There will be a pre-meeting of the City Council in Conference Room A at 6:30 p.m. No Council actions are taken at pre-meetings. Pre-meetings are open to the public.

**PRESENTATION:** Upcoming Collection Events – Lesley Jones

**PROCLAMATION:** White Cane Safety Month

**PUBLIC HEARING:** El Tequila Malt, Vinous, Spirituous and Victualer’s License

**PUBLIC HEARING:** MJ Healing Herbs, LLC

**CONSENT AGENDA**

19-156  **City Manager (Bureau of Audit)**

BE IT ORDERED, that the Roll of Accounts for the month of September, 2019 in the amount of $6,714,339.08 is hereby approved.

19-157  **City Manager**

BE IT ORDERED, that the minutes of the City Council Business Meeting held October 3, 2019, submitted by the City Manager’s office be hereby approved.

**NEW BUSINESS  PART 1 – ORDERS**

19-158  **City Manager**

BE IT ORDERED, that the Medical Marijuana Business License application by MJ Healing Herbs, LLC d/b/a MJ Healing Herbs located in the home of the applicant be hereby approved.

19-172  **City Manager**

BE IT ORDERED, that the Malt, Vinous, Spirituous and Victualer’s License for El Tequila Mexican Restaurant located at 65 Western Avenue be hereby approved.

19-159  **Mayor and Council**

BE IT ORDERED, that the position of Solid Waste Director is hereby reinstated and placed on the non-union pay scale at NU 22.

19-160  **City Manager**

BE IT ORDERED, that the City Manager is hereby authorized to submit a Maine Public Library Fund Grant application to the Maine State Library requesting the sum of up to Five Thousand Dollars ($5,000.00) for the installation of an art hanging system and lighting for art exhibition. No local match is required.

19-161  **City Manager**

BE IT ORDERED, that the City Council hereby adopt the General Assistance maximum levels in accordance with Department of Health and Human Services (DHHS) in compliance with Title 22 M.R.S. §4305 (4).

Amended Business Meeting Agenda 10-17-19
19-162 City Manager
BE IT ORDERED, that the City Manager is hereby authorized to accept grant funding from the Bureau of Highway Safety’s 2020 Speed Enforcement Grant that transpires from October 1, 2019 to September 15, 2020, in the amount of not less than $10,500.00, but not exceeding $24,999.00. This grant requires a 20% in-kind match which will be met with administrative work and summons issued.

19-163 City Manager
BE IT ORDERED, that the City Manager is hereby authorized to accept grant funding from the Bureau of Highway Safety’s 2020 Occupant Protection Click-It or Ticket grant that transpires from October 1, 2019 to September 15, 2020, in the amount of not less than $10,500.00, but not exceeding $24,999.00. The grant requires a 20% in-kind match which will be met with administrative work and summons issued.

19-164 City Manager
BE IT ORDERED, that the City Manager is hereby authorized to accept grant funding from the Bureau of Highway Safety’s 2020 Pedestrian grant that transpires from October 1, 2019 to September 15, 2020 or portion thereof, in the amount of not less than $10,500.00, but not exceeding $24,999.00. The grant requires a 20% in-kind match which will be met with administrative work and summons issued.

19-165 City Manager
BE IT ORDERED, that the City Manager is hereby authorized to accept grant funding from the Bureau of Highway Safety’s 2020 High Visibility Distracted Driving Enforcement grant that transpires from October 1, 2019 to September 15, 2020, in the amount of not less than $10,500.00, but not exceeding $24,999.00. The grant requires a 20% in-kind match which will be met with administrative work and summons issued.

19-166 City Manager
BE IT ORDERED, that the City Manager is hereby authorized to accept grant funding from the Bureau of Highway Safety’s 2020 High Visibility Drive Sober or Get Pulled Over grant that transpires from October 1, 2019 to September 15, 2020, in the amount of not less than $10,500.00, but not exceeding $24,999.00. The grant requires a 20% in-kind match which will be met with administrative work and summons issued.

19-167 City Manager
BE IT ORDERED, that the City Council does hereby grant approval pursuant to Title 15 M.R.S., Annotated, section 5824 (3) & 5826 (6) to the transfer of $809.00, or any portion thereof, to the Augusta Police Department, on the grounds that the City of Augusta Police Department did make a substantial contribution to the investigation of the criminal case, namely, State of Maine vs. Zachary Carey.

