspection report must be maintained at the establishment and be available to the public upon request.

Additional Inspection Fee:

License fees provide for up to two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Loraine Morse <i>As noted with permission</i>		Date: 5/24/2021
Person in Charge (Signature) <i>M J &amp; J Springer</i>		Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Health Inspector (Signature) JENNIFER SPRINGER		Date of Follow-up:

Date: 3/28/24 Type of Business: Restaurant  
Name of Business: ~~Atlanta~~ Gillmoris Restaurant  
Recorded Owner: DET Investments LLC  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: 236 W. Broadway Lincoln, ME 04457  
Location of Business: 236 West Broadway Lincoln, ME 04457  
Mailing Address: same  
Contact Person: Kortney Therian Telephone # 207-290-1975  
Seating Capacity: 110

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\*** ✓

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

  
\_\_\_\_\_  
Authorized Applicant Signature

**EST ID: 10403**

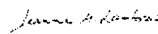
EATING PLACE TIER 3 160 Seats (in)18 Seats (out)

GILLMORS RESTAURANT  
236 W BROADWAY  
LINCOLN ME 04457

EXPIRES: 02/01/2027

FEE: \$300.00

ATTN ATTN KORTNEY THERIAULT  
THERIAULT OPERATIONS LLC  
GILLMORS RESTAURANT  
236 W BROADWAY  
LINCOLN ME 04457



Commissioner

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at [tsup.dhhs@maine.gov](mailto:tsup.dhhs@maine.gov) or call 207-287-4627.

ATTN ATTN KORTNEY THERIAULT  
THERIAULT OPERATIONS LLC  
GILLMORS RESTAURANT  
236 W BROADWAY  
LINCOLN ME 04457

Owner: THERIAULT OPERATIONS LLC  
Licensee: GILLMORS RESTAURANT  
Location: 236 W BROADWAY  
LINCOLN  
ATTN ATTN KORTNEY THERIAULT  
Mail: 236 W BROADWAY

ISSUED: 01/22/2026  
EXPIRES: 02/01/2027  
FEE: \$300.00  
TEL: 207-794-6565

LINCOLN ME 04457  
Lic Type: EATING PLACE TIER 3

Est ID: 10403

Date: 3/30/2021 Type of Business: Retail Supermarket  
Name of Business: Hannaford Supermarket + Pharmacy # 8146  
Recorded Owner: Hannaford Food Co., LLC  
If Incorporated, Registered Agent: CSC Services of Maine Inc  
Registered Agent's Address: 465 Congress St, Portland ME 04101  
Location of Business: 22 Goding St, Portland ME 04101  
Mailing Address: 1385 Hancock St 8th fl., Quincy, MA 02169  
Contact Person: Denise Morris Telephone # 617-770-8661  
Seating Capacity: NA

Has applicant(s) /or manager ever been convicted of a violation of the law, other than a minor traffic violation /or misdemeanor, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

  
\_\_\_\_\_

Authorized Applicant Signature

Date: 03-22-26 Type of Business: C-store  
Name of Business: High st market  
Recorded Owner: Dani Raval  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 167 Enfield Rd, Lincoln, ME-04457  
Mailing Address: 7 Highland, Lincoln ME-04457  
Contact Person: Dani Raval Telephone # 857-499-2021  
Seating Capacity: \_\_\_\_\_

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

D. e. Raval  
Authorized Applicant Signature

Date: 3/18/2026 Type of Business: Golf Course + Driving Range  
Name of Business: JaTo Highlands Golf Course  
Recorded Owner: Thomas Gardner  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: PO Box 189 Lincoln, ME 04457  
Location of Business: 175 Town Farm Rd Lincoln, ME 04457  
Mailing Address: PO Box 189 Lincoln, ME 04457  
Contact Person: Sarah Gardner Telephone # 207-794-4249  
Seating Capacity: 15

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_

Disposition \_\_\_\_\_

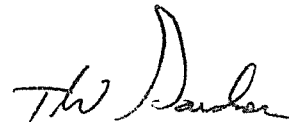
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00



Authorized Applicant Signature

Date: 4-15-26 Type of Business: Pizza Sub Shop  
Name of Business: J&S Pizza and Subs  
Recorded Owner: Daniel Antonio  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: 112 Meigs St  
Location of Business: Kennebunk  
Mailing Address: 112 Meigs St  
Contact Person: Don Antonio Telephone # \_\_\_\_\_  
Seating Capacity: 12

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

Don Antonio

**Authorized Applicant Signature**

Date: 4-14-2026 Type of Business: PIZZA RESTAURANT  
Name of Business: LINCOLN HOUSE OF PIZZA  
Recorded Owner: DHURATA + ILIR OSMANI  
If Incorporated, Registered Agent: ILIR OSMANI  
Registered Agent's Address: 38 MAIN ST. LINCOLN, ME 04457  
Location of Business: 38 MAIN ST LINCOLN, ME 04457  
Mailing Address: 38 MAIN ST LINCOLN, ME 04457  
Contact Person: ILIR OSMANI Telephone # 207-794-2526  
Seating Capacity: 36

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\*** *SAME AS PREVIOUS*  
**\*\*First time applicants must include a copy of state licensing\*\*** *one from last year in your file*

Annual Fee \$20.00

Ilir Osmani  
Authorized Applicant Signature

Date: 4-25-26 Type of Business: Snowmobile Club  
Name of Business: Lincoln Snowbonds Snowmobile Club  
Recorded Owner: \_\_\_\_\_  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 155 Town Farm Road Lincoln, ME 04457  
Mailing Address: P.O. Box 343 Lincoln, ME 04457  
Contact Person: Stephen Lumbra Telephone # (207) 592-6410  
Seating Capacity: 100

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

  
Authorized Applicant Signature

Date: 5/1/26 Type of Business: BAR + RESTAURANT  
Name of Business: LINCOLN TAP HOUSE  
Recorded Owner: GREGG HAWES  
If Incorporated, Registered Agent: GREGG HAWES  
Registered Agent's Address: 61 MAIN ST #1 BANGOR, ME 04401  
Location of Business: 222 W BROADWAY LINCOLN ME 04457  
Mailing Address: 222 W BROADWAY LINCOLN ME 04457  
Contact Person: GREGG HAWES Telephone # 207-852-0575  
Seating Capacity: 92 INSIDE 36 OUTSIDE

