



4. Indicate the type of license applying for: (choose only one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Restaurant<br>(Class I, II, III, IV)  | <input checked="" type="checkbox"/> Class A Restaurant/Lounge<br>(Class XI) | <input type="checkbox"/> Class A Lounge<br>(Class X)  |
| <input type="checkbox"/> Hotel<br>(Class I, II, III, IV)   | <input type="checkbox"/> Hotel – Food Optional<br>(Class I-A)               | <input type="checkbox"/> Bed & Breakfast<br>(Class V) |
| <input type="checkbox"/> Golf Course (included optional licenses, please check if apply)<br>(Class I, II, III, IV) | <input type="checkbox"/> Auxiliary  | <input type="checkbox"/> Mobile Cart                  |
| <input type="checkbox"/> Tavern<br>(Class IV)  | <input type="checkbox"/> Other: _____                                       |   |
| <input type="checkbox"/> Qualified Caterer   | <input type="checkbox"/> Self-Sponsored Events (Qualified Caterers Only)    |   |

*Refer to Section V for the License Fee Schedule on page 9*

5. Business records are located at the following address:

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6. Is the licensee/applicant(s) citizens of the United States?  Yes  No

7. Is the licensee/applicant(s) a resident of the State of Maine?  Yes  No

**NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.**

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes  No If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes  No

Not applicable – licensee/applicant(s) is a sole proprietor

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes  No

If Yes, provide name of law enforcement officer and department where employed:

\_\_\_\_\_

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

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

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

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

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

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

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

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

16. Has the licensee/applicant(s) formerly held a Maine liquor license?  Yes  No

17. Does the licensee/applicant(s) own the premises?  Yes  No

If No, please provide the name and address of the owner:

\_\_\_\_\_

**Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities**

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

*All Questions Must Be Answered Completely. Please print legibly.*

1. Exact legal name: The Good Table Inc.
2. Doing Business As, if any: \_\_\_\_\_
3. Date of filing with Secretary of State: 01-0485849 State in which you are formed: Me
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, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
Lisa Kastopoulos	7 Riverview		Pres.	45%
Jessica Kastopoulos	132 Sprucewink Ave		Vice Pres	10%
Anthony P. Kastopoulos	3 Wildwood Dr.		Treas.	45%

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

10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

11. Do you own or have any interest in any another Maine Liquor License?  Yes  No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
Anthony P. Kostopoulos	/	Cambridge MA
Lisa Kostopoulos	- - -	Medford MA,
Jessica Kostopoulos	- - -	Portsmouth

Residence address on all the above for previous 5 years

Name Anthony P. Kostopoulos	Address: 3 Windwood Dr. Cape Elizabeth
Name Lisa Kostopoulos	Address: 7 Riverview Pl. Scarborough
Name Jessica Kostopoulos	Address: 1525 Purwick Ave Cape Elizabeth
Name	Address:

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: \_\_\_\_\_

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. 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?

Name: St. Bartholomew

Distance: 500 Ft.

**Section II: Signature of Applicant(s)**

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Please sign and date in blue ink.

Dated: 6/10/20

  
Signature of Duly Authorized Person

  
Signature of Duly Authorized Person

Anthony P. Kostopoulos  
Printed Name Duly Authorized Person

JESSICA KOSTOPOULOS  
Printed Name of Duly Authorized Person



**State of Maine**  
 Division of Alcoholic Beverages and  
 Lottery Operations  
 Division of Liquor Licensing and Enforcement

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

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

- Exact legal name: The Good Table Inc
- Doing Business As, if any: The Good Table Restaurant
- Legal Entity's FEIN #: \_\_\_\_\_
- Date of filing with Secretary of State: \_\_\_\_\_ State in which you are formed: ME
- If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: \_\_\_\_\_
- List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %
Anthony P. Kostopoulos	3 Windwood Pt.		Treas.	45%
Lien Kostopoulos	River View Pt.		Pres.	45%
Sessia Kostopoulos	Sporovink Ave		Secretary	10%

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

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

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

Yes  No

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

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

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

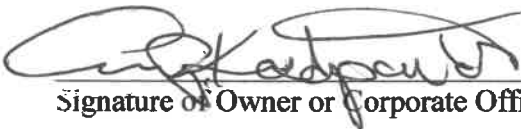
Offense: \_\_\_\_\_

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

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

~~Signature~~

PLEASE SIGN IN BLUE INK

  
Signature of Owner or Corporate Officer

6/9/20  
Date

Anthony P. Kostopoulos  
Print Name of Owner or Corporate Officer

Submit Completed Forms To:

~~Bureau of Alcoholic Beverage~~  
~~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:



**Section III: For use by Municipal Officers and County Commissioners only**

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: \_\_\_\_\_

Who is approving this application?  Municipal Officers of \_\_\_\_\_

County Commissioners of \_\_\_\_\_ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

Signature of Officials	Printed Name and Title

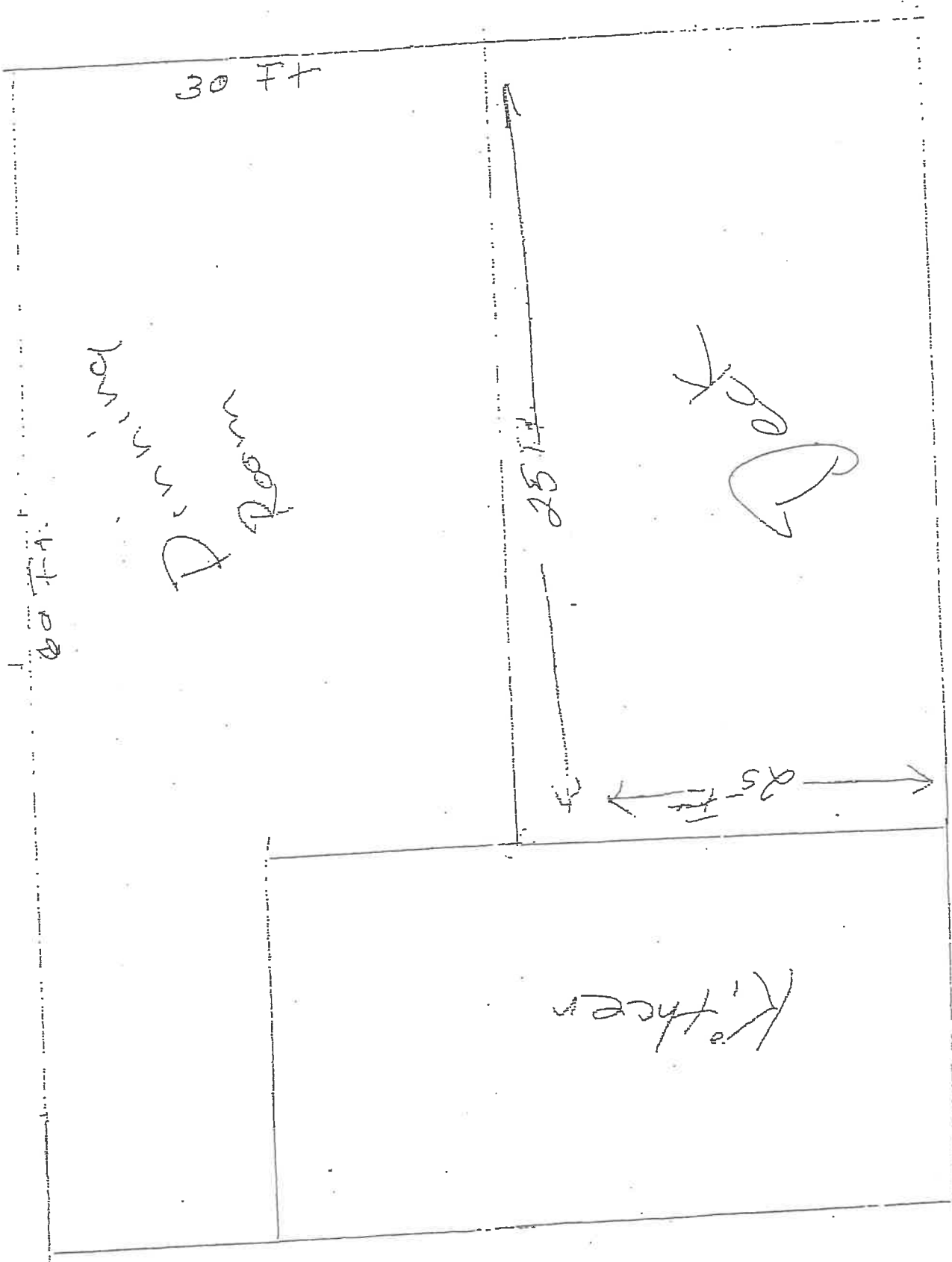
**This Application will Expire 60 Days from the date of  
Municipal or County Approval unless submitted to the Bureau**

Included below is the section of Maine’s liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see

**§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.



30 FT

Dinning Room

Door

25 FT

10 FT

Kitchen

20 FT