19-168 City Manager
BE IT ORDERED, that the City Council hereby accepts a donation of Five hundred Dollars ($500.00) from the Augusta Shaw’s Grocery Store for the Augusta Recreation Bureau Youth Football Program to help offset operating costs.

19-169 City Manager
BE IT ORDERED, that the City Manager is authorized to begin providing winter maintenance for Cedar Court and Fieldstone Drive (Phase 2) with the onset of snow plowing in the 2019/2020 season in accordance with the Private Road with Public Easement Maintenance Standards dated October 2005.
NEW BUSINESS  PART 2 – ORDINANCES - FIRST READING  NO VOTE REQUIRED

19-170  Mayor and Council
WHEREAS, the definition for Specialized Medical Clinic needs to be combined with that of Medical Clinic; and

WHEREAS, zoning districts where these uses have traditionally occurred and should occur need to be added to the Land Use Table;

NOW, THEREFORE, BE IT ORDAINED, by the City Council of the City of Augusta, Maine, that the following amendments be made to the Code of Ordinances, Land Use Ordinance:

1. Repeal the definition for “Specialized Medical Clinic” in Section 300-202; and
2. Delete the row labelled “Specialized medical clinic” in 300 Attachment 4 (Table of Land Uses in the Base Zoning Districts); and
3. Repeal the existing definition for “Medical Clinic” in Section 300-202 and replace it with the following definition:

   Medical Clinic: Offices of two or more State of Maine licensed practitioners of the healing arts which occupy the same building but which share ownership, management, operations or staff.

4. Amend the row labelled “Medical Clinic” in 300 Attachment 4 (Table of Uses in the Base Zoning Districts) by placing a CU in the following zoning district columns: BP, CB, CC, CD, KBD2, PD. And place an X in the following zoning district columns: MED, IA. CU indicates the use as a Conditional Use in the marked districts and X indicates the use is a Permitted Use in the marked districts.

19-171  Mayor and Council
WHEREAS, the re-use of this existing warehouse-style building will be advantageous; and

WHEREAS, the Planning Board held a public hearing and recommended contract zoning this parcel for this use;

NOW, THEREFORE, BE IT ORDAINED, by the City Council of the City of Augusta, Maine, that the following amendments be made to the Code of Ordinances, Land Use Ordinance:

Assessor’s Map 7 Lot 38A, zoned Riggs Brook Village District (RBV), shall be Contract Zoned in accordance with Section 300-106.B.(d)[2] of the Augusta Land Use Ordinance to add the use “repair and sales of four wheelers, snowmobiles and associated trailers” as a conditional use. Riggs Brook Village District design criteria (§ 300-314.7.C) shall be reviewed by the Planning Board during the conditional use review.

Respectfully Submitted,
Loretta Lathe, Executive Assistant
October 16, 2019
CITY OF AUGUSTA

APPLICATION FOR VICTUALER'S LICENSE

According to City of Augusta Code of Ordinances Chapter 11, the undersigned hereby applies for a license to prepare/sell food other than pre-packaged items.

PLEASE CHECK ONE:

<table>
<thead>
<tr>
<th>3-Day No Liquor</th>
<th>3-Month No Liquor</th>
<th>*Annual/No Liquor</th>
<th>*Annual/With Liquor</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25.00</td>
<td>$50.00</td>
<td>$125.00</td>
<td>$250.00</td>
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</tbody>
</table>

Please print clearly or type:

1. Name of Applicant: Felipe Cruz Olaz
2. Date of Birth: 06/22/1966 Place of Birth: MEXICO
3. Have you ever been convicted of a crime? NO
   If yes, list offense(s), place(s) of conviction, and penalty for each conviction:

4. Company Name: EL TEQUILA
5. Company Address: 65 Western Ave Augusta
6. Local Address: 
7. Telephone: Day & evening/Weekend
8. Email: 
9. Location of Records: Business
10. Business Structure: Proprietorship  Partnership  Corporation
    Proprietors, Partners or Directors:
    Felipe Cruz Olaz  65 Western
    Name  Address  Telephone  Title

Name  Address  Telephone  Title

Name  Address  Telephone  Title

11. Please attach a copy of your State of Maine Inspection certificate.

NOTE: By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: Felipe Cruz Olaz  Date: 10/10/19

Copy to:  ___ Chief of Police  ___ Code Enforcement
CITY OF AUGUSTA, MAINE
16 Cony Street
Augusta, ME 04330

