

TOWN OF WINDHAM
MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

1. Name Scott A Bodlovick / Great Scott Mac Wagon
2. Address 7 Dogleg Drive, Windham, ME
3. E-Mail greatscotteats@gmail.com
4. Telephone Number of Owner 207-240-0992
5. Telephone number of Operator Same
6. Vehicle Make Chevrolet P30 1986
7. License (Plate) Number 6C-4109 Vin # 1GBHP32M363320877
8. Sites where M.F.S.U. will operate: at Home
~~Unknown~~
Corner of 302 + Whites Bridge Rd.
Owner of property Joanne E. Mattiace Esq.
Phone # 207-894-3200 Email: Jmattiace@productsafetylaw.com
9. Have you ever been convicted of a criminal offense which was punishable by imprisonment for more than one year? (circle one) Yes No
10. If yes, what was the offense? _____
11. Please attach the following:
 - ✓ 1) a signed release form (for each employee and owner);
 - ✓ 2) a copy of your Department of Human Services license;
 - ✓ 3) a picture of vehicle;
 - ✓ 4) a list of items to be sold;
 - ✓ 5) a certificate of insurance as required by section 7 of the Mobile Food Service Unit Ordinance;
 - 6) site plan drawing: ?
 - 7) letter of permission from owner of property. contact info listed above

Return with fee of \$100.00 (plus \$20.00 per person for background check)
to Town Clerk, 8 School Rd, Windham, Maine 04062

NOTICE TO APPLICANT

Please take notice that if the municipal officers grant the attached license, you must still comply with all the requirements of the provisions of the Town's Zoning Ordinance, Health Code, and all other municipal Ordinances, Codes, and Regulations. It is your responsibility to investigate the applicability of these requirements to your proposed use.



Applicant's Signature
Acknowledgement of Receipt

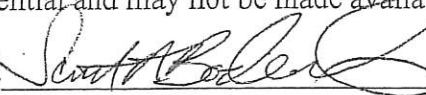
TOWN OF WINDHAM
8 SCHOOL RD
WINDHAM, ME 04062

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the representative of the Town of Windham bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Windham. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with this authorization and should thereby any question as to the validity of this release, you may contact me as indicated below. All records obtained pursuant to 16 M.R.S.A §620 (6) are confidential and may not be made available for public inspection or copying.

FULL NAME



Signature

Scott A Bodlovick.

Typed or printed

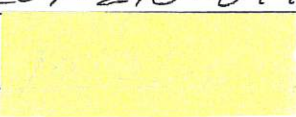
CURRENT ADDRESS

7 Dogleg Drive, Windham ME 04062

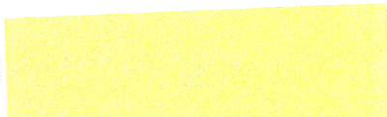
TELEPHONE

207-210-0992

DATE OF BIRTH

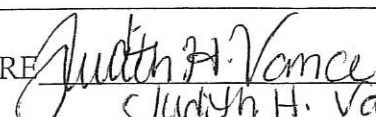


DRIVER'S LICENSE



FULL CURRENT NAME OF ALL EX-SPOUSES (if any)

