



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**

Division Use Only	
License No:	
Class:	By:
Deposit Date:	
Amt. Deposited:	
Payment Type:	

Part I: Licensee Information

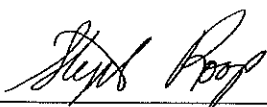
1. Name of Agency Liquor Store: Rooper's
2. License Number: AGN - 2001 - 337
3. Municipality in which agency liquor store is located: Lewiston
4. Current Physical Location: 694 Main St.
Lewiston, ME 04240
5. Relocating to within the municipality: 686 Main St.
Lewiston, ME 04240
6. Proposed Relocation Effective Date: 7-4-2020
7. Name of Contact Person: Steve Roop.
 Telephone Number: 207 577 7845
 Email address: STROOP59@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 Licensee or Duly Authorized Person

Signature of Licensee or Duly Authorized Person

Stephen Roop.

Printed Name 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 MaineLiquor@Maine.gov.

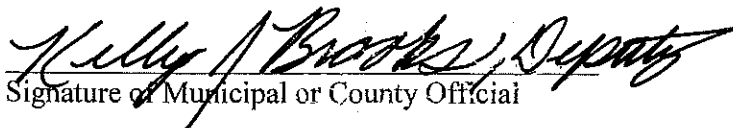
RECEIVED
JUN 15 2020
Liquor licensing
& Enforcement

Part III: Certification by Municipality or County Commissioners

- 1. Name of Municipality or County: Lewiston
- 2. Name of Agency Liquor Store for Relocation: Rooper's
- 3. The application for relocation for the licensee named in this application has been:

Approved Denied

Dated: June 3, 2020


Signature of Municipal or County Official

Kelly J. Brooks, Deputy City Clerk
Title and Print Name

Signature of Municipal or County Official

Title and Printed Name

Part IV: Required Documentation; Criteria

Maine liquor law, Title 28-A, Section 453-D, subsection 1 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 Chapter. 4: Rules Governing the Process to Provide Input by Agency Liquor Stores in the same municipality of a Relocation Request under State Liquor Rules. To view information provided by you and other agency liquor stores in your municipality, see the Bureau's website at <https://www.maine.gov/dafs/bablo/liquor-lottery-rules-statutes/agency-liquor-store-relocation>.

RECEIVED



February 21, 2020

Dear Sir or Ma'am

I 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.

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,

Steve Roop
Roopers Inc.


SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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 mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Gail Brooks</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Gail Brooks</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><i>Poirier's Market 38 Walnut St Lewiston, ME 04240</i></p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;">9590 9402 4547 8278 1898 18</p> <p style="text-align: center;">7018 1130 0000 8047 7278</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p>

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Shaw's
27 East Ave
Lewiston, ME 04240



9590 9402 4547 8278 1898 49

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

7018 1130 0000 8047 7308


PS Form 3811, July 2015 PSN 7530-02-000-9053 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Walgreens
315 Main St.
Lewiston, ME 04240



9590 9402 4547 8278 1898 32

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

7018 1130 0000 8047 7292


PS Form 3811, July 2015 PSN 7530-02-000-9053 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

On the Way
1930 Lisbon St
Lewiston, ME 04240



9590 9402 4547 8278 1898 01

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

Brianna Delcourt

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

7018 1130 0000 8047 7261


PS Form 3811, July 2015 PSN 7530-02-000-9053 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Roopers
794 Sabattus St.
Lewiston, ME 04240



9590 9402 4547 8278 1897 95

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 2/24/20

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2. Article Number (Transfer from service label)

7018 1130 0000 8047 7247

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail
 Registered Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery


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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Hannaford
692 Sabattus St.
Lewiston, ME 04240



9590 9402 4547 8278 1898 56

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 2/24/2020

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2. Article Number (Transfer from service label)

7018 1130 0000 8047 7254

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail
 Registered Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery


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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Roopers
1420 Lisbon St
Lewiston, ME 04240



9590 9402 4547 8278 1898 25

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 Diann Akeley 2/24/20

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2. Article Number (Transfer from service label)

7018 1130 0000 8047 7285

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail
 Registered Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt