

TOWN OF WINDHAM
MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

1. Name Scott A Bodorick / Great Scott Mac Watson
2. Address 7 Dogleg Drive, Windham, ME
3. E-Mail greatscottfeats@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 # 1G8HP32M363320877
8. Sites where M.F.S.U. will operate: at home
at known
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 Scott A. Bodorick Scott A. Bodorick
Signature Typed or printed

CURRENT ADDRESS 7 Dogleg Drive, Windham ME 04062

TELEPHONE 207-210-0992

DATE OF BIRTH [REDACTED] DRIVER'S LICENSE [REDACTED]

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

WITNESS SIGNATURE Judith H. Vance
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	As Authorized by 22 MRSA § 2496		
GREAT SCOTT'S MAC WAGON			
License #	Owner Name	Facility Street	
29386	SCOTT BOBOVICK	7 DOGLEG RD	Facility City
License Expiration	License Posted	License Type	Time In:
		PERM	Time Out:
		ON TO OPERATE	
		OK TO ISSUE LICENSE	Purpose of Inspection
			Risk Code
			5

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN=in compliance		OUT=not in compliance		N/O=not observed		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					16	Proper cooking time & temperatures					
	Employee Health					17	Proper reheating procedures for hot holding					
2	Management awareness; policy present					18	Proper cooling time & temperatures					
3	Proper use of reporting, restriction and exclusion					19	Proper hot holding temperatures					
Good Hygienic Practices												
4	Proper eating, tasting, drinking, or tobacco use					20	Proper cold holding temperatures					
5	No discharge from eyes, nose, and mouth					21	Proper date marking & disposition					
Preventing Contamination by Hands												
6	Hands clean and properly washed					22	Time as a public health control: procedures & records					
7	No bare hand contact with RTE foods or approved alternate method properly followed					Consumer Advisory						
8	Adequate handwashing facilities supplied & accessible					23	Consumer advisory provided for raw or undercooked foods					
Approved Source												
9	Food obtained from approved source					24	Highly Susceptible Populations					
10	Food received at proper temperature					25	Pasteurized foods used; prohibited foods not offered					
11	Food in good condition, safe & unadulterated					Chemical						
12	Required records available; shellstock tags, parasite destruction					26	Food additives: approved & properly used					
Protection from Contamination												
13	Food separated & protected					27	Compliance with variance, specialized process & HACCP plan					
14	Food-contact surfaces cleaned & sanitized					Conformance with Approved Procedures						
15	Proper disposition of returned, previously served, reconditioned & unsafe food					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												
Compliance Status				COS	R	Compliance Status						
Safe Food and Water												
28	Pasteurized eggs used where required					41	Proper Use of Utensils					
29	Water & ice from approved source					42	Utensils, equipment & linens properly stored, dried & handled					

GOOD RETAIL PRACTICES

Compliance Status		COS		R		Compliance Status		COS		R	
Safe Food and Water						Proper Use of Utensils					
28	Pasteurized eggs used where required					41	In-use utensils properly stored				
29	Water & ice from approved source					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 STICKERS FOR SIGN. BAGS

SANI WATER 200 ppm O FC

TEMPERATURE OBSERVATIONS

Food Type	Location	Temp	Food Type	Location	Temp	Food Type	Location	Temp
WATER	TOP PEAK	33-37	WATER	STEAM UNIT	164			
WATER	KEGS IN	37-38						
WATER	FAUCET TAP	121						

Person in Charge (Signature)

