

Residence address on all of the above for previous 5 years

Name: Susan Cox Address: 615 Pushaw Rd
Bangor, Me 04401

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

5. Has licensee/applicant(s) ever been convicted of any violation of liquor laws in Maine or any other State of the United States within the past 5 years? Yes No (attach additional pages as needed)

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

6. Has applicant(s) ever been convicted of any violation of any laws, other than minor traffic violations, in any State of the United States, within the past 5 years? Yes No (attach additional pages as needed)

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

7. Has applicant(s) been denied a liquor license within the last 6 months? Yes No

If Yes, please provide details on the denial:

8. Is the applicant(s) the spouse, father, mother, child or other immediate family member of a person whose license has been revoked or denied in the last 6 months? Yes No

If Yes, please provide details on the denial:

9. Does the applicant(s) employ a manager who has been convicted of any violation of any liquor laws within the last 5 years? Yes No

If Yes, please provide details on the denial:

10. Does the applicant(s) employ a manager who had their liquor license revoked within the last 5 years?

Yes No If Yes, please provide details on the denial:

11. Will any law enforcement officer benefit directly from this license? Yes No

12. Is any principal person involved with the license, a law enforcement official? Yes No

If Yes, provide name: _____

13. Will any other person including spouse, children or other immediate family members have any interest either directly or indirectly in your license? Yes No

If Yes, provide name: _____

14. 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, please provide sources of financial assistance: _____

15. Does the applicant hold any interest in any other liquor license including but not limited to a brewery, winery or distillery in Maine? Yes No

If yes, please list business/license name, license number and physical location. (attach additional pages as needed)

Name of Business	License Number
Circle K	
Numerous throughout the state	

16. Has/have applicant(s) formerly held a Maine liquor license? Yes No
17. Has/have applicant(s) had a Maine liquor license violation? Yes No

If yes, please provide the following information:

Name: _____ Date of Conviction: _____

Offense: _____

18. Does/do applicant(s) own the premises? Yes No

If No, provide name and address of owner: Irving Oil Corporation
190 Commerce Way, Portsmouth, NH 03801

19. What will be your hours of operation as an agency liquor store?

Day	Opening Time - A.M.	Closing Time - P.M.
Sunday	12:00 AM	11:59 PM
Monday	↓	↓
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	24 hrs 7 days a week	

20. What is the population of the municipality where this agency liquor store will be located? 32,000
21. What is your average weekly customer count? 7818

22. Provide the value of the on-hand inventory of the following items:

Beer	Wine	Grocery items	Tobacco	Newspaper/ magazines	Gas	Lottery
12,010.72	3,490.89	7,146.06	69,885.40	550.80	21,337	Cost. 1,338.

23. Provide the retail sales of the following items sold in your store during the most recent business fiscal year:

Beer	Wine	Grocery items	Tobacco	Newspaper/ magazines	Gas	Lottery
205,143	16,036	40,765	922,361	9,565	3,018,222	Revenue 25,234

24. Have you had any instances with your beer and/or wine wholesaler where your payment has been returned for insufficient funds? Yes No

If Yes, please provide details on when and how much you owed. (attach additional pages as needed)

25. How long has this premise been in operation as a retail store? Circle K site since 7/15/08

26. How many people are presently employed in your retail business? Full time: 9 Part time: 8

27. Have your employees completed certified training? Yes No

If so, how many have been trained? Full time: 9 Part time: 8

28. What is the total amount of your annual payroll (wages and benefits) for this location: \$481,545

29. Are you up-to-date with the following state agencies?

A. Maine Revenue Services on Sales and Use Taxes Yes No

B. Maine Department of Labor on wage related matters Yes No

30. Is your local property tax to the municipality for this location paid? Yes No

31. What is the amount of property taxes paid to the municipality for this location: 14,534

32. From question 1 for applicants who are legal business entities like corporations and limited liability companies, is your entity in good standing with the Maine Secretary of State?

Yes No

Please note that your entity must be in good standing at the time of application.

33. From question 1 for applicants who are legal business entities like corporations and limited liability companies, is your business name (DBA) registered with the Maine Secretary of State?

Yes No

Please note that your DBA must be on file with the Maine Secretary of State at the time of application.

34. What is the total square footage of the building where the retail license is located? 3131

35. What is the total square footage of the retail space inside the building? 2160

36. What is the total linear shelving footage to be used for selling spirits? 84

37. What is the total linear shelving footage for the main selling area for spirits? 750 Ld

38. What is the total linear shelving footage behind the counter for the sale of spirits? 24

Please note: For questions 34 through 38, you must complete the Diagram #1 for the inside of the store at the end of the application.

