




Application Copy

File Number: 148919

Job Type: Renewal Application

LICENSE # RES-18-107412	APPLICATION DATE RECEIVED 2026-05-01
LICENSE TYPE On-Premises: Beer & Wine	LICENSEE Tina Lee LLC
AGENT NAME	EFFECTIVE DATE 2025-07-01
EXPIRES 2026-06-30	STATUS Active
PREMISES NAME WEBBS MILLS EATS & CRAFT BREWS	
NEW SECONDARY LICENSE(S) None selected	
PREMISES TYPE Restaurant (not Class A)	PREMISES NAME WEBBS MILLS EATS & CRAFT BREWS
OPERATOR Tina Lee LLC	
PHYSICAL ADDRESS 455 POLAND SPRING RD CASCO ME 04015-4107	
MAILING ADDRESS 455 POLAND SPRING RD CASCO ME 04015-4107	

CONTACT NAME CHRISTINA KNOTT	PREFERRED CONTACT METHOD Email
CONTACT PHONE (207) 627-4000	ALTERNATE PHONE
FAX	EMAIL 

QUESTIONS

On-Premises: Beer & Wine

1. Is your business (including any DBA) registered and in good standing with the Maine Secretary of State?

Answer "No" if you are a Sole Proprietor.

Yes



2. Does the licensee or applicant(s) have any interest in any other Maine Liquor License?

No

3. Is the applicant/licensee an individual, partnership, or association? (Not a corporation or LLC)

No

4. Are all licensees/applicants residents of the State of Maine?

Yes

5. Is your license for a club with a membership?

No

6. Is your license application for a vessel?

No

7. Do you have a valid and current health license issued by Maine Department of Health and Human Services OR the Department of Agriculture?

Yes

(document uploaded)

8. Do you have a license from the Office of the State Fire Marshal? Contact (207) 626-3870 to determine whether licensure is necessary.

No

9. Will any law enforcement officer directly benefit financially from this license?

No

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.

No

11. Is the licensee/applicant(s) directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person or business entity holding a liquor license granted by the State of Maine?

No

12. What is the full name and date of birth of the person managing this premises?

Christina Knott



13. Has any of the listed applicants, an immediate family member of an applicant, or an employed manager been denied a liquor license or had a liquor license revoked within the last 5 years?

No

14 Is any of the listed applicants the spouse, father, mother, child or other immediate family member of a person whose liquor license has been revoked or denied in the last 6 months?

No

15 Has any licensee/applicant or employed manager ever been convicted of any violation of the liquor laws in Maine or any State of the United States within the last 5 years?

No

16 Has the licensee/applicant(s) or manager ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?

No

17 Does the licensee/applicant have any arrangement such as a lease where rent is based on sales, an agreement where another party receives a portion of the revenue or profits from the business, or a right to acquire an ownership interest in the business?

No

18 At which address are your business records located?

451 Poland Spring Road
Casco, ME 04015

19 What will be your business hours? Please indicate each day's open and close times.

Sun - Closed

Mon - Closed

Tues-Sat 11am - 8pm

20 Please provide the name and distance from the premises to the nearest school, school dormitory and place of place of worship, measured from the main entrance of the premises to the main entrance of the school, school dormitory and place of worship by the ordinary course of travel.

1 miles from Casco Village Church

21 Is your application for a Hotel or Bed & Breakfast?

No

22 What is the gross food income for the licensure period that will end on the expiration date?

██████████

23 What is the gross income from beer, wine, and spirits for the licensing period ending on the expiration date?

██████████

24 Do you have a food menu?

Yes

(document uploaded)

25 How many seats do you have? Include indoor and outdoor seating.

30

26 How many bathrooms do you have available to patrons?

1

27 Do you currently have any advertising or sponsorship agreements with a wholesale licensee or certificate of approval holder (including agreements for signage, naming rights, event sponsorships or branded areas)?

No

28 Describe each area of the premises where alcoholic beverages will be served, consumed, or stored.

Include all interior and exterior areas (e.g., dining rooms, bars, patios, decks, function rooms, etc.) and use names or labels that correspond to your submitted floor plan.

We have a separate eating/dining area separated by a knee wall and during warm months have an enclosed patio area

DOCUMENTS

TYPE	FILE NAME	DESCRIPTION
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Premises Floor Plan	floor plan webbs.pdf
Maine Health or Agriculture License	health inspection license 2026.pdf
Food Menu	Spring Menu 2025.pdf
Supplemental Ownership Form	signed affidavit for on premise 2026.pdf

APPLICANT

Tina Lee LLC

DECLARATION

- I certify that I am the applicant as described in this application, or that I am duly authorized to submit this application on the applicant's behalf.

All information provided in this application is accurate and correct. I understand 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.