

Pd 50.00  
5-7-14

TOWN OF WINDHAM  
8 SCHOOL RD  
WINDHAM, ME 04062

MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

- 1) Name NORTH EAST ICE CREAM
- 2) Address 44 RIGBY RD, SO. PORTLAND, ME 04106
- 3) E-Mail JLEIN1112@AOL.COM

- 4) Telephone Number of Owner 207-780-1556
- 5) Telephone number of Operator 207-838-2732
- 6) Vehicle Make 1997 CHEVY STEP VAN
- 7) License Number 7A1870 Vin # 1G8P32W1V3317159
- 8) Sites where M.F.S.U. will operate: ALL PLACES PERMITTED

By TOWN ORDINANCES      INCLUDING DUNDIE PARK

\_\_\_\_\_

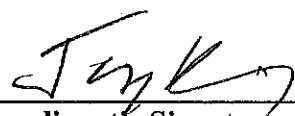
\_\_\_\_\_

- 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

86536

2-29258

November 21, 2013

December 31, 2014

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

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.

## MOBILE VENDOR

*This certifies that*  
**North East Ice Cream #7A-1870**  
**Gerald Sterritt**  
**98 Beech Hill RD**  
  
**Exeter, NH 03833-**

**Location: 44 Rigby RD, South Portland**

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Mobile Vendor	0 to 10 Prepackaged Food	20.00
<b>TOTAL:</b>		<b>20.00</b>



Department of Agriculture

Commissioner

EVERY LICENSE SHALL BE DISPLAYED ON THE LICENSED PREMISES IN A LOCATION EASILY SEEN BY THE GENERAL PUBLIC.

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 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 *J. Klein*  
Signature

FULL NAME JASON KLEIN  
Typed or printed

DATE 4-29-14

CURRENT ADDRESS P.O. Box 1284  
SCARBOROUGH, ME. 04070

TELEPHONE 207-838-2732

SOCIAL SECURITY # \_\_\_\_\_

FULL CURRENT NAME OF ALL EX-SPOUSES  
(if any) NONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jason Cell: 207-838-2732

### North East Ice Cream, LLC 207-780-1556

Jerry Cell: 603-498-5975

#### Driver 1

Rainbow Snow Cone
Bomb Pop Jr. - Sour Power
Bomb Pop Jr. - Original
Rocket Push Up
Bubblegum Snow Cone
Cry Baby
Jolly Rancher Push Up
Italian Ice - Lemon
Italian Ice - Rainbow

#### Driver 2

Chocolate Éclair
Strawberry Shortcake
Fudge Bar
Creamsicle
Ice Cream Sandwich
Nutty Royale
Crunch Bar
Star Bar

#### Driver 3

Watermelon Whirl
Cotton Candy Bar
Bubble Gum Bar
Sour Wower
Tear Jerker Cup
Jolly Rancher Cup

#### Driver 4

Tear Jerker Bomb Pop
Fudge Bomb Pop
Watermelon Bomb Pop
Original Bomb Pop
Jolly Rancher Bomb Pop
Yoghund
Hawaiian Punch Bomb Pop

#### Passenger 1

Madagascar 3
Tweety
Sonic
Lil Bratz
Bugs Bunny
Ninja
Pink Panther
Sour Patch Kids
Power Puff Girls

#### Passenger 2

Dora
Hello Kitty
Screamers Cookies N' Cream
Malt Cup
Screamers Cookie Dough

#### Passenger 3

Big Dipper - Vanilla
Big Dipper - Strawberry
Big Dipper - Cookie N' Cream
Chips Galore
Sponge-Bob Face Bar
Screwball - Red
Screwball - Blue

#### Passenger 4

Reeces
Candy Center Crunch
Mississippi Mud
Big Dipper - Chocolate Lovers
Toasted Almond
Screwball - Green
Birthday Cake Bar
Ronnies - Lemon
Ronnies - Watermelon
Ronnies - Blue

Nerds Candy
Fun Dip
Pixy Sticks

Coke
Sprite
Water

Name \_\_\_\_\_

Date \_\_\_\_\_

Truck # \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2014

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).

<b>PRODUCER</b> Clark Insurance 2385 Congress Street Portland, ME 04104	<b>CONTACT NAME:</b> PHONE (A/C No. Ex): (207) 774-6257		FAX (A/C No.): (207) 774-2994
	<b>ADDRESS:</b>		
<b>INSURED</b>  North East Ice Cream, LLC 98 Beech Hill Road Exeter, NH 03833	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Travelers Casualty and Surety Co of America		31194
	<b>INSURER B:</b> Phoenix Ins Co		25623
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**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 WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Y-660-5542C619-TIL-13	09/01/2013	09/01/2014	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	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Y-810-7497C877-TIL-12	09/01/2013	09/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
		<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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				N/A			WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, 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 Costantini</i>

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