WITNESS SIGNATURE



WITNESS NAME

Judith H. Vance
Typed or printed

DATE

6/4/2021

☐ Failed ☐ Closed ☐ IHH

State of Maine Mobile / Temporary Health Inspection Report

Page of

Facility Name GRANT SCOTT'S MAC WAGON		As Authorized by 22 MRSA § 2496		Critical Violations	Date:
License # 29386		Owner Name SCOTT BODANOVICK		Non-Critical Violations	Time In:
License Expiration		License Posted		Certified Food Protection Manager	Time Out:
License Type ERM - OK TO ISSUE LICENSE		Facility Street 7 DOGLEY RD		Facility City WINDHAM	
Purpose of Inspection PRE-OP		Risk Category 3			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN=in compliance		OUT=not in compliance		N/A=not applicable		COS=corrected on-site		R=repeat violation	
Compliance Status		COS		R		Compliance Status		C	
Supervision									
1	PIC present, demonstrates knowledge, and performs duties								
Employee Health									
2	Management awareness; policy present								
3	Proper use of reporting, restriction and exclusion								
Good Hygienic Practices									
4	Proper eating, tasting, drinking, or tobacco use								
5	No discharge from eyes, nose, and mouth								
Preventing Contamination by Hands									
6	Hands clean and properly washed								
7	No bare hand contact with RTE foods or approved alternate method properly followed								
8	Adequate handwashing facilities supplied & accessible								
Approved Source									
9	Food obtained from approved source								
10	Food received at proper temperature								
11	Food in good condition, safe & unadulterated								
12	Required records available; shellstock tags, parasite destruction								
Protection from Contamination									
13	Food separated & protected								
14	Food-contact surfaces cleaned & sanitized								
15	Proper disposition of returned, previously served, reconditioned & unsafe food								
Potentially Hazardous Food Time/Temperature									
16	Proper cooking time & temperatures								
17	Proper reheating procedures for hot holding								
18	Proper cooling time & temperatures								
19	Proper hot holding temperatures								
20	Proper cold holding temperatures								
21	Proper date marking & disposition								
22	Time as a public health control: procedures & records								
Consumer Advisory									
23	Consumer advisory provided for raw or undercooked foods								
Highly Susceptible Populations									
24	Pasteurized foods used; prohibited foods not offered								
Chemical									
25	Food additives: approved & properly used								
26	Toxic substances properly identified, stored, & used								
Conformance with Approved Procedures									
27	Compliance with variance, specialized process & HACCP plan								

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Compliance Status		COS		R		Compliance Status		C	
Safe Food and Water									
28	Pasteurized eggs used where required								
29	Water & ice from approved source								
Proper Use of Utensils									
41	In-use utensils properly stored								
42	Utensils, equipment & linens properly stored, dried & handled								

Food Temperature Control			
31	Proper cooling methods used; adequate equipment for temperature control		
32	Plant food properly cooked for hot holding		
33	Approved thawing methods used		
34	Thermometers provided & accurate		
Food Identification			
35	Food properly labeled; original container		
Prevention of Food Contamination			
36	Insects, rodents & animals not present		
37	Contamination prevented during food preparation, storage & display		
38	Personal cleanliness		
39	Wiping cloths properly used & stored		
40	Washing fruits & vegetables		

44	Gloves used properly
Utensils, Equipment and Vending	
45	Food & non-food contact surfaces cleanable, properly designed, constructed & used
46	Warewashing facilities installed, maintained & used; test strips
47	Non-food contact surfaces clean
Physical Facilities	
48	Hot & cold water available; adequate pressure
49	Plumbing installed; proper backflow devices
50	Sewage & waste water properly disposed
51	Toilet facilities properly constructed, supplied & cleaned
52	Garbage & refuse properly disposed; facilities maintained
53	Physical facilities installed, maintained & clean
54	Adequate ventilation & lighting; designated areas used

INSPECTION OBSERVATIONS AND NOTES

NOTE - NEED STINKERS FOR SINK BAYS

SANITIZER 200 PPM ORC

TEMPERATURE OBSERVATIONS

Food Type	Location	Temp	Food Type	Location	Temp	Food Type	Location	Temp
WATER	TOX FREE	33-37	WATER	STEAM UNIT	184			
WATER	KECHU IN	37-38						
WATER	FOAM TAP	121						

Person in Charge (Signature)

Date: 6/3/21

Health Inspector (Signature)

Follow-up: ☐ YES ☐ NO

Date of Follow-up:



Mac Wagon Wraps

The Mac Wagon

A wrap stuffed w/ cheddar cheese, pepper jack cheese and our grilled mac n cheese then grilled to perfection. Served w/ a side of one of our handcrafted sauces