In accordance with Order #273 passed by the Augusta City Council on November 18, 1969, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Date: 10/10/19 Type of License Requested: ________________

Name: El Tequila Mexican Rest

Address: 60 Western Ave Augusta Maine 04330

Email: mexicanrestaurant266@gmail.com Phone: ________

Check here if no outstanding taxes or accounts with the City: N/A

<table>
<thead>
<tr>
<th>Real Estate Taxes</th>
<th>Personal Tax</th>
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</tbody>
</table>

Present Year (past due) ________

Prior Years Total (list years) ________

Accounts Receivables Date: ________

Other ________

TOTAL: ______________

__________________________
Signature of Applicant

__________________________
Print Name

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

__________________________
Verified: Louis Tate

City Treasurer/Tax Collector Staff (Deputy and Assistants)

Date: 10-10-2019
PRESENT LICENSE EXPIRES: ____________

NEW application: ☐ Yes ☐ No
If business is NEW or under new ownership, indicate starting date: ____________

Requested inspection (New Licensees/Ownership Changes Only) Date: ____________

Business hours:

M-T 11:00 am - 10 pm
F, S 11:00 am - 10 pm
S 11-1 am

INDICATE TYPE OF PRIVILEGE: ☑ MALT ☑ VINOUS ☑ SPIRITUOUS

INDICATE TYPE OF LICENSE:
☐ RESTAURANT (Class I,II,III,IV) ☐ RESTAURANT/LOUNGE (Class XI)
☐ HOTEL (Class I,II,III,IV) ☐ HOTEL, FOOD OPTIONAL (Class I-A)
☐ CLUB w/o Catering (Class V) ☐ CLUB with CATERING (Class I)
☐ TAVERN (Class IV) ☐ QUALIFIED CATERING ☐ OTHER:

REFER TO PAGE 3 FOR FEE SCHEDULE

---

ALL QUESTIONS MUST BE ANSWERED IN FULL

<table>
<thead>
<tr>
<th>Corporation Name: EL TEQUILA AMERICAN RESTAURANT</th>
<th>Business Name (D/B/A): EL TEQUILA</th>
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<tbody>
<tr>
<td>APPLICANT(S) (Sole Proprietor): Felipe Cruz Diaz</td>
<td>DOB: 6/21/1966</td>
</tr>
<tr>
<td>DOB:</td>
<td>Physical Location: 65 Western Ave Augusta ME 04330</td>
</tr>
<tr>
<td>Address: 65 Western Ave</td>
<td>State: ME</td>
</tr>
<tr>
<td>City/Town: Augusta</td>
<td>Zip Code: 04330</td>
</tr>
<tr>
<td>Mailing Address: 65 Western Ave</td>
<td></td>
</tr>
<tr>
<td>City/Town: Augusta</td>
<td>State: ME</td>
</tr>
<tr>
<td>Zip Code: 04330</td>
<td></td>
</tr>
<tr>
<td>Telephone Number: 207-213-4012</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Federal I.D. #:</td>
<td>Seller Certificate #:</td>
</tr>
<tr>
<td>Email Address Please Print</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

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

2. State amount of gross income from period of last license: ROOMS $_________ FOOD $_________ LIQUOR $_________

3. Is applicant a corporation, limited liability company or limited partnership? YES ☐ NO ☐
If Yes, please complete the Corporate Information required for Business Entities who are licensees.

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

On Premise Application Rev. 10/2018 Replace 8/2018
STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0008
TELEPHONE: (207) 624-7220
FAX: (207) 287-3434
EMAIL INQUIRIES: MAINELIQUOR@MAINE.GOV

NOTICE

To avoid any delay in the processing of your application and issuance of your liquor license, please make sure that:

☐ You completed the application in full. It is suggested to have submitted 30 days prior to the expiration date of your liquor license.

☐ Application and Corporate Questionnaire forms are signed by the owner(s) or corporate officer(s).

☐ The application is signed by the Town or City Municipal Officers or County Commissioners.

☐ The license fee submitted is for the correct Class you are applying for and includes the $10.00 filing fee. The check can be made payable to “Treasurer, State of Maine” and both fees can be submitted on one check. If the business is located in an unorganized township, the application must be approved by the County Commissioners and the $10.00 filing fee must be paid to them. Please be sure to include a copy of the receipt of payment with your application.

