

TOWN OF WINDHAM
8 SCHOOL RD
WINDHAM, ME 04062

MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

- 1) Name The Daily Grind - Sue + Joe Salisbury
2) Address 820 main st Westboro MA 01581
3) E-Mail thebrookdailygrind@gmail.com
-
- 4) Telephone Number of Owner 207-899-6863
5) Telephone number of Operator 207-272-7020
6) Vehicle Make _____
7) License Number _____ Vin # _____
8) Sites where M.F.S.U. will operate: 4 Whites Bridge Rd - Office Park
- _____
- _____
- _____
- 9) Have you ever been convicted of a criminal offense which was punishable by imprisonment for more than one year? Yes,
X 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.

JS Salisbury
Applicant's Signature

Acknowledgement of Receipt



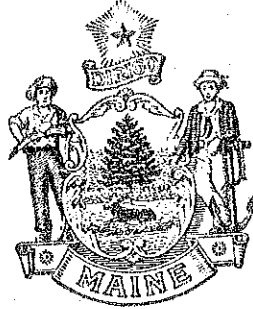
State of Maine
DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 26232
EATING PLACE - MOBILE

EXPIRES: 10/10/2019

THE DAILY GRIND
820 MAIN ST
WESTBROOK ME 04092

ATTN SUE SALISBURY
J & S SALISBURY LLC
THE DAILY GRIND
820 MAIN ST
WESTBROOK ME 04092



FEE: \$200.00

Bethany L. Ha...
Acting Commissioner

NON-TRANSFERABLE

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 Suzanne Salisbury

Signature

FULL NAME S Salisbury

Typed or printed

DATE 5/28/19

CURRENT ADDRESS 134 Park Rd
Westbrook Me 04092

TELEPHONE 207-899-6803

SOCIAL SECURITY # _____

FULL CURRENT NAME OF ALL EX-SPOUSES
(if any) Russell Beara

WITNESS: _____

Items for sale:

Hot & Iced Coffees

Hot & Iced Mochas

Hot & Iced Chai

Hot Chocolate

Bottles of soda and water

Variety of pastries from:

Bakers Bench- Westbrook

3 Daughters Bakery -Gorham

Cruisers Creations - Gorham

Breakfast Sandwiches

Flo The Coffee Truck



CERTIFICATE OF INSURANCE

This certifies that

- ☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Suzanne and Joe Salisbury

Address of policyholder 134 Park Rd Westbrook, Me 04092

Location of operations 820 Main St suite 4 Westbrook, ME 04092

Description of operations Business - Mercantile

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
99-BF-T760-9 F	Comprehensive	10/24/2018	10/24/2019	BODILY INJURY AND PROPERTY DAMAGE
99-BF-T760-9 F	Business Liability	10/24/2018	10/24/2019	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence \$ 1,000,000 General Aggregate \$ Products -- Completed \$ Operations Aggregate
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
081 9647-C05-19	Commercial Auto	09/05/2018	03/05/2019	250/500/100
081 9647-C05-19	Commercial Auto	03/05/2019	09/05/2019	250/500/100

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder
Certificate Holder and Additional Insured:

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative
CSR 02/26/2019
Title Date
Robert Boylen
Agent Name
Telephone Number 207-767-3223

Agent's Code Stamp
Agent Code 19-1074
AFO Code F874

Grassy area
Feed truck
parking

← RT. 302 →

← Whites Bridge Rd. →

4- Whites Bridge Rd