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

Authorized Applicant Signature

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name <b>LINCOLN TAP HOUSE</b>		As Authorized by 22 MRSA § 2496		Critical Violations	0	Date	1/22/2025
License Expiry Date/EST. ID# / 32520		Address <b>222 WEST BROADWAY</b>	City <b>LINCOLN</b>	Non-Critical Violations	3	Time In	9:30 AM
License Type		Owner Name <b>LINCOLN TAP HOUSE, LLC</b>	Purpose of Inspection <b>New Establishment Report</b>	Certified Food Protection Manager	Y	Time Out	11:15 AM
		Zip Code <b>04457</b>	Telephone <b>207-403-9116</b>				
				License Posted	No	Risk Category High	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R  
COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
<b>Supervision</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties		
<b>Employee Health</b>				
2	IN	Management awareness; policy present		
3	IN	Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>				
4	IN	Proper eating, tasting, drinking, or tobacco use		
5	IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
6	IN	Hands clean & properly washed		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed		
8	OUT	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>				
9	IN	Food obtained from approved source		
10	IN	Food received at proper temperature		
11	IN	Food in good condition, safe, & unadulterated		
12	IN	Required records available: shellstock tags parasite destruction		
<b>Protection from Contamination</b>				
13	IN	Food separated & protected		
14	IN	Food-contact surfaces: cleaned and sanitized		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
<b>Potentially Hazardous Food Time/Temperature</b>				
16	IN	Proper cooking time & temperatures		
17	IN	Proper reheating procedures for hot holding		
18	IN	Proper cooling time & temperatures		
19	IN	Proper hot holding temperatures		
20	IN	Proper cold holding temperatures		
21	IN	Proper date marking & disposition		
22	IN	Time as a public health control: procedures & record		
<b>Consumer Advisory</b>				
23	IN	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
24	IN	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
25	IN	Food additives: approved & properly used		
26	IN	Toxic substances properly identified, stored & used		
<b>Conformance with Approved Procedures</b>				
27	IN	Compliance with variance, specialized process, & HACCP plan		

Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

			COS	R
<b>Safe Food and Water</b>				
28	IN	Pasteurized eggs used where required		
29	IN	Water & ice from approved source		
30	IN	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
31	IN	Proper cooling methods used; adequate equipment for temperature control		
32	IN	Plant food properly cooked for hot holding		
33	IN	Approved thawing methods used		
34	IN	Thermometers provided and accurate		
<b>Food Identification</b>				
35	IN	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
36	IN	Insects, rodents, & animals not present		
37	IN	Contamination prevented during food preparation, storage & display		
38	IN	Personal cleanliness		
39	IN	Wiping cloths: properly used & stored		
40	IN	Washing fruits & vegetables		

			COS	R
<b>Proper Use of Utensils</b>				
41	IN	In-use utensils: properly stored		
42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
43	IN	Single-use & single-service articles: properly stored & used		
44	IN	Gloves used properly		
<b>Utensils, Equipment and Vending</b>				
45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
46	X	Warewashing facilities: installed, maintained, & used; test strips		
47	IN	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
48	IN	Hot & cold water available; adequate pressure		
49	IN	Plumbing installed; proper backflow devices		
50	IN	Sewage & waste water properly disposed		
51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
52	IN	Garbage & refuse properly disposed; facilities maintained		
53	X	Physical facilities installed, maintained, & clean		
54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

*ACW*

Date: 1/22/2025

Health Inspector (Signature)  
JENNIFER SPRINGER

*J. Springer*

Follow-up:  YES

NO

Date of Follow-up:

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 32520

EATING PLACE TIER 3 85 Seats (in) 30 Seats (out)

LINCOLN TAP HOUSE  
222 WEST BROADWAY  
LINCOLN ME 04457

EXPIRES: 01/22/2027

FEE: \$300.00

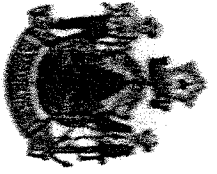
ATTN CHRIS JONES  
LINCOLN TAP HOUSE, LLC  
LINCOLN TAP HOUSE  
222 WEST BROADWAY  
LINCOLN ME 04457



*Jane Foye Holmes*

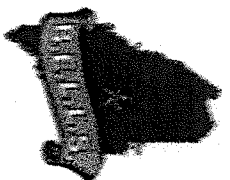
Commissioner

NON-TRANSFERABLE



STATE OF MAINE  
 DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
 BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS  
 DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

LIQUOR LICENSE



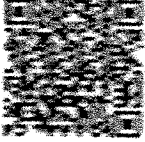
On-Premises: Beer, Wine & Spirits

License Number:	CARL-25-111145	Premises:	Lincoln Tap House
Licensor:	Lincoln Tap House, LLC	Address:	222 W BROADWAY LINCOLN ME 04457-4010
Secondary Licenses:	None	Conditions:	None

*Louis J. Luchini*

Louis J. Luchini, Director

Bureau of Alcoholic Beverages and Lottery Operations



Effective: 01/22/2026 to 01/21/2027

This license is valid only between the issue date and the expiration date appearing on this document. This license may be used only for the named holder at the location for which the license was issued. The person or business named in this license is authorized to sell or serve liquor as permitted by Maine law for the license type designated in this license. All licenses shall make available for inspection their licenses at the premises to which those licenses apply. This license of each type of license issued as part of this license is subject to fine, suspension, or revocation pursuant to Title 28-A of Maine law.

**APPROVAL DATE:** September 9, 2024

**EXPIRATION:** May 31, 2025

By vote of the licensing board of the Town of Lincoln taken on September 9, 2024 and recorded in the minutes of the Town Council meeting of the same date to the following business:

**Greg Hawes**  
Lincoln Tap House  
222 West Broadway  
Lincoln, ME 04457  
Bus. Phone: 852-0575

Has been issued a class 1 special amusement permit for entertainment effective September 9, 2024, and has paid to the Municipal Treasurer, the appropriate fee.