☐ Your room (if applicable), food and liquor gross income for the year is filled in

☐ A diagram of the facility to be licensed needs to accompany ALL New and Renewal applications.

☐ Corporations, limited liability companies, partnerships must complete and submit the Corporate Information Required for Business Entities who are Licensees. If not a publicly traded entity, ownership must add up to 100%.

Submit Completed Forms to:
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
5. Do you own or have any interest in any other Maine Liquor License? □ Yes □ No (Use an additional sheet(s) if necessary.) If yes, please list License Number, Name, and physical location of any other Maine Liquor Licenses.

License # Name of Business

Physical Location

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

7. Business records are located at: 65 Western Ave Augusta Maine

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

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

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

<table>
<thead>
<tr>
<th>Full Name (Please Print)</th>
<th>DOB</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felipe Cruz Diaz</td>
<td>6/22/66</td>
<td>Mexico</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
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12. Has/have applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States? YES □ NO □

Name: Felipe Cruz Diaz
Offense: DU I
Disposition: (use additional sheet(s) if necessary)
Date of Conviction: 12-12-2016
Location: North Carolina

13. Will any law enforcement official benefit directly in your license, if issued? Yes □ No □ If Yes, give name:

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

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

16. Describe in detail the premises to be licensed: (On Premise Diagram Required)

FOOD ONLY

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

18. What is the distance from the premises to the NEAREST school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel?

Less than 1 mile

Which of the above is nearest? No really can't ops
19. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business?  YES □  NO □

If YES, give details:

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

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

Dated at: Augusta on 25, 2019

Signature of Applicant or Corporate Officer(s)

Eclipse Corp No

Print Name

Signature of Applicant or Corporate Officer(s)

Print Name

FEE SCHEDULE

FILING FEE: (must be included on all applications) ................................................................. $10.00

Class I  Spirituous, Vinous and Malt .......................................................... $900.00
CLASS I: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers; OTB.

Class I-A  Spirituous, Vinous and Malt, Optional Food (Hotels Only) ...................................... $1,100.00
CLASS I-A: Hotels only that do not serve three meals a day.

Class II  Spirituous Only .......................................................... $550.00
CLASS II: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; and Vessels.

Class III  Vinous Only .......................................................... $220.00
CLASS III: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.

Class IV  Malt Liquor Only .......................................................... $220.00
CLASS IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.

Class III & IV  Malt & Vinous Only .......................................................... $440.00
CLASS III & IV: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Clubs; Hotels; Indoor Ice Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.

Class V  Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts) .................. $495.00
CLASS V: Clubs without catering privileges.

Class X  Spirituous, Vinous and Malt – Class A Lounge ....................................................... $2,200.00
CLASS X: Class A Lounge

Class XI  Spirituous, Vinous and Malt – Restaurant Lounge ................................................... $1,500.00
CLASS XI: Restaurant/Lounge; and OTB.

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

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

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

TO STATE OF MAINE MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:
Hereby certify that we have complied with Section 653 of Title 28-A Maine Revised Statutes and hereby approve said application.

Dated at: __________________________, Maine __________________________ (County)

On: __________________________

Date

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

______________________________

______________________________

______________________________

______________________________

______________________________

THIS APPROVAL EXPIRES IN 60 DAYS

NOTICE – SPECIAL ATTENTION

§653. Hearings; bureau review; appeal

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

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

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

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

   D. If an application is approved by the municipal officers or the county commissioners but the bureau finds, after inspection of the premises and the records of the applicant, that the applicant does not qualify for the class of license applied for, the bureau shall
notify the applicant of that fact in writing. The bureau shall give the applicant 30 days to file an amended application for the appropriate class of license, accompanied by any additional license fee, with the municipal officers or county commissioners, as the case may be. If the applicant fails to file an amended application within 30 days, the original application must be denied by the bureau. The bureau shall notify the applicant in writing of its decision to deny the application including the reasons for the denial and the rights of appeal of the applicant. [1995, c. 140, §5 (NEW).] [2003, c. 213, §1 (AMD).]