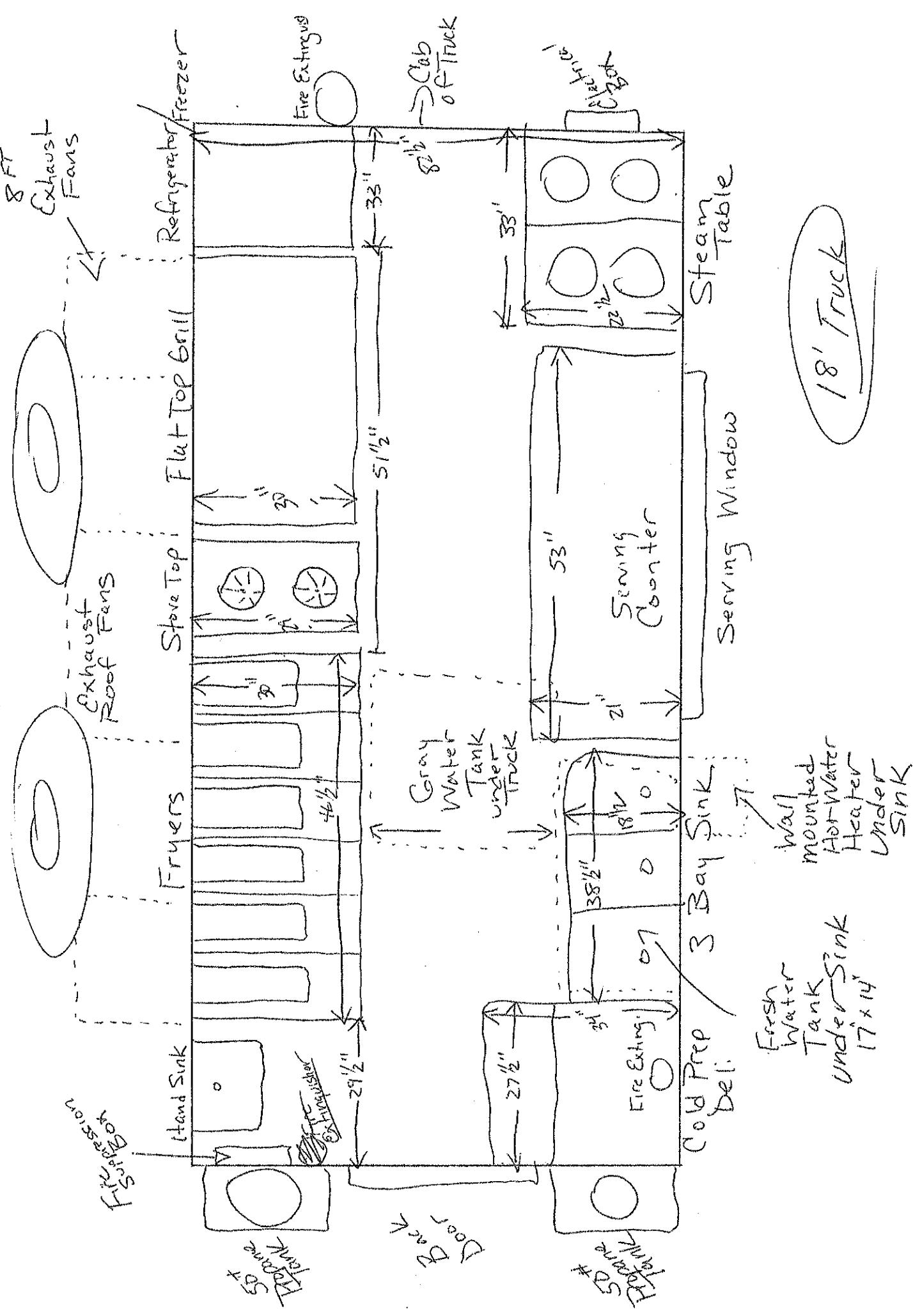
Date: 6/3/21

Health Inspector (Signature)

Follow-up: YES NO

Date of Follow-up:





Great Scott's Mac Wagon.

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!!!!

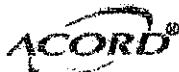
Mac Wagon Tots

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)

04/06/2021

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	CONTACT NAME:	FAX (if applicable):	
	PHONE: (888) 202-3007		
INSURED	E-MAIL ADDRESS: contact@hiscox.com	INSURER(S) AFFORNING COVERAGE	NAIC #
	INSURER A: Hiscox Insurance Company Inc		
	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 INSD	SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				UDC-4707097-CGL-21	03/01/2021	03/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. S
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							
UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE							EACH OCCURRENCE \$ AGGREGATE \$ S
DED	RETENTION S							PER STATUTE \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A					

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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CERTIFICATE OF LIABILITY INSURANCE

GREATSC

OP ID: AP

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 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 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: PROGRESSIVE NORTHERN INS NAIC # 36628
INSURED	GREAT SCOTT EATS SCOTT BODLOVICK 7 DOGLEG DR WINDHAM, ME 04092 D/B/A	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	ADD'L SUBR/INSR AWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GFNFRAI AGGRGATE PRODUCTS - COMP/OP AGG
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					\$ \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY		02396120-0	01/21/2021	07/21/2024	COMBINED SINGLE LIMIT (Ex accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)
	ANY AUTO X ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS				\$ 100,000 \$ 300,000 \$ 100,000
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
						OTHER