George Edwards

John Trask

Jared McCarthy

Marscella Ireland

Cathy Moison

Daniel Summers

Gordon Street

Licensing Board of the Town of Lincoln

Ann M. Morrison, Town Clerk

Town Seal

**THIS LICENSE MAY BE REVOKED BY THE BOARD IF IN THEIR  
OPINION THERE IS SUFFICIENT CAUSE.**

*Come for the lakes, stay for the lifestyle.*



# Victualer License

DATE ISSUED: September 9, 2024    EXPIRATION DATE: May 31, 2025

Conditional upon State sign off and Certificate of Occupancy


By vote of the licensing board of the Town of Lincoln taken on September 9, 2024, and recorded in the minutes of the Town Council of the same date to the following business:

Lincoln Tap House  
Greg Hawes  
222 West Broadway  
Lincoln ME 04457

Has been issued a Victualer's License effective September 9, 2024, and has paid to the Municipal Treasurer the appropriate fee.

George Edwards 

John Trask 

Jared McCarthy 

Daniel Summers 

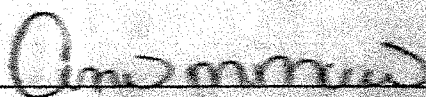
Marscella Ireland

Cathy Moison 

Gordon Street 

*Licensing Board of the Town of Lincoln*

Town Seal

  
Ann M. Morrison, Town Clerk

**THIS LICENSE MAY BE REVOKED BY THE BOARD IF IN THEIR  
OPINION THERE IS SUFFICIENT CAUSE.**

*Come for the lakes stay for the lifestyle*

# Town of Lincoln

# POOL TABLE/BOWLING/ BILLIARDS LICENSE


DATE ISSUED: September 9, 2024      EXPIRATION DATE: May 31, 2025

By vote of the licensing board of the Town of Lincoln taken on September 9, 2024, and recorded in the minutes of the Town Council of the same date to the following business:

Lincoln Tap House  
Greg Hawes  
222 West Broadway  
Lincoln ME 04457

Has been issued a license for 0 Pool Tables, 4 Billiards Tables, 0 Bowling Lanes effective September 9, 2024, and has paid to the Municipal Treasurer the appropriate fee.

George Edwards 

John Trask 

Daniel Summers 

Jared McCarthy 


Marscella Ireland

Cathy Moison 

Gordon Street 

*Licensing Board of the Town of Lincoln*

Town Seal

  
Ann M. Morrison, Town Clerk

**THIS LICENSE MAY BE REVOKED BY THE BOARD IF IN THEIR  
OPINION THERE IS SUFFICIENT CAUSE.**

*Come for the lakes, stay for the lifestyle*



032606371VL  
Victualer License  
Application

Date: 03/18/20 Type of Business: McDonald's Restaurant  
Name of Business: Napoli PSC Series, LLC  
Recorded Owner: Peter S. Napoli  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 23 Goding Ave. Lincoln, ME 04457  
Mailing Address: Po Box 6300 Amherst, NH 03031  
Contact Person: Nick Hunt Telephone # 207-922-8515  
Seating Capacity: 100

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:


Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

  
Authorized Applicant Signature

Date: 4-1-26 Type of Business: Restaurant  
Name of Business: Pate & Pizza  
Recorded Owner: Alejandro Rubio  
If Incorporated, Registered Agent: Cognitive Global  
Registered Agent's Address: 122 42nd St Fl New York NY 10168  
Location of Business: 237 Main St Lincoln ME 04457  
Mailing Address: \_\_\_\_\_  
Contact Person: Alejandro Rubio Telephone # 239 691 2287  
Seating Capacity: 35

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

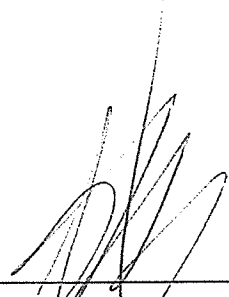
Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

  
\_\_\_\_\_  
Authorized Applicant Signature

Date: 3/20/26 Type of Business: Hospital  
Name of Business: Penobscot Valley Hospital  
Recorded Owner: \_\_\_\_\_  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 7 Transalpine Rd, Lincoln ME 04457  
Mailing Address: PO Box 368, Lincoln ME 04457  
Contact Person: Jessica Raymond Telephone # 207 794 7132  
Seating Capacity: 25

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may *result* in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

Jessica Raymond  
Authorized Applicant Signature

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name <b>DINING ROOM</b>	As Authorized by 22 MRSA § 2496	Critical Violations	0	Date	6/11/2024
		Non-Critical Violations	3	Time In	1:45 PM
		Certified Food Protection Manager	Y	Time Out	3:00 PM

License Expiry Date/EST. ID# 12/28/2024 / 13177	Address 7 TRANSALPINE RD	City LINCOLN	Zip Code 04457-4222	Telephone 207-794-3321
License Type EATING PLACE 0-29 SEATS	Owner Name PENOBSCOT VALLEY HOSPIT/	Purpose of Inspection Regular	License Posted Yes	Risk Category Medium

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable  
 Mark "X" in appropriate box for COS and/or R  
 COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
<b>Supervision</b>				
1	IN	PIC present, demonstrates knowledge, and performs duties		
<b>Employee Health</b>				
2	IN	Management awareness; policy present		
3	IN	Proper use of reporting, restriction & exclusion		
<b>Good Hygienic Practices</b>				
4	IN	Proper eating, tasting, drinking, or tobacco use		
5	IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
6	IN	Hands clean & properly washed		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed		
8	IN	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>				
9	IN	Food obtained from approved source		
10	IN	Food received at proper temperature		
11	IN	Food in good condition, safe, & unadulterated		
12	IN	Required records available: shellstock tags parasite destruction		
<b>Protection from Contamination</b>				
13	IN	Food separated & protected		
14	OUT	Food-contact surfaces: cleaned and sanitized		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
<b>Potentially Hazardous Food Time/Temperature</b>				
16	IN	Proper cooking time & temperatures		
17	IN	Proper reheating procedures for hot holding		
18	IN	Proper cooling time & temperatures		
19	IN	Proper hot holding temperatures		
20	IN	Proper cold holding temperatures		
21	IN	Proper date marking & disposition		
22	IN	Time as a public health control: procedures & record		
<b>Consumer Advisory</b>				
23	IN	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
24	IN	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
25	IN	Food additives: approved & properly used		
26	IN	Toxic substances properly identified, stored & used		
<b>Conformance with Approved Procedures</b>				
27	IN	Compliance with variance, specialized process, & HACCP plan		

