Town of Windham 8 School Rd, Windham ME, 04062



APPLICATION FOR MOBILE FOOD SERVICE UNIT LICENSE

	NEW	□ KENE\	WAL
Name of Business	Wicked Good 1	0095	
Business Mailing Add	dress 586 Webos	rills Rd. Rai	mond, Me.0407
Owner's Name	Dianne Gaines		DOB 9/13/52
			nam. 04071
Owner's Phone (2	67 807-5757	Operator's Ph	one 201) 807-5157
E-Mail 5 cotch195	2 eyahar.com	Website	
	you would like your license M		
Owner's N	Mailing Address	☐ Business Mail	ing Address
**	Mobile Food Service Unit Licen	ses expire on May 31	L of each year. **
Type of License:	☑ Mobile Food Unit (\$100)) 🗆 Push C	art (\$50)
Vehicle Make & Colo	or 2012 Susuki e	equator	
License Plate # 51	61 DOFVACC VIN 5	5261DO FV	9CCH22591
Sites where MFSU w	75037 ill operate 615 Ro	oscrettrail 1	windham, Mc.
Please attach the formal A. Signed rel B. Copy of your C. Picture of D. List of item C. Certificate	ease form (for each employee an our Dept. of Human Services Lice Vehicle ns to be sold of insurance as required by Sect	d owner) nse	
D. Site plan o E. Letter of p	lrawing ermission from owner of proper	у	
requirements of the	nat if the Municipal Officers gr provisions of the Town's Land nd regulations. It is your respo	Use Ordinance, He	must still comply with all the alth Code, and all other municipal ate the applicability of these
5/8/23		(Jeny	
Date		Applicant, Ackn	owledgement of Receipt
	tion, documentation, applic		Town Clerk,
ind \$20 (per person)	background check fee to:		8 School Rd, Windham ME 0406

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 25521

EATING PLACE - MOBILE

WICKED GOOD DOGS STATEWIDE MOBILE YARMOUTH ME 04097

ATTN DIANNE GAINES GAINES, DAINNE WICKED GOOD DOGS 614 LEBANON ST SANFORD ME 04073



EXPIRES: 09/20/2023

FEE: \$270.00

Jeanne M. Lambras
Commissioner

NON-TRANSFERABLE

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at tsup.dhhs@maine.gov or call 207-287-4627.

∇ DETACH HERE

IMG_1586.jpg

Download



List of Hons to be sold!

hamburgers
Chips
Savage
Chili

ETARDIFF

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

5/8/2023

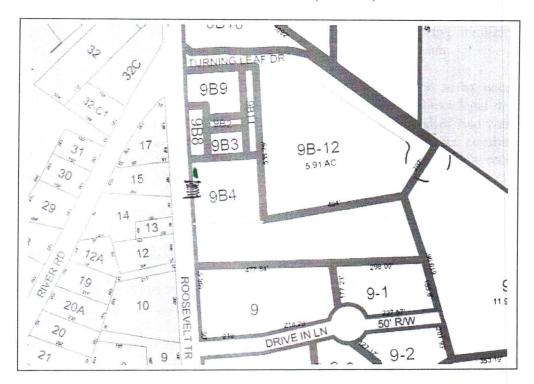
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN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

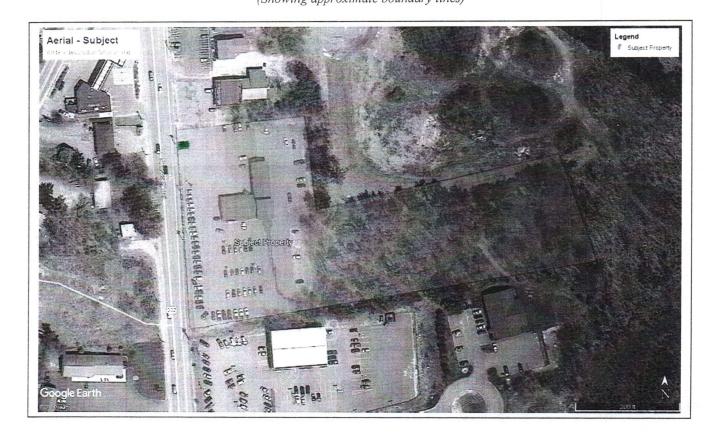
If SUBROGATION IS WAIVED, subject to the terms and conditions o this certificate does not confer rights to the certificate holder in lieu of s PRODUCER United Insurance - Portland					such endorsement(s). CONTACT NAME:						
					PHONE (A/C, No, Ext): (207) 797-9400				FAX (A/C, No):	(207)	523-8057
	Forest Avenue tland, ME 04101				E-MAIL ADDRES	SS:					1
						The desired as the set	SURER(S) AFFOR		RAGE		NAIC#
						INSURER A: MMG Insurance Company					15997
INSURED Dianne Gaines DBA Wicked Good Dogs					INSURER B:						
					INSURER C:						-
586 Webbs Mill Road Raymond, ME 04071						RD:					
						RE:					
						RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:					N NUMBER:		
11	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI	TAIN	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	THE POLIC	IES DESCRIB	DOCUME	INI VVIIII ILLOI L	.0111	O VVIIIOII IIIIO
INSR	TYPE OF INSUPANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MINIODITITI)		EACH OCC	URRENCE	\$	1,000,000
^	CLAIMS-MADE OCCUR			BP13867516		4/12/2023	4/12/2024	DAMAGE T	O RENTED (Ea occurrence)	\$	1,000,000
	55 mm m m m								Any one person)	\$	5,000
									& ADV INJURY	\$	1,000,000
									AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								S - COMP/OP AGG	\$	2,000,000
								11,000		\$	
	OTHER:	-	1					COMBINED (Ea accider	SINGLE LIMIT	\$	
-	AUTOMOBILE LIABILITY								JURY (Per person)	\$	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS								JURY (Per accident)	\$	
									Y DAMAGE	\$	
-	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(i oi dooida		\$	
	UMBRELLA LIAB OCCUR	 	1					FACH OCC	CURRENCE	\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							AGGREGA		\$	
	2/0200 2.11.0	1								\$	
-								PER STAT	UTE ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEA	SE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEA	SE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS below		+								
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may t	e attached if mo	re space is requi	red)			
CE	ERTIFICATE HOLDER				CAN	CELLATION					
Town of Windham 8 School Street					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Windham, ME 04062					orized represi					

ACORD

TAX MAP EXHIBIT (Lot 9B4)



Aerial View of Subject Site (Showing approximate boundary lines)



Kennerson Realty Associates 665 Roosevelt Trail Windham, Maine 04062

May 8, 2023

To whom it may concern:

We authorize Dianne Gaines and Wicked Good Dogs to place their mobile vending cart on our premises at 665 Roosevelt Trail Windham, Maine.

David R Kennerson

President

Kennerson Realty Associates