

Part I:

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

Application for the Relocation of an Agency Liquor Store

Licensee Information

Division U	se Only	
License No:		
Class:	Ву:	
Deposit Date:		
Amt. Deposited:		
Payment Type:		

l.	Name of Agency Liquor Store: Rooper'S
2.	License Number: AGN - 2001 - 337
3.	Municipality in which agency liquor store is located: Lewiston
4.	Current Physical Location: 694 Main St.
	Lewiston, ME 04240
5.	Relocating to within the municipality: 686 Main St.
	Lewiston, ME 04240
6.	Proposed Relocation Effective Date: 7-4-2020
7.	Name of Contact Person: Steve Roop.
	Telephone Number: 207 577 78 45
	Email address: Stroop 59 @ aol. com

RECEIVED
JUN 15 2020

Liquor licensing & Enforcement

Part II: Signature(s); Fees

By signing this application, the licensee 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:	5-29-2020	
Signature of Lie	Supplemental Suppl	Signature of Licensee or Duly Authorized Person
	Tephen RODD. of Licensee or Duly Authorized Person	Printed Name of Licensee or Duly Authorized Person

Please note: An incomplete application may affect the renewal of your Class VIII license.

- Your completed application must be accompanied by the fee of \$200.00.
- Please make your check payable to the Treasurer, State of Maine
- Please return your completed application and application fee to:

Mailing address:

Bureau of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing and Enforcement 8 State House Station Augusta, ME 04333-0008

Courier/overnight address:

Bureau of Alcoholic Beverages and Lottery Operations Division of Liquor Licensing and Enforcement 10 Water Street Hallowell, ME 04347

• For questions on this renewal application, please contact the Division at (207) 624-7220 or by email at Maine.gov.

RECEIVED

JUN 15 2020

Liquor licensing

I alt III.	Certification by Municipanty of Co	ounty Commissioners
1. Nam	e of Municipality or County:	Lewiston
2. Nam	e of Agency Liquor Store for Relocation	on: Rooper's
3. The	application for relocation for the license	ee named in this application has been:
	Approved	☑ Denied □
Velle	ne 3, 2020 Municipal or County Official	Kelly J. Brooks, Deputy City Clerk Title and Print Name
Signature of M	Municipal or County Official	Title and Printed Name

Cautification by Manicipality on County Commission and

Part IV: Required Documentation; Criteria

Maine liquor law, <u>Title 28-A</u>, <u>Section 453-D</u>, <u>subsection 1</u> provides the following requirements for an application for relocation to be approved by the Bureau:

- The licensee has held the license and operated as an agency liquor store for no less than one year at the currently licensed location, unless the relocation is directly related to retroactive zoning or unintentional destruction of the property that prevents rebuilding at the current location;
- The proposed location of the agency liquor store meets all applicable criteria for licensure for an agency liquor store; and
- The application includes proof of notification, in the form of a certified mail receipt, that all agency liquor stores in the same municipality as the licensee's proposed relocation site were notified of the proposed relocation.

Input by agency liquor store in the municipality of the relocation. The bureau has established a process by which an agency liquor store in the same municipality as the licensee's proposed relocation may declare support of or objections to a proposed relocation. The rules established by the Bureau for this process can be viewed on its website at https://www.maine.gov/dafs/bablo/liquor-lottery-rules-statutes— see https://www.maine.gov/dafs/bablo/liquor-lottery-rules-statutes/agency-liquor-store-relocation.

RECEIVED

Page 3 of JUN 15 2020

Part III.



February 21, 2020

Dear Sir or Ma'am

l am notifying you that Roopers Inc on 694 Main Street, Lewiston will be moving its location to 686 Main Street, Lewiston, as is required by State of Maine law.

PS Form 3811, July 2015 PSN 7530-02-000-9053

I'm obligated to notify each agency liquor store in the municipality where it be will affected.

If you have any concerns feel free to contact Tim Poulin, Liquor Commissioner, State of Maine

Sincerely,

Ŝteve Roop Roopers Inc.