**Risk Factors** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
<b>Safe Food and Water</b>				
28	IN	Pasteurized eggs used where required		
29	IN	Water & ice from approved source		
30	IN	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
31	IN	Proper cooling methods used; adequate equipment for temperature control		
32	IN	Plant food properly cooked for hot holding		
33	IN	Approved thawing methods used		
34	IN	Thermometers provided and accurate		
<b>Food Identification</b>				
35	IN	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
36	IN	Insects, rodents, & animals not present		
37	IN	Contamination prevented during food preparation, storage & display		
38	IN	Personal cleanliness		
39	X	Wiping cloths: properly used & stored		
40	IN	Washing fruits & vegetables		

Compliance Status			COS	R
<b>Proper Use of Utensils</b>				
41	IN	In-use utensils: properly stored		
42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
43	IN	Single-use & single-service articles: properly stored & used		
44	IN	Gloves used properly		
<b>Utensils, Equipment and Vending</b>				
45	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
46	X	Warewashing facilities: installed, maintained, & used; test strips		
47	IN	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
48	IN	Hot & cold water available; adequate pressure		
49	IN	Plumbing installed; proper backflow devices		
50	IN	Sewage & waste water properly disposed		
51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
52	IN	Garbage & refuse properly disposed; facilities maintained		
53	IN	Physical facilities installed, maintained, & clean		
54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

*A Raymond*

Date: 6/11/2024

Health Inspector (Signature)

*J. Springer*

JENNIFER SPRINGER

Follow-up:  YES  NO

Date of Follow-up:

# State of Maine Health Inspection Report

Establishment Name <b>DINING ROOM</b>		As Authorized by 22 MRSA § 2496		Date <b>6/11/2024</b>
License Expiry Date/EST. ID# <b>12/28/2024 / 3177</b>	Address <b>7 TRANSALPINE RD</b>	City / State <b>LINCOLN / ME</b>	Zip Code <b>04457-4222</b>	Telephone <b>207-794-3321</b>

## Temperature Observations

Location	Temperature	Notes
Sani-bucket	101	100ppm QAC - refilled to 150ppm QAC
Reach-in Freezer	0	
Dishwasher	151/183	Wash/Rinse - unable to determine flow pressure at gauge
2 Door Freezer	0	
Walk-in Freezer	0	
Vending Machine	32	
3 Bay Sink	121	
Hand Wash Sink	107, 102	
3 Door Cooler	36	Cheese 36F
Walk-in Cooler	32	Ham 37F, turkey 35F

Person in Charge (Signature) *A Raymond* Date: 6/11/2024

---

Health Inspector (Signature) *W B J. Springer*  
 JENNIFER SPRINGER

# State of Maine Health Inspection Report

Page 3 of 4

Establishment Name

DINING ROOM

Date 6/11/2024

License Expiry Date/EST. ID#  
12/28/2024 / 3177

Address  
7 TRANSALPINE RD

City / State  
LINCOLN

ME

Zip Code  
04457-4222

## Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

14: 4-501.113: N: Mechanical ware washing equipment, sanitization pressure is less than 5 lbs./sq. inch or more than 30 lbs./sq. inch.

INSPECTOR NOTES: Pressure gauge is moving on rinse cycle, but the pressure is not registering correctly on the gauge. Pressure needs to be 15-25psi per the data plate.

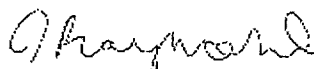
39: 3-304.14.(B).(1): N: Wiping cloths used for wiping counters and other equipment surfaces not held between uses in a chemical sanitizer.

INSPECTOR NOTES: Sanitizer solution for wiping cloths measured 100ppm QAC. Bucket refilled to 150ppm QAC while on site. System does not appear to be dispensing consistently. Service company has been contacted for repair.

46: 4-302.14: N: No chemical test kit available.

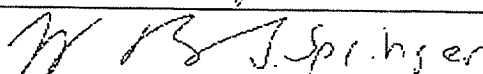
INSPECTOR NOTES: Chemical dispensing from 3 bay sink system is QAC. Establishment has test strips for chlorine and acid based sanitizer. Ensure that establishment has correct test strips for sanitizer in use.

Person in Charge (Signature)



Date: 6/11/2024

Health Inspector (Signature)



JENNIFER SPRINGER

# State of Maine Health Inspection Report

Page 4 of 4

<b>Establishment Name</b> DINING ROOM				<b>Date</b> 6/11/2024	
<b>License Expiry Date/EST. ID#</b> 12/28/2024 / 3177	<b>Address</b> 7 TRANSALPINE RD	<b>City / State</b> LINCOLN ME	<b>Zip Code</b> 04457-4222		

## Inspection Notes

CFPMs: Jessica Hollifield, expires 12/12/28; Lori Bailey, expires 12/12/28; Bonnie Tash, expires 10/17/27; Staci Robertson, expires 5/16/27; Cathy Mushero, expires 9/30/27  
PIC: Jessica Raymond

### Certified Food Protection Manager

Every eating establishment must employ on its staff a Certified Food Protection Manager (CFPM). Some establishments are exempt from this requirement. A CFPM certificate must accompany the application for a new establishment and change of ownership. A CFPM must be hired within 60 days of the departure of the last CFPM leaving employment. Eating establishments must post in a conspicuous area the certification of the CFPM(s), and the certificate must be made available to the Department upon request. For a list of CFPM courses and trainers go to <http://www.maine.gov/healthinspection/training.htm>. Please provide a copy of this certification(s) to Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, [hiplicensing.dhhs@maine.gov](mailto:hiplicensing.dhhs@maine.gov) or faxing to 207-287-3165. Please include the name of your establishment and the establishment ID# with your certification(s).

