

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 1784 Scarborough, ME, 04070
3) E-Mail JTKLEIN1112@aol.com

4) Telephone Number of Owner 207-780-1556
5) Telephone number of Operator 207-838-2732
6) Vehicle Make CHEVY STEP VAN
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.

Jason Klein

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



Department of Agriculture, Conservation &
Forestry

Commissioner

Division of Quality Assurance

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 by 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: Yoda Bessell

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

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



Name _____

Date _____

Truck # _____



NORTEAS-01

HCTALBOT

DATE (MM/DD/YYYY)

05/11/2018

CERTIFICATE OF LIABILITY INSURANCE

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 Heather Caston-Talbot, AAI, CIIP NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: hcaston-talbot@clarkinsurance.com FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Insurance
		NAIC # 39357
INSURED North East Ice Cream, LLC 98 Beech Hill Road Exeter, NH 03833		INSURER B: Phoenix Ins Co 25623 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Y-660-5542C519-TIL-17	09/01/2017	09/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 \$ 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 \$
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY			BA 7497C877	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$ AGGREGATE \$ \$	
	EXCESS LIAB	CLAIMS-MADE				DED RETENTION \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE 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 <i>Heather Caston-Talbot</i>