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

1986 CHEV P-30 FOOD TRUCK 1GBHP32M3G3320877

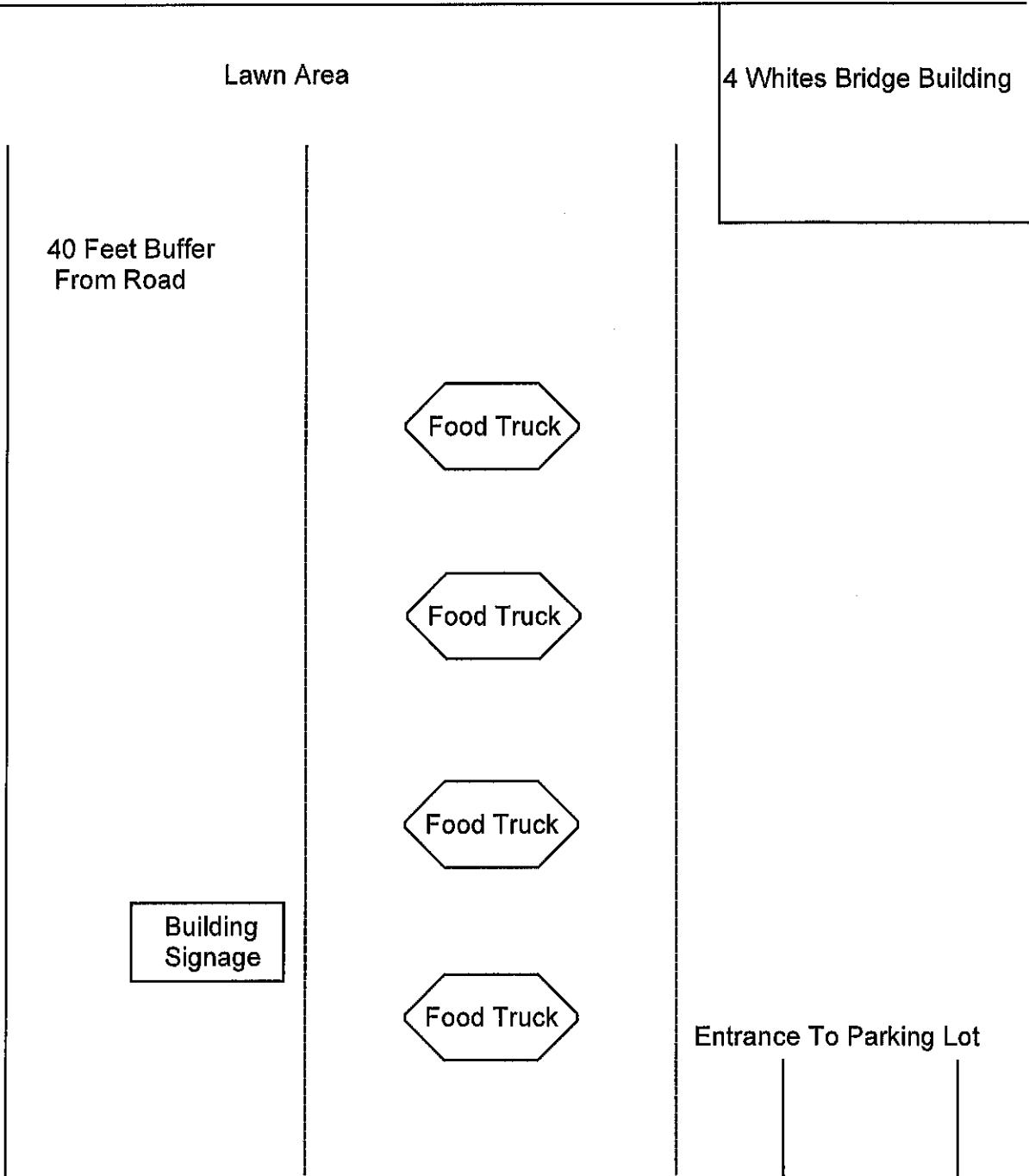
CERTIFICATE HOLDER

CANCELLATION

SAMPLE CERTIFICATE	SAMPLEC	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>	

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

Route 302



Whites Bridge Road

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