### Employee Health Policy

The Health Inspection Program implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: <http://www.maine.gov/healthinspection>

### Violation Correction Timeframe

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact your inspector, Jennifer Springer when the critical violation has been addressed at 207-944-0564 or [jennifer.springer@maine.gov](mailto:jennifer.springer@maine.gov). Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

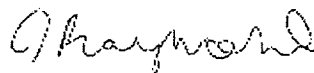
### Additional Inspection Fee

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

### Document Retention/Posting

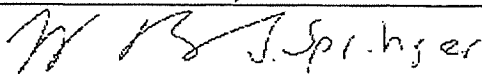
Pursuant to the Administration and Enforcement of Establishments Regulated by the Health Inspection Program, licenses, conditional licenses, inspection reports, certificates or other notices issued by the Department must be displayed in a place readily visible to customers or other persons using a licensed establishment. If you have received your inspection report via email, please print and retain onsite.

Person in Charge (Signature)



Date: 6/11/2024

Health Inspector (Signature)

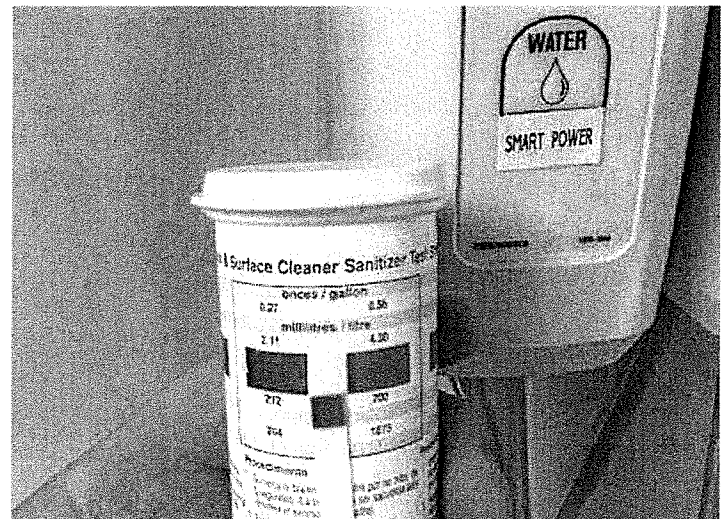
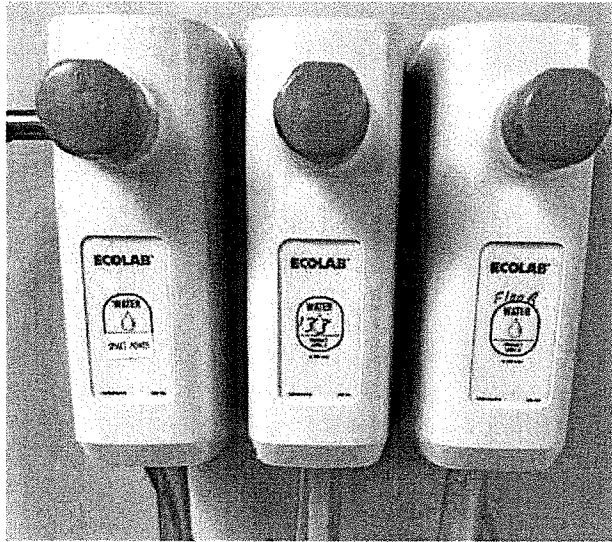


JENNIFER SPRINGER

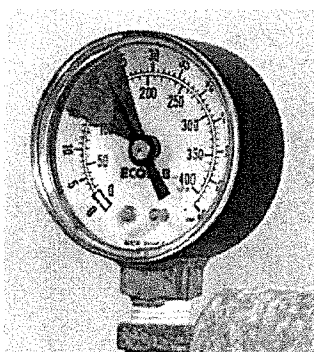
Establishment ID 3177

**7/3/24 Penobscot Valley Hospital – Resolution of 6/11/24 inspection non-critical findings**

Replacement of chemical dispensing units; removed T-adaptor splitting line on sink & surface (now a straight line from chemical to one dispenser); proper chemical in place matching signage displayed; proper testing strips in use, meeting dilution required for sink & surface cleaner sanitizer



Replaced pressure gauge on rinse line; reading properly between 15-25 psi



Date: 4/22/26 Type of Business: grocery store  
Name of Business: Steaks and Stuff LLC  
Recorded Owner: Diane Champion  
If Incorporated, Registered Agent: Diane Champion pres.  
Registered Agent's Address: 170 Tannery Rd Lowell ME 04493  
Location of Business: 14 Mechanic St  
Mailing Address: 14 Mechanic St. Lincoln ME 04457  
Contact Person: Diane Champion Telephone # 207-290-3462  
Seating Capacity: N/A

Has applicant(s) /or manager ever been convicted of a violation of the law, other than a minor traffic violation /or misdemeanor, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

  
\_\_\_\_\_  
**Authorized Applicant Signature**

Date: 4/23/26 Type of Business: Training & Event Venue w/ Catering  
Name of Business: Stewart Professional Learning Center  
Recorded Owner: Anita Stewart McCafferty & Mark McCafferty  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 51 main st  
Mailing Address: Po Box 233  
Contact Person: Anita & Mark Telephone # 207 290 0957  
Seating Capacity: 140

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

Mark McCafferty  
Authorized Applicant Signature

Date: 3/25/26 Type of Business: Quick Service Restaurant  
Name of Business: Subway  
Recorded Owner: Sandy + Dan Summers  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: 115 W. Broadway  
Location of Business: Lincoln, maine 04457  
Mailing Address: 115 W. Broadway  
Contact Person: Sandy Summers Telephone # 207-794-2008  
Seating Capacity: 44

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

*S. Summers*  
Authorized Applicant Signature

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name <b>SUBWAY</b>	As Authorized by 22 MRSA § 2496	Critical Violations	0	Date	8/12/2025
		Non-Critical Violations	4	Time In	11:45 AM
		Certified Food Protection Manager	Y	Time Out	1:00 PM

License Expiry Date/EST. ID# 2/14/2026 / 5925	Address 115 W BROADWAY	City LINCOLN	Zip Code 04457	Telephone 207-794-2008
License Type EATING PLACE 30-75 SEATS	Owner Name S & D SUMMERS LLC	Purpose of Inspection Regular	License Posted Yes	Risk Category Medium