2. Findings. In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:
   A. Conviction of the applicant of any Class A, Class B or Class C crime; [1987, c. 45, Pt. A, §4 (NEW).]
   B. Noncompliance of the licensed premises or its use with any local zoning ordinance or other land use ordinance not directly related to liquor control; [1987, c. 45, Pt. A, §4 (NEW).]
   C. Conditions of record such as waste disposal violations, health or safety violations or repeated parking or traffic violations on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises or other such conditions caused by persons patronizing or employed by the licensed premises that unreasonably disturb, interfere with or affect the ability of persons or businesses residing or located in the vicinity of the licensed premises to use their property in a reasonable manner; [1993, c. 730, §27 (AMD).]
   D. Repeated incidents of record of breaches of the peace, disorderly conduct, vandalism or other violations of law on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises; [1989, c. 592, §3 (AMD).]
   E. A violation of any provision of this Title; [2009, c. 81, §1 (AMD).]
   F. A determination by the municipal officers or county commissioners that the purpose of the application is to circumvent the provisions of section 601; and [2009, c. 81, §2 (AMD).]
   G. After September 1, 2010, server training, in a program certified by the bureau and required by local ordinance, has not been completed by individuals who serve alcoholic beverages. [2009, c. 81, §3 (NEW).]

3. Appeal to bureau. Any applicant aggrieved by the decision of the municipal officers or county commissioners under this section may appeal to the bureau within 15 days of the receipt of the written decision of the municipal officers or county commissioners. The bureau shall hold a public hearing in the city, town or unincorporated place where the premises are situated. In acting on such an appeal, the bureau may consider all licensure requirements and findings referred to in subsection 2.
   A. [1993, c. 730, §27 (RP).]
   B. If the decision appealed from is an application denial, the bureau may issue the license only if it finds by clear and convincing evidence that the decision was without justifiable cause. [1993, c. 730, §27 (AMD).]

4. No license to person who moved to obtain a license. [1987, c. 342, §32 (RP).]

5. Appeal to District Court. Any person or governmental entity aggrieved by a bureau decision under this section may appeal the decision to the District Court within 30 days of receipt of the written decision of the bureau.
   An applicant who files an appeal or who has an appeal pending shall pay the annual license fee the applicant would otherwise pay. Upon resolution of the appeal, if an applicant's license renewal is denied, the bureau shall refund the applicant the prorated amount of the unused license fee. [1995, c. 140, §7 (AMD); 1999, c. 547, Pt. B, §78 (AMD); 1999, c. 547, Pt. B, §80 (AFF).]
ON PREMISE DIAGRAM
(Facility Drawing/Floor Plan)

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

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the areas with the following: • Entrances • Office area • Kitchen • Storage Areas • Dining Rooms • Lounges • Function Rooms • Restrooms • Decks • All Inside and Outside areas that you are requesting approval.
Questions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752.

Please clearly complete this form in its entirety.

1. Exact legal name: **EL TEQUILA MEXICAN RESTAURANT INC**

2. Doing Business As, if any: **Restaurant EL Tequila**

3. Date of filing with Secretary of State: **9/25/19**  State in which you are formed: **MAINE**

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

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS (5 YEARS)</th>
<th>Date of Birth</th>
<th>TITLE</th>
<th>Ownership %</th>
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</tbody>
</table>

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

6. If Co-Op # of members: _______________ (list primary officers in the above boxes)
7. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States? □ Yes □ No

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

   Name: __________________________________________________________

   Date of Conviction: __________________________

   Offense: _______________________________________________________

   Location of Conviction: __________________________________________

   Disposition: ____________________________________________________

   Signature: ______________________________________________________

   Signature of Owner or Corporate Officer

   Print Name of Owner or Corporate Officer

   [Signature]

   Date 9-25-19

Submit Completed Forms to:

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

On Premise Application Rev. 10/2018 Replace 8/2018
Medical Marijuana Business License Application

Type of Establishment: (Check One)

___ Medical Marijuana Manufacturing Facility
___ Medical Marijuana Testing Facility
___ Medical Marijuana Caregiver Retail Store
___ Medical Marijuana Registered Caregiver (Home Occupation)
___ Medical Marijuana Cultivation Facility

Name of Business: **MS HEALING HERBS LLC**

Name of Corporation/LLC (If different): __________________________

<table>
<thead>
<tr>
<th>Physical Address of Business:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address of Business:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUGUSTA ME 04330</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Contact or Agent for Applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MICHAEL DAMRON</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from above):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact/Agent Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact (must be available 24/7):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MICHAEL DAMRON</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Telephone Number:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact E-mail Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Days &amp; Hours of Operation:</th>
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</thead>
<tbody>
<tr>
<td>M-F 10:30-8, SAT 9:30-8p, SUN 11a-7p</td>
</tr>
</tbody>
</table>