SENDER: COMPUTE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. 1. Article Addressed to: Poirier's Market 3 B Wamut St Lewiston, WE 04 240	A. Signature A. Signature A. Signature A. Signature A. Signature C. Date of Delivery D. Is delivery address different from item 17 Yes if YES, enter delivery address below:
9590 9402 4547 8278 1898 18 2. Article Number Character from service Jabell. 7018 1130 0000 8047 7278	S. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Cortified Mail Restricted Delivery □ Cortified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Uned Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery □ vove's \$500)

Domestic Return Receipt

**	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON BELIVERY	
	Complete Items 1, 2, and 3. Print your name and address on the reverse	A. Signature	BUAS
	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Dallys	
	Attach this card to the back of the mailpiece, or on the front if space permits.		ery
	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
•	Shaw's		
,	27 East Ave		
	Lewiston, WE 04240		
	9590 9402 4547 8278 1898 49	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mall® ☐ Certified Mall Restricted Delivery ☐ Registered Mall Restricted Delivery ☐ Return Receipt for	eled _.
	2. Article Number (Transfer from service label)	☐ Coflect on Delivery Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Signature Confirmation	
	7018 1130 0000 8047 7308	Insured Mail Restricted Delivery Restricted Delivery (over \$500)	
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Recel	ot · - <u>-</u>
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY.	
-	Complete Items 1, 2, and 3.	A Signature	
•	Print your name and address on the reverse so that we can return the card to you.	X MW MUNICIO Agent	688
	Attach this card to the back of the maliplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivi	ery
	1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:	
	Walgreens 315 Main St.	If YES, enter delivery address below: 口 No	•
			0
	Lewston, ME04240		
*	9590 9402 4547 8278 1898 32	3. Service Type	uted
	PARAMETER AND	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Gollect on Delivery Restricted Delivery □ Gollect on Delivery Restricted Delivery □ Signature Confirmation □ Signature Confirmation	oted
	9590 9402 4547 8278 1898 32 2. Article Number (Transfer from service Jabel)	□ Adult Signature □ Registered Mail™ □ Registered Mail™ □ Certified Mail® □ Cellect on Delivery □ Cellect on Delivery Passiricted Delivery □ Signature Confirmation	oted
	9590 9402 4547 8278 1898 32 2. Article Number Clansfer from service Jebell 7018 1130 0000 8047 7292 PS Form 3811, July 2015 PSN 7530-02-000-9053	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail® Restricted Delivery □ Collect on Delivery Restricted Delivery □ collect on Delivery Restricted Delivery □ ried Mail Restricted Delivery □ ried Mail Restricted Delivery □ collect on Delivery Restricted Delivery □ collect on Delivery Restricted Delivery □ confirmation Restricted Delivery □ Domestic Return Receip	oted
	9590 9402 4547 8278 1898 32 2. Article Number flansfer from service Jabell 7018 1130 0000 8047 7292 PS Form 3811, July 2015 PSN 7530-02-000-9053	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Cellect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Ired Mail □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Domestic Return Receipt □ COLUPLETE THIS SECTION ON DELIVERA	oted
	9590 9402 4547 8278 1898 32 2. Article Number flansfer from service Jabell 7018 1130 0000 8047 7292 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the reverse	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Cellect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Ired Mail □ Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Domestic Return Receipt □ Columbia Restricted Delivery □ Agent □ Agent	oted
	9590 9402 4547 8278 1898 32 2. Article Number (Transfer from service Jabell 7018 1130 000 8047 7252 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece.	□ Adult Signature Restricted Delivery □ Certified Mail® □ Cellvery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Domestic Return Receipt for Marchandise □ Signature Confirmation □ Restricted Delivery □ Domestic Return Receipt for Marchandise □ Address □ Date of Delivery □ Cellvery □ Domestic Return Receipt for Marchandise □ Signature □ Address □ Cellvery □ Cellvery □ Cellvery □ Recilitered Mail™ □ Registered Mail ™ □ Registered Mail™ □ Registered Mail ™ □ Registered Mail ™ □ Registered Mail Nestricted Delivery □ Refurn Receipt for Marchandise □ Restricted Delivery □ Refurn Receipt for Marchandise □ Re	oted
	9590 9402 4547 8278 1898 32 2. Article Number fliensfer from service Jebell 7018 1130 000 8047 7252 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3, Print your name and address on the reverse so that we can return the card to you,	□ Adult Signature □ Could Signature Restricted Delivery □ Certified Mail® □ Cellvery □ Collect on Delivery Restricted Delivery □ Cellect on Delivery Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Domestic Return Receipt Cellvery □ Columber Extracted Delivery □ Agent □ Agent □ Address □ Agent □ Address □ Address □ Columber Extracted Delivery □ Collect on Delivery □ Resistered Mail Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Resistricted Delivery □ Signature Confirmation □ Resistricted Delivery □ Resistered Mail Restricted Delivery □ Resistricted D	oted
	9590 9402 4547 8278 1898 32 2. Article Number filensier from service tabell 7018 1130 000 8047 7292 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to:	□ Adult Signature □ Could Signature Restricted Delivery □ Certified Mail® □ Cellvery □ Collect on Delivery Restricted Delivery □ Cellect on Delivery Restricted Delivery □ Signature Confirmation □ Agent □ Address □ Address □ Address □ Address □ D. Is delivery address different from Item 1? □ Yes	oted
	9590 9402 4547 8278 1898 32 2. Article Number filensier from service tabell 7018 1130 000 8047 7292 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to:	□ Adult Signature □ Could Signature Restricted Delivery □ Certified Mail® □ Cellvery □ Collect on Delivery Restricted Delivery □ Cellect on Delivery Restricted Delivery □ Signature Confirmation □ Agent □ Address □ Address □ Address □ Address □ D. Is delivery address different from Item 1? □ Yes	oted
	9590 9402 4547 8278 1898 32 2. Article Number (Transfer from service Jabell 7018 1130 000 8047 7252 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Rrint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallipiece, or on the front if space permits,	□ Adult Signature □ Could Signature Restricted Delivery □ Certified Mail® □ Cellvery □ Collect on Delivery Restricted Delivery □ Cellect on Delivery Restricted Delivery □ Signature Confirmation □ Agent □ Address □ Address □ Address □ Address □ D. Is delivery address different from Item 1? □ Yes	oted
	9590 9402 4547 8278 1898 32 2. Article Number Ittensfer from service Jabell 7018 1130 000 8047 7292 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER COMPLETE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. 1. Article Addressed to: DATHE Way 1930 Lisbon St Lew Ston, WE 04240 9590 9402 4547 8278 1898 01	□ Adult Signature Restricted Delivery □ Certified Mail® □ Certifi	oted OTM Sissee Other Othe
	9590 9402 4547 8278 1898 32 2. Article Number (Transfer from service Jabell 7018 1130 000 8047 7252 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPULIE THIS SECTION Complete items 1, 2, and 3. Rrint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits, 1. Article Addressed to: DATHE Way 1930 Lisbon St Lew Ston, WE 04240	□ Adult Signature □ Registered Mail™ Registered Mail™ Registered Mail™ Registered Mail™ Registered Mail™ Registered Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Signature Confirmation Signature Confirmation Signature Confirmation Restricted Delivery □ Signature Confirmation Restricted Delivery □ Agent □ Address □ Ad	oted ot ot ot ot ot ot ot ot ot o

		A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation Signature Confirmation	
	7018 1130 0000 8047 7247 PS Form 3811, July 2015 PSN 7530-02-000-9053	Mall Restricted Delivery Restricted Delivery 300)	
•	2010/01/1030-02-000-9063	Domestic Return Receipt	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
	 Complete Items 1, 2, and 3. Rrint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A Signature X	
	1. Article Addressed to: Hanne for D. 692 Sabatus St.	D. Is delivery address different from Item 17	
	692 Sabathus St.		
	Lewiston, ME 04240		
•	9590 9402 4547 8278 1898 56 2. Article Number (Transfer from service label) 7016 1130 0000 8047 7254	3. Service Type Adult Signature Adult Signature Adult Signature Restricted Delivery Cartified Mail® Cartified Mail® Cartified Mail Restricted Delivery Collect on Delivery Restricted Delivery Ed Mail Collect on Delivery Restricted Delivery Ed Mail Signature Confirmation* Signature Confirmation	
	PS Form 3811, July 2015 PSN 7530-02-000-9053	ed Mali Restricted Delivery Restricted Delivery \$500) Domestic Return Receipt	
		Domestic Return Receipt	
	SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. 1. Article Addressed to: COCALS H20 WShM St LLWI StM, ME 047440	COMPLETE THIS SECTION ON DELVERY A. Signature X Draw Acceled Addressee B. Received by (Printed Name) C. Date of Delivery D. Land Acceled Addressee D. Is delivery address different from Ham 1? Yes If YES, enter delivery address below: No	
	9590 9402 4547 8278 1898 25 2. Article Number (Transfer from service lebel) 7018 1130 0000 8047 7285	3. Service Type	
	. PS Form 3811 July 2015 PSN 7530-02-000-0053	Domestic Return Receipt	

٠.,