

TOWN OF WINDHAM  
8 SCHOOL RD  
WINDHAM, ME 04062

MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

- 1) Name El Rodeo Go  
2) Address 147 Western Ave, South Portland, ME  
3) E-Mail jxangel@live.com 04106
- 
- 4) Telephone Number of Owner 8: 614-254-2976  
5) Telephone number of Operator same  
6) Vehicle Make Chevrolet Grom  
7) License Number 1B-2945 Vin # 1G BJ P3 ZM G B 3313562  
8) Sites where M.F.S.U. will operate:

406 grayrd, Windham, Maine 04062

- 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.

Colse Funder  
Applicant's Signature

Acknowledgement of Receipt

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

Juan Sanchez  
Signature

FULL NAME

Juan Sanchez Sanchez  
Typed or printed

DATE

June 8 2017

CURRENT ADDRESS

23 Sage Brush Dr.  
Scarborough, ME 04074

TELEPHONE

614 254-4976

DATE OF BIRTH

08/19/1986

FULL CURRENT NAME OF ALL EX-SPOUSES

(if any)

WITNESS:

GA Sanchez





# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 26064**

MUN - EATING PLACE - MOBILE

EL RODEO GO  
SOUTH PORTLAND  
SOUTH PORTLAND ME 04106

EXPIRES: 05/19/2018

FEE: \$60.00

RODEO GO  
RODEO GO  
7 WESTERN AVE  
OUTH PORTLAND ME 04106

Mary C. Mayhew  
COMMISSIONER

NON-TRANSFERABLE

El Rodeo Go

Mobile Food

- ① Burritos
- ② Tacos
- ③ Tortas - Sandwich
- ④ Bowls
- ⑤ Quesadillas

7 Days a week -  
When ASKED to host special events



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2017

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> Cross Insurance-Exeter 82 Portsmouth Avenue  Exeter NH 03833		<b>CONTACT NAME:</b> MaryEllen Pittounicos <b>PHONE (A/C, No, Ext):</b> (800) 536-4080 <b>FAX (A/C, No):</b> (603) 772-8339 <b>E-MAIL ADDRESS:</b> mpittounicos@crossagency.com	
<b>INSURED</b> EL RODEO GO 147 WESTERN AVE  SOUTH PORTLAND ME 04106-2413		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A MMG Ins Co INSURER B Maine Employers Mutual Ins Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 15997	

**COVERAGES****CERTIFICATE NUMBER:** CL1742407452**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	ADDITIONAL SUBROGATION WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	BP12515678	4/15/2017	4/15/2018	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
						MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						Asbestos Exclusion. \$	
A	<b>AUTOMOBILE LIABILITY</b>	<input checked="" type="checkbox"/>	KA12515678	4/15/2017	4/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000	
	<input type="checkbox"/> ANY AUTO					<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
						Medical payments \$ 5,000	
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$	
	<b>EXCESS LIAB</b>					AGGREGATE \$	
	DED RETENTION \$					\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N <input type="checkbox"/>	1810110482	4/15/2017	4/15/2018	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000	
						E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Executive Officers or Member excluded are: Juan Sanchez Meta

City of Portland ME and July 4th Portland as listed as additional insured for event held July 4, 2017 with rain date of July 5, 2017

**CERTIFICATE HOLDER****CANCELLATION**

City of Portland Maine  
389 Congress Street  
Portland, ME 04101

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

M Pittounicos/MPU

© 1988-2014 ACORD CORPORATION. All rights reserved.