

2018
Northeast Ice Cream

TOWN OF WINDHAM
8 SCHOOL RD
WINDHAM, ME 04062

MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

- 1) Name NORTH EAST ICE CREAM / JASON KLEIN
2) Address P.O. Box 1284 SCARBOROUGH, ME. 04070
3) E-Mail JKLEIN1112@AOL.COM

- 4) Telephone Number of Owner 207-780-1556
5) Telephone number of Operator 207-838-2732
6) Vehicle Make CHEVY STEPVAN
7) License Number 7A-1870 Vin # 16B6P32WXV3317159
8) Sites where M.F.S.U. will operate: _____

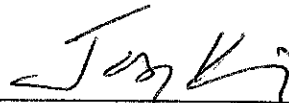
ALL PLACES PERMITTED UNDER ORDINANCE RULES

- 9) Have you ever been convicted of a criminal offense which was punishable by imprisonment for more than one year? NO Yes, _____
No. If yes, what was the offense?
10) Please attach; 1) a picture of the vehicle; 2) a copy of your Department of Human Services license; 3) a signed release form; 4) a list of items to be sold; and 5) a certificate of insurance as required by section (7) of the Mobile Food Service Unit Ordinance.

Return with fee of \$50.00 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





State of Maine

Department of Agriculture, Conservation & Forestry
Division of Quality Assurance & Regulations
28 State House Station, Augusta, ME 04333-0028
(207) 287-3841

SERIAL NUMBER

113158

2-29258

December 8, 2017

December 31, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certifies that

North East Ice Cream #7A-1870

Gerald Sterritt

98 Beech Hill RD

Exeter, NH 03833-

MOBILE VENDOR

Location: 44 Rigby RD, South Portland

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

PER

License Type	Authorizations	Fee
Mobile Vendor	0 to 10	20.00
	Prepackaged Food	
	TOTAL:	20.00



Department of Agriculture, Conservation &
Forestry

Walter E. Venturi

Commissioner

Division of Quality Assurance

Christy J. Franklin

Director

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 there be 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 Jason Klein

Signature

FULL NAME JASON KLEIN

Typed or printed

DATE 5-14-18

CURRENT ADDRESS 30 HEMON COBB RD.
WINDHAM, ME

TELEPHONE 207-838-2732

DATE OF BIRTH 1-1-71

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

WITNESS: Shirley Beaulieu

NEIC

	Snow Cone - Jolly Rancher
	Bomb Pop Jr
	Cry Baby Watermelon
	Snow Cone -Bubble Gum
	Cry Baby Cherry
	Emoji
	Fudge Bar
	Orange Dream
	Vanilla Sandwich

	Crunch Bar
	Star Bar
	Watermelon Whirl Bar
	Cotton Candy Bar
	Bubble Gum Bar
	No Sugar Added Vanilla
	Warhead Bomb Pop
	Fudge Bomb Pop

	Watermelon Bomb Pop
	Original Bomb Pop
	Jolly Rancher Bomb Pop
	Capt. America
	Tweety
	Sonic
	Angry Birds
	Teen Titans

	Ninja Turtle
	Power Puff Girls
	Batman
	Screamers
	Malt Cup
	Vanilla Big Dipper
	Strawberry Big Dipper
	Cookie N Cream Big Dipper

Name _____

Date _____

Truck # _____

	Screwball Red
	Screwball Blue
	Candy Center Crunch
	Mississippi Mud
	Chocolate Big Dipper
	Rosatti Lemon
	Rosatti Watermelon

	Rosatti Root Beer
	Sour Swell
	Pinapple Fruit
	Strawberry Fruit
	Coconut Fruit

Thibodeau's

	Sponge Bob
	Minion
	Hello Kitty
	Spider-Man
	Cookie Sandwich
	Choco Taco
	Toasted Almond
	Reece's
	Oreo

	Strawberry Shortcake
	Chocolate Éclair
	Birthday Cake
	Rainbow Push Up
	Orange Push Up
	Lick A Color
	Big Stick R/W/B
	Rainbow Popcicle
	Klondike

Hershey's

	Cotton Candy Twister
	Green Apple Twister
	Brownie Batter Sandwich
	Mint Sandwich
	Cookie & Cream Cone
	Salted Caramel Bar
	Vanilla Chocolate Cone
	Strawberry Scooter
	Chocolate Scooter

	Water





NORTEAS-01

HCTALBOT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2018

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 Clark Insurance 1945 Congress Street, Bldg A PO Box 3543 Portland, ME 04104-3543	CONTACT NAME: Heather Caston-Talbot, AAI, CIIP	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED North East Ice Cream, LLC 98 Beech Hill Road Exeter, NH 03833	E-MAIL ADDRESS: hcaston-talbot@clarkinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Insurance	
	INSURER B: Phoenix Ins Co	
	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 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			Y-660-5542C519-TIL-17	09/01/2017	09/01/2018	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	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA 7497C877	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						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

Town of Windham
8 School Road
Windham, ME 04062

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