A description of the premises for which the Local License is sought (attach description with floor plan and scaled sketch of the property) **HOME**
### Medical Marijuana Business Annual Fee Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Marijuana Manufacturing Facility</td>
<td>$600.00</td>
</tr>
<tr>
<td>Medical Marijuana Testing Facility</td>
<td>$300.00</td>
</tr>
<tr>
<td>Medical Marijuana Caregiver Retail Store</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>Medical Marijuana Registered Caregiver (Home Occupation)</td>
<td>$200.00</td>
</tr>
<tr>
<td>Medical Marijuana Cultivation Facility</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

All other fees associated with the licensing review process, including but not limited to, background checks, legal notices, and postage, will be determined at the time of application.
Conductive Electric

207-649-7273  J86pelletier@gmail.com

April 9, 2019

To whom it concerns,

At the request of MJ Healing Herbs LLC I performed an electrical inspection at Augusta, ME. At the time of my inspection they were operating two grow rooms. One room is for vegetation with 4 lights totaling about 660 watts. The second room is for flowering with 6 lights totaling about 6,000 watts. The electrical equipment in this space looks to be modern and in good condition.

Master Electrician, Johnathan Pelletier

License # MS60021440

Signature
Caregiver Registration Card in the Name of:
MICHAEL A. DAMRON

AUGUSTA, ME 04330-5305
Registration #: CD001796 Control #: 0151024
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.

<table>
<thead>
<tr>
<th>License Type</th>
<th>Authorizations</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Home Food Processor</td>
<td>Other Type</td>
<td>20.00</td>
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<tr>
<td></td>
<td>Marijuana Candy &amp; Chocolates</td>
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<tr>
<td>TOTAL:</td>
<td></td>
<td>20.00</td>
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</tbody>
</table>

Division of Quality Assurance

Director
2018 Annual Report
Electronic Filing Acknowledgment
For Limited Liability Companies on file as of December 31, 2017

Charter Number: 20142639DC
DCN Number: 2180019117011
Legal Name: MJ HEALING HERBS LLC

Registered Agent's Name and Address:

CATHERINE LEWIS
42 BANGOR ST
AUGUSTA, ME 04330

Brief statement of the character of the business:

BUSINESS IS SLOW GROWING BUT WILL BE CONTINUING FOR ANOTHER YEAR

Name and Address of Members, Managers or other Authorized Persons:

MICHAEL DAMRON
AUGUSTA, ME. 04330

Date of Filing: May 27, 2018

Name and Capacity of Authorizing Party:

MICHAEL DAMRON, OWNER
IMPORTANT NOTICE
Policy Information Included

State Farm® policy number: 19-BC-M721-1
Policy type: Homeowners Policy

This is the second packet of policy information we mentioned in the "Important Messages" section on your Renewal Declarations. This envelope contains the following:

- Important Notice Regarding Your New Policy
- Policy Booklet

THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.

Questions? Call your State Farm agent. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.
Criminal History Record

Introduction

This criminal history record was produced in response to the following request
(Produced on 2019-10-07):
Inquiries Name(s)  MICHAEL A DAMRON (1966-04-15)

The information in this criminal history record is provided subject to the following caveats:

Important! When a criminal history record and juvenile crime information record check is processed by the State Bureau of Identification using personal identifiers such as name and date of birth, it is possible that the record supplied belongs to another person with the same or essentially similar name and date of birth. Confirmation that convictions relate to person whose record has been requested requires fingerprint comparison. If the information contained in this response will be used to disqualify an applicant for employment, housing, credit, or other benefits or programs, the person making the eligibility determination using this record should provide the applicant with an opportunity to complete or contest the accuracy of the criminal history information in the response. An individual may request amendment or correction of criminal history record information by a criminal justice agency pursuant to 16 M.R.S. section 709.

**THIS RESPONSE IS BEING PRODUCED FOR YOUR REQUEST SENT: 2019-10-07**

This record, effective September 1, 2000, contains information relating to persons arrested as fugitives from justice, 15 M.R.S section 201.4 or arrested or charged with Maine crimes. It does not include former crimes no longer classified as criminal, or Class D and E crimes in Title 12 or Title 29-A, former Title 29, unless the crime is alcohol-related or drug-related.
25 M.R.S. section 1541.4-A.A. For information regarding excluded Marine Resources crimes in Title 12, contact the Department of Marine Resources. For information regarding excluded Inland Fisheries and Wildlife crimes in Title 12, contact the Department of Inland Fisheries and Wildlife. For information relating to excluded crimes in Title 29-A former Title 29, contact the Secretary of State, Motor Vehicle Division. A list of former crimes is available from this Bureau.