39. How will you manage pricing of your spirits inventory? (Choose any that apply)

- Through your point of sale system? Yes No
- Through a manual pricing process (stickering product) Yes No
- Through your point of sale system and shelf pricing tags? Yes No

40. Where will spirits be sold? (check only one)

- On the main selling floor and behind the counter
- Just on the main selling floor
- Behind the counter only

41. What will be the proposed start up inventory? (check only one)

- Minimum of \$5,000 (municipality has a population under 1,000)
- Minimum of \$10,000 (municipality has a population of 1,000 or more)
- Other. Please provide: _____

42. Please specifically describe how spirits will be kept safely and separately from other items in the store to prevent theft and access by minors.

Area is in direct view of Sales Counter. Has a dedicated camera on the area 24/7

43. Please specifically explain how the selling area will be controlled during the hours when spirits may not be sold.

Same as above.

44. Please describe any issues with theft and how you have changed your business practice to prevent theft, if any.

No Known Issues

45. What is the total square footage of the storage area? 12

Please note that you must complete the Diagram #4 for the storage area at the end of the application.

46. Is the storage area locked? Yes No

47. How many employees have access? 3

48. Does anyone currently live in the building where the retail space is located? Yes No

49. If the answer to question #48 is Yes, is there direct access from the living space to the retail space?
Yes No If Yes, please describe:

50. Is the parking area lighted? Yes No

51. Is the parking area paved? Yes No

52. How many handicapped parking spaces do you have? 1

53. How many regular parking spaces do you have? 20

54. What is the square footage of the parking lot? 54,014

Please note: For questions 50 through 54, you must complete the Diagram #2 for outside of the store and parking lot at the end of the application.

55. Do you have a security system for your store? Yes No

If Yes, please describe what company provides the system and the components of the system. (attach additional pages as needed)

Name of Company: Circle K - 3x logic

Complete Address: P.O. Box 347 Columbus, IN 47202

Telephone: 812-379-9227

56. Do you have cameras? Yes No

57. How many cameras do you have? 22

58. Do you have cameras on the selling floor? Yes No How many? ~~8~~ 9

59. Do you have cameras in the storage area? Yes No How many? ~~8~~ 9

60. Do you have cameras outside? Yes No How many? 4

61. Do you have Monitors? Yes No How many? 2

Where are the monitors located? Please describe:

front of stores
Office

62. What is the recording time of the security system? 24/7

63. What is the retention period of the recordings? 45 + days

64. Do you have any alarms? Yes No How many? 1

Where are they located? Sales floor

If Yes, are they panic or motion? Motion

Please note: For questions 56 through 64, you must complete Diagram #1 and #2 of the inside and outside areas as applicable for cameras, monitors and alarms.

65. For your sales register(s), do they prompt for:

Time: Yes No
Age: Yes No

66. Does your register have identification scanning capabilities for age and expiration date?

Yes No

67. What is the distance from your store to the Nearest school, school dormitory, church, chapel or parish house measured from the main entrance of your store to the main entrance of these locations by the ordinary course of travel? (State law requires the measurement from the main entrance be more than 300 feet.)

School name: Eastern Maine Community College

Distance: 8 1/2 miles

Church name: Forest Ave Congregational Church

Distance: 3.4 miles

68. Name and distance to the nearest agency liquor store:

Hannaford Grocery

Distance: 4/10 mile

69. Would you like to become a reselling agent who sells spirits to bars and restaurants in Maine in addition to your agency liquor store license? Yes No (this is optional)

If Yes, you must have a Federal Basic Permit Number issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB). You can contact the TTB at 877-882-3277 or visit their online permit site at <https://www.ttb.gov/ponl/permits-online.shtml>. Additionally, once licensed and conducting business as a reselling agent, there are monthly sales reporting requirements that you must provide to the Bureau.

**Required Additional Information for Agency Liquor Store Applicant(s)
Who are Legal Business Entities**

Questions 1 to 4 of this part of the application must match information in question 1 at the beginning 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.

Please clearly complete this form in its entirety.

1. Exact legal name: Mac's Convenience Stores LLC
2. Doing Business As, if any: Circle K 470 7087
3. Date of filing with Secretary of State: 2008 State in which you are formed: Delaware
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: 2008
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers or members and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
previously Supplied				

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