The Pig Belly

A wrap stuffed w/ cheddar cheese, our grilled mac n cheese and deep fried bacon then grilled to perfection. Served w/ our smokey bacon ranch sauce

The Miss Piggy

A wrap stuffed w/ pepper jack cheese, our grilled mac n cheese and our slow roasted pulled BBQ pork then grilled to perfection. Served w/ our signature BBQ sauce

The Smoking Cow

A wrap stuffed w/ cheddar cheese, our grilled mac n cheese and our sliced brisket then grilled to perfection. Served w/ our signature BBQ sauce

The Sizzlin Hen

A wrap stuffed w/ pepper jack cheese, our grilled mac n cheese and our slow roasted pulled buffalo chicken then grilled to perfection. Served w/ a side of our ranch dressing

The Cheezy Claw

A wrap stuffed w/ cheddar cheese, our grilled mac n cheese and fresh Maine Lobster then grilled to perfection. Served w/ a side of our ranch dressing

Twin Mac Snappers

A pair of red hot dogs (a Maine specialty) grilled and served in grilled New England style rolls then topped w/ our grilled mac n cheese and our homemade banana pepper relish
Add grilled onions

Twin Maine Lobster Rolls *(no fillers used)*

A grilled buttery New England style roll filled w/ a generous portion of fresh Maine lobster on a bed of shredded lettuce. Served w/ drawn butter or mayo and a wedge of lemon

Sides

Mac Wagon Mac

A bowl of our grilled mac n cheese and drizzled w/ your choice of ranch, BBQ, buffalo or just naked

Mac Wagon Beans

our handcrafted sweet n tangy BBQ beans – they will keep you wanting more!!!!

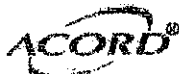
Mac Wagon Tots

served w/ one of our handcrafted sauces

Mac Wagon Rings

A heaping order of beer battered onion rings served w/ a side of our smokey ranch sauce

Harmons Clam Cake



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10200
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL(SUBR) INSP / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		UDC-4707097-CGL-21	03/01/2021	03/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ S/T Gen. Agg. \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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GREATSC

OP ID: AP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PRATT INSURANCE AGENCY INC P.O. BOX 439 WESTBROOK, ME 04098 Wayne A Pratt		CONTACT NAME: Wayne A Pratt PHONE (A/C, No, Ext): 207-854-9745 FAX (A/C, No): E-MAIL: ADDRESS:		
INSURED GREAT SCOTT EATS SCOTT BODLOVICK D/B/A 7 DOGLEG DR WINDHAM, ME 04092		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: PROGRESSIVE NORTHERN INS		38628
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR DIVID	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			02396120-0	01/21/2021	07/21/2021	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (EA accident) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$ 100,000
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$ 300,000
							PROPERTY DAMAGE (PER ACCIDENT) \$ 100,000
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				WC STATUTORY LIMITS \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