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R  
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>				<b>Potentially Hazardous Food Time/Temperature</b>			
1	IN			16	IN		
				17	IN		
<b>Employee Health</b>				<b>Consumer Advisory</b>			
2	IN			23	IN		
3	IN			<b>Highly Susceptible Populations</b>			
<b>Good Hygienic Practices</b>				24	IN		
4	IN			<b>Chemical</b>			
5	IN			25	IN		
<b>Preventing Contamination by Hands</b>				26	IN		
6	IN			<b>Conformance with Approved Procedures</b>			
7	IN			27	IN		
8	OUT			Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.			
<b>Approved Source</b>							
9	IN						
10	IN						
11	IN						
12	IN						
<b>Protection from Contamination</b>							
13	IN						
14	IN						
15	IN						

### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
28	IN			41	IN		
29	IN			42	IN		
30	IN			43	X		
<b>Food Temperature Control</b>				44	IN		
31	IN			<b>Utensils, Equipment and Vending</b>			
32	IN			45	IN		
33	IN			46	IN		
34	IN			47	IN		
<b>Food Identification</b>				<b>Physical Facilities</b>			
35	IN			48	IN		
<b>Prevention of Food Contamination</b>				49	IN		
36	IN			50	IN		
37	IN			51	IN		
38	IN			52	IN		
39	IN			53	X		
40	IN			54	IN		

Person In Charge (Signature)

*S. Summers*

Date: 8/12/2025

Health Inspector (Signature)

*J. Springer*

JENNIFER SPRINGER

Follow-up:  YES  NO Date of Follow-up:

# State of Maine Health Inspection Report

Establishment Name <b>SUBWAY</b>		As Authorized by 22 MRSA § 2496		Date <b>8/12/2025</b>
License Expiry Date/EST. ID# <b>2/14/2026 / 5925</b>	Address <b>115 W BROADWAY</b>	City / State <b>LINCOLN / ME</b>	Zip Code <b>04457</b>	Telephone <b>207-794-2008</b>

## Temperature Observations

Location	Temperature	Notes
Sanitizer - Knives		50ppm chlorine
Sandwich Prep Unit		Ham 41F, chicken 40F, tuna 39F, cut tomatoes 39F
Hand Wash Sink	100	
3 Bay Sink	117	Sanitizer - 200ppm QAC
2 Door Cooler	39	Chicken 36F
Walk-in Freezer	0	
Walk-in Cooler	39	Lettuce 41F, cheese 40F, tuna 47F

Person in Charge (Signature)

*S. Summers*

Date: 8/12/2025

Health Inspector (Signature)  
JENNIFER SPRINGER

*J. Springer*

# State of Maine Health Inspection Report

Page 3 of 4

Establishment Name SUBWAY					Date 8/12/2025
License Expiry Date/EST. ID# 2/14/2026 / 5925	Address 115 W BROADWAY	City / State LINCOLN ME	Zip Code 04457		

## Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

8: 5-205.11.(A): N: Hand wash facility not accessible.

INSPECTOR NOTES: There is equipment blocking the hand sink. Please maintain an open pathway to the hand sink at all times.

43: 4-903.11.(A).(C): N: Single service/ single use items improperly stored or kept in the original package or stored by using other means that afford protection from contamination until used.

INSPECTOR NOTES: Some single use items stored next to front hand sink/under paper towel dispenser where exposed to splash. Store where not exposed to splash/splatter.

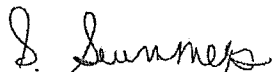
53: 6-501.11: N: The physical facilities are in disrepair.

INSPECTOR NOTES: Ceiling tiles over walk-in cooler need to be installed, some floor tiles are starting to wear, baseboard/threshold of walk-in cooler not smooth/easy to clean.

53: 6-501.12: N: The physical facilities are not clean.

INSPECTOR NOTES: Walk-in floor, restroom vent cover not clean. Clean and maintain.

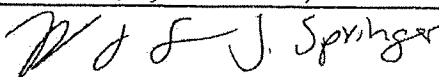
Person in Charge (Signature)



Date: 8/12/2025

Health Inspector (Signature)

JENNIFER SPRINGER



# State of Maine Health Inspection Report

Establishment Name <b>SUBWAY</b>					Date <b>8/12/2025</b>
License Expiry Date/EST. ID# <b>2/14/2026 / 5925</b>	Address <b>115 W BROADWAY</b>	City / State <b>LINCOLN ME</b>	Zip Code <b>04457</b>		

## Inspection Notes

CFPM: Sancera Summers, expires 2/4/30  
 Inspection report signed by Sancera Summers

### Certified Food Protection Manager

Every eating establishment must employ on its staff a Certified Food Protection Manager (CFPM). Some establishments are exempt from this requirement. A CFPM certificate must accompany the application for a new establishment and change of ownership. A CFPM must be hired within 60 days of the departure of the last CFPM leaving employment. Eating establishments must post in a conspicuous area the certification of the CFPM(s), and the certificate must be made available to the Department upon request. For a list of CFPM courses and trainers go to <http://www.maine.gov/healthinspection/training.htm>. Please provide a copy of this certification(s) to the Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, or [hiplicensing.dhhs@maine.gov](mailto:hiplicensing.dhhs@maine.gov) or by faxing to 207-287-3165. Please include the name of your establishment and the establishment ID# with your certification(s).

### Employee Health Policy

The Health Inspection Program implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: <http://www.maine.gov/healthinspection>

### Violation Correction Timeframe

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact your inspector, listed below, when critical violations have been addressed. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation

“Critical violation” means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

### Additional Inspection Fee

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

### Document Retention/Posting

Pursuant to the Administration and Enforcement of Establishments Regulated by the Health Inspection Program, licenses, conditional licenses, inspection reports, certificates or other notices issued by the Department must be displayed in a place readily visible to customers or other persons using a licensed establishment. If you have received your inspection report via email, please print and retain onsite.