THE FOLLOWING ATN(S) ARE UNSUPPORTED BY FINGERPRINTS IN STATE BUREAU OF IDENTIFICATION FILES: (093839A).

Identification

Subject Name/or potential Alias Name(s)

DAMRON, MICHAEL

Subject Description (date information provided listed in parentheses)

<table>
<thead>
<tr>
<th>State ID Number</th>
<th>DOC Number</th>
<th>Sex</th>
<th>Race</th>
<th>Skin Tone</th>
<th>Height</th>
<th>Weight</th>
<th>Date of Birth</th>
<th>Scars, Marks, and Tattoos</th>
<th>Place of Birth</th>
<th>Citizenship</th>
<th>Residence</th>
<th>Caution Information</th>
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</thead>
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Firearms Disqualified X - Unknown
# Criminal History

<table>
<thead>
<tr>
<th>Cycle 001</th>
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<tbody>
<tr>
<td><strong>ATN/Tracking Number</strong></td>
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<tr>
<td><strong>Earliest Event Date</strong></td>
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<tr>
<td><strong>Arrest/Charge</strong></td>
</tr>
<tr>
<td><strong>Arrest/Charge Date</strong></td>
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<tr>
<td><strong>Arresting/Charging Agency</strong></td>
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<tr>
<td><strong>Subject Name(s)</strong></td>
</tr>
<tr>
<td><strong>Arrest Type</strong></td>
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<tr>
<td><strong>Charge 1</strong></td>
</tr>
<tr>
<td><strong>Charge Number</strong></td>
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<tr>
<td><strong>Charge Tracking Number</strong></td>
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<td><strong>Agency</strong></td>
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<td><strong>Offense Date</strong></td>
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<tr>
<td><strong>Charge Description</strong></td>
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<tr>
<td><strong>Statute</strong></td>
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<tr>
<td><strong>State Sequence Code</strong></td>
</tr>
<tr>
<td><strong>Severity Misdemeanor</strong></td>
</tr>
<tr>
<td><strong>Prosecutor Disposition</strong></td>
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<td><strong>Court Disposition</strong></td>
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<tr>
<td><strong>Court Case Number</strong></td>
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<td><strong>Court Agency</strong></td>
</tr>
<tr>
<td><strong>Charge 1</strong></td>
</tr>
<tr>
<td><strong>Charge Number</strong></td>
</tr>
<tr>
<td><strong>Charge Tracking Number</strong></td>
</tr>
<tr>
<td><strong>Agency</strong></td>
</tr>
<tr>
<td><strong>Offense Date</strong></td>
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</tr>
<tr>
<td><strong>Statute</strong></td>
</tr>
<tr>
<td><strong>State Sequence Code</strong></td>
</tr>
<tr>
<td><strong>Severity Misdemeanor</strong></td>
</tr>
<tr>
<td><strong>Disposition 2001-04-11; GUILTY</strong></td>
</tr>
<tr>
<td><strong>Sentencing</strong></td>
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<tr>
<td><strong>Sentencing Agency</strong></td>
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</table>
Court Case Number CR 2000-02439  
Charge Number 093839A 001  
Charge Sequence Number 1  
Charge Tracking Number 093839A  
Sentence 2001-04-11: FINED $75.00  
2001-04-11: RESTITUTION UNKNOWN

<table>
<thead>
<tr>
<th>Corrections</th>
<th>No data supplied</th>
</tr>
</thead>
</table>

**Index of Agencies**

<table>
<thead>
<tr>
<th>Agency</th>
<th>12TH DISTRICT COURT SKOWHEGAN; ME013025J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Telephone</td>
<td>207-474-9518</td>
</tr>
</tbody>
</table>
| Address | 47 court street  
SKOWHEGAN, ME 04976 |

<table>
<thead>
<tr>
<th>Agency</th>
<th>FAIRFIELD PD; ME0130100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Telephone</td>
<td>207-453-9321</td>
</tr>
</tbody>
</table>
| Address | 1 POLICE PLAZA  
FAIRFIELD, ME 04937 |