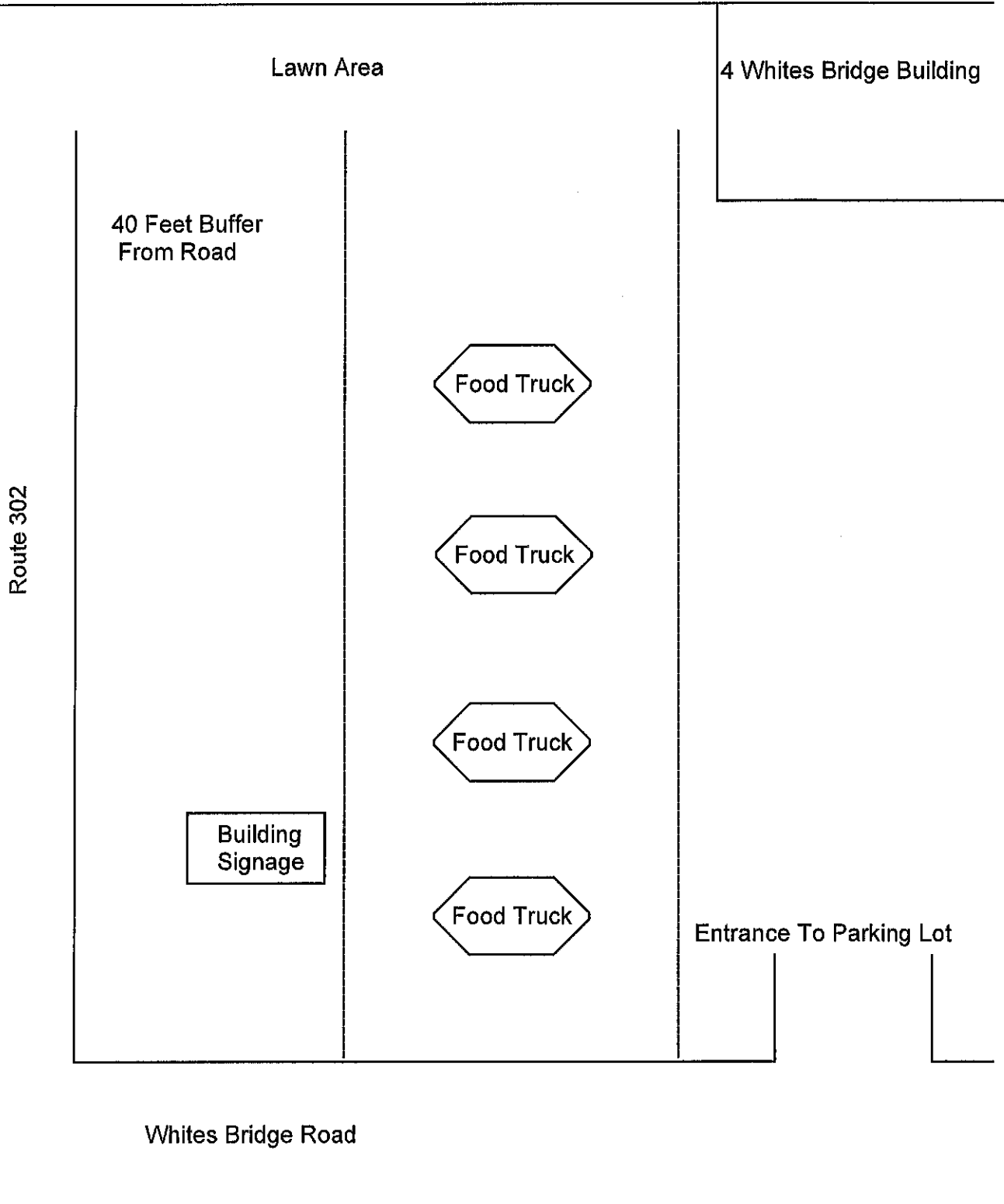
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1986 CHEV P-30 FOOD TRUCK 1GBHP32M3G3320877

CERTIFICATE HOLDER**CANCELLATION**

SAMPLEC SAMPLE CERTIFICATE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Alexander T. Pratt</i>

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Seahorse Alley Food Truck Lawn Lay Out 06042021
4 Whites Bridge Road, Windham, Maine 04062



Linda Morrell

From: mterry@seahorsealley.com
Sent: Thursday, May 20, 2021 2:06 PM
To: Linda Morrell
Cc: Christy Marquis; jmattiace@productsafetylaw.com
Subject: RE: Food Trucks

Linda, we have 3 food trucks that will operate during the summer season in the front of our property.
For your info they are:

Kyle McNair Fred's Fried Dough
Scott Bodlovich – Great Scott's
Susie Porter – Q's Hot Dogs

Maggie Terry
President
Maggie Terry
Seahorse Alley LLC
4 Whites Bridge Road
Suite 275
Windham, Maine 04062
207-894-3400