Inspector: Jennifer Springer  
 Contact info: [jennifer.springer@maine.gov](mailto:jennifer.springer@maine.gov) or 207-944-0564

Person in Charge (Signature)

*S. Summers*

Date: 8/12/2025

Health Inspector (Signature)  
 JENNIFER SPRINGER

*J. Springer*

Date: 3/16/26 Type of Business: Pub - Restaurant  
Name of Business: The Forester Pub LLC  
Recorded Owner: Thomas W Gardner  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 204 West Broadway  
Mailing Address: PO Box 189 - Lincoln ME 04457  
Contact Person: Tom Gardner - Katrina Peters Telephone # 794-2303  
Seating Capacity: 104 inside - 24 outside Katrina 290-7632

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00



\_\_\_\_\_  
Authorized Applicant Signature

Date: 4/21/26 Type of Business: Drink/Nutrition Shop  
Name of Business: Wake Zone Energy  
Recorded Owner: SAJ Ventures.LLC  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 46 Main Street, Lincoln, ME 04457  
Mailing Address: 98 Webb Cove Drive, Lowell, ME 04457  
Contact Person: Jeremy/Angela Priest Telephone # 207-290-7898  
Seating Capacity: 5

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

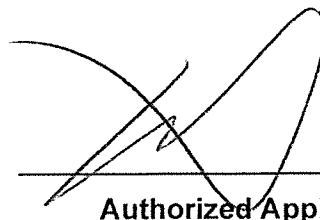
Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**



\_\_\_\_\_

**Authorized Applicant Signature**

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 28633**

EATING PLACE TIER 1 5 Seats (in)

WAKE ZONE ENERGY  
46 MAIN ST  
LINCOLN ME 04457

EXPIRES: 06/04/2027

FEE: \$220.00

ATTN ANGELA PRIEST  
SAJ VENTURES LLC  
WAKE ZONE ENERGY  
98 WEBB COVE DR  
LOWELL ME 04493



*Jeanne M. Lombardi*

Commissioner

NON-TRANSFERABLE



# Victualer License Application

Date: 4-8-2026 Type of Business: Restaurant  
Name of Business: Wendy's  
Recorded Owner: Legacy CP Maine LLC  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 184 West Broadway Lincoln, ME 04457  
Mailing Address: 126 Western Ave #1055, Augusta, ME 04330  
Contact Person: Gabe Degel Telephone # 207-816-0129  
Seating Capacity: 45

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes  No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

*Gabe Degel*

\_\_\_\_\_  
Authorized Applicant Signature

Date: 03-22-26 Type of Business: C-Store, Cust Station  
Name of Business: Why NOT STOP  
Recorded Owner: Dani Raval  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 297 W Broadway Lincoln, me - 04457  
Mailing Address: 7 Highland Ave. Lincoln me - 04457  
Contact Person: Dani Raval Telephone # 857-499-2021  
Seating Capacity: \_\_\_\_\_

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

D-C. Raval

Authorized Applicant Signature

Date: 03-22-26 Type of Business: Deli  
Name of Business: Why Not Stop Deli  
Recorded Owner: Dani Raval  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 293 W Broadway Lincoln Me-04457  
Mailing Address: 7 Highland Me-04457  
Contact Person: Dani Raval Telephone # 857-499-2021  
Seating Capacity: \_\_\_\_\_

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

**Annual Fee \$20.00**

Dani Raval

Authorized Applicant Signature

Date: 3-17-20 Type of Business: Restaurant  
Name of Business: Wing Wah Restaurant  
Recorded Owner: Hao Bin Chen  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Location of Business: 100 Main Street  
Mailing Address: 100 Main Street Lincoln ME 04457  
Contact Person: Tiffany Littlefield Telephone # 794-3001  
Seating Capacity: 110

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Prior to Council approval of this application, the State of Maine must have inspected your premises for the preparation and sale of food. Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**\*\*Please include a copy of your latest State Inspection\*\***

**\*\*First time applicants must include a copy of state licensing\*\***

Annual Fee \$20.00

  
\_\_\_\_\_  
Authorized Applicant Signature

TOWN COUNCIL

YR: 26 MO: 5 ITEM # 7

AGENDA REQUEST

\* Please note Public Notices need a 7-14-day advance notice in the paper depending on subject.

Council Meeting Date: May 11, 2026	Today's Date: May 6, 2026
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Department: Town Clerk

Department #: 0101

**Approve Renewal Billiards License (0101)**

**Approve Issuance of Renewal Innkeeper Licenses (0101)**

Move to issue renewal Innkeeper Licenses to the following businesses:

- Briarwood Motor Inn
- Eagle Lodge and Camps
- Lincoln House Motel
- The Whitetail Inn and Suites

Action Needed From Council: Approve renewal licenses

Is This Item Budgeted:

Was This A Bid Process: Lowest Bid:

Is Public Hearing Required:

If So What Dates:

Date: 03-22-20 Type of Business: Motel  
Name of Business: Briarwood motor inn  
Recorded Owner: Dani Raval  
If Incorporated, Registered Agent: \_\_\_\_\_  
Registered Agent's Address: \_\_\_\_\_  
Physical address of all rental locations: 7 Highland Ave  
Mailing Address: Lincoln, maine - 04457  
Contact Person: Dani Raval Telephone # 857-499-2021  
# of Rental Rooms/Buildings: \_\_\_\_\_

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Applicants shall completely fill out all information in order to be considered. Leaving information blank may *result* in a denial and there will be no refunds.**

**Checks are made payable to the Town of Lincoln.**

**Annual Fee \$20.00**

D.C. Raval

**Authorized Applicant Signature**

I hereby certify that this business is in compliance with all state and local laws and ordinances.

An Innkeeper is described as a person who owns or operates an establishment which provides lodging for transients. Such an establishment "does not lose its character (as an "inn") because of its mode of construction, the appellation bestowed on it by the proprietor, or the fact that food and drink cannot be obtained therein or are available at the option of the guest".

The board may revoke any license previously granted under this section as provided in 30-A M.R.S.A. subsection 3814.

This license is granted under State Statute 30-A M.R.S.A. subsections 3811-3814 and local ordinance 1003.4.7.

Date: 4/6/26 Type of Business: Sporting Camp  
Name of Business: Eagle Lodge and Camps  
Recorded Owner: Justin and Loraine Morse  
If Incorporated, Registered Agent: Lorraine Morse  
Registered Agent's Address: 600 Folsom Pond Rd, Lincoln  
Physical address of all rental locations: 600 Folsom Pond Rd, Lincoln  
Mailing Address: PO Box 686, Lincoln  
Contact Person: Lorraine Morse Telephone # 794-2181  
# of Rental Rooms/Buildings: 5 cabins

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Applicants shall completely fill out all information in order to be considered. Leaving information blank may *result* in a denial and there will be no refunds.**

**Checks are made payable to the Town of Lincoln.**

**Annual Fee \$20.00**

Lorraine Morse

**Authorized Applicant Signature**

I hereby certify that this business is in compliance with all state and local laws and ordinances.

An Innkeeper is described as a person who owns or operates an establishment which provides lodging for transients. Such an establishment "does not lose its character (as an "inn") because of its mode of construction, the appellation bestowed on it by the proprietor, or the fact that food and drink cannot be obtained therein or are available at the option of the guest".

The board may revoke any license previously granted under this section as provided in 30-A M.R.S.A. subsection 3814.

This license is granted under State Statute 30-A M.R.S.A. subsections 3811-3814 and local ordinance 1003.4.7.

Date: 4/30/26 Type of Business: Motel  
Name of Business: Lincoln House motel by L.T. & Co inc.  
Recorded Owner: Lynsey Redmond  
If Incorporated, Registered Agent: L.T. & Co inc  
Registered Agent's Address: 83 main st Lincoln ME 04457  
Physical address of all rental locations: "  
Mailing Address: "  
Contact Person: Lynsey Redmond Telephone # 794-3846  
# of Rental Rooms/Buildings: 22

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_

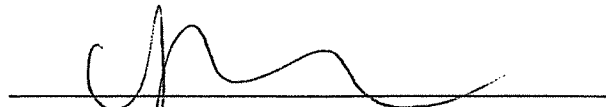
Disposition \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**Checks are made payable to the Town of Lincoln.**

**Annual Fee \$20.00**

  
**Authorized Applicant Signature**

I hereby certify that this business is in compliance with all state and local laws and ordinances.

An Innkeeper is described as a person who owns or operates an establishment which provides lodging for transients. Such an establishment "does not lose its character (as an "inn") because of its mode of construction, the appellation bestowed on it by the proprietor, or the fact that food and drink cannot be obtained therein or are available at the option of the guest".

The board may revoke any license previously granted under this section as provided in 30-A M.R.S.A. subsection 3814.

This license is granted under State Statute 30-A M.R.S.A. subsections 3811-3814 and local ordinance 1003.4.7.

Date: 3/20/20 Type of Business: Hotel  
Name of Business: The Whitetail Inn  
Recorded Owner: Glenn Bettencourt  
If Incorporated, Registered Agent: Mantha Broderick  
Registered Agent's Address: 9 maine st Lincoln  
Physical address of all rental locations: 67, 71, 75 west Broadway Lincoln Maine  
Mailing Address: 67 west Broadway Lincoln  
Contact Person: Glenn Bettencourt Telephone # 798-0001  
# of Rental Rooms/Buildings: (3)

Has applicant(s) /or manager ever been convicted of a violation of the law, *other than a minor traffic violation /or misdemeanor*, of any state within the United States, during the past five years?

Yes

No

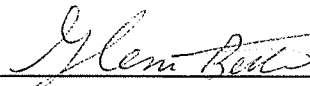
If the answer to the above question is Yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
Disposition \_\_\_\_\_  
Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

**Applicants shall completely fill out all information in order to be considered. Leaving information blank may result in a denial and there will be no refunds.**

**Checks are made payable to the Town of Lincoln.**

**Annual Fee \$20.00**



**Authorized Applicant Signature**

I hereby certify that this business is in compliance with all state and local laws and ordinances.

An Innkeeper is described as a person who owns or operates an establishment which provides lodging for transients. Such an establishment "does not lose its character (as an "inn") because of its mode of construction, the appellation bestowed on it by the proprietor, or the fact that food and drink cannot be obtained therein or are available at the option of the guest".

The board may revoke any license previously granted under this section as provided in 30-A M.R.S.A. subsection 3814.

This license is granted under State Statute 30-A M.R.S.A. subsections 3811-3814 and local ordinance 1003.4.7.

AGENDA REQUEST

\* Please note Public Notices need a 7-14-day advance notice in the paper depending on subject.

Council Meeting Date: May 11, 2026	Today's Date: May 6, 2026
------------------------------------	---------------------------

Department: Town Clerk
------------------------

Department #: 0101
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<p><b>Approve Renewal Billiards License (0101)</b></p> <p>Move to approve the issuance of a renewal Billiard's license to Lincoln Tap House.</p>
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Action Needed From Council: Approve renewal licenses
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Is This Item Budgeted:
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Was This A Bid Process:	Lowest Bid:
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Is Public Hearing Required:
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If So What Dates:
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# Town of Lincoln

## Application for Bowling/Pool/Video Games/Pinball/Billiards License

Date: 5/1/76  
 Name of Business: LINCOLN TAP HOUSE  
 Recorded Owner: GREGORY HAWES  
 If Incorporated, Registered Agent: GREGORY DORR  
 Registered Agent's Address: 61 MAIN ST #1 BANGOR ME 04401  
 Location of Business: 222 W BROADWAY LINCOLN ME 04457  
 Mailing Address: ~~6096 HAWES~~ 222 W BROADWAY LINCOLN ME 04457  
 Contact Person: GREG HAWES Telephone # 707-852-0575

**Types of License(s) applied for: (Check all that apply)**

Bowling  Pool  Billiards

**Number of Tables, Lanes, or Games**

Bowling  Pool  Billiards

Has applicant(s) or manager ever been convicted of any violation of the law, other than a minor traffic violation, of any state or the United States, within the past five years?

Yes  No

If the answer to the above question is yes, then complete the following:

Name \_\_\_\_\_ Offense \_\_\_\_\_  
 Disposition \_\_\_\_\_  
 Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

[Signature]  
 Authorized Signature  
 Title: MANAGING MEMBER

Application Fees	
BOWLING	\$10.00 per lane
BILLIARDS	\$7.00 per table, per year
POOL	\$7.00 per table, per year

2 BILLIARDS \$14.00

For Office Use Only	
Application Fee(s) Paid	
Bowling	\$
Billiards	\$ <u>14.00</u>
Pool	\$
Date Paid	

*Come for the lakes, stay for the lifestyle*