

TOWN OF WINDHAM  
8 SCHOOL RD  
WINDHAM, ME 04062

MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

1) Name Robert James Finley SR PopPies Kettle Corn  
2) Address 35 Staudish / Med Rd Staudish ME 04089  
3) E-Mail RJ Fin 1212@gmail.com

4) Telephone Number of Owner 207 228 5942  
5) Telephone number of Operator 207 228 5942  
6) Vehicle Make Chewy Box Truck  
7) License Number 5504068 Vin # 1GBHE31R421161885  
8) Sites where M.F.S.U. will operate: 4, White Bridge Rd

- 9) Have you ever been convicted of a criminal offense which was punishable by imprisonment for more than one year? Yes,  
1 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 HEALTH AND HUMAN SERVICES

**EST ID: 27237**

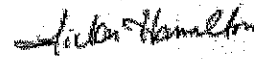
EATING PLACE - MOBILE

POPPIES KETTLE CORN  
35 STANDISH NECK RD  
STANDISH ME 04084

EXPIRES: 04/20/2019

FEE: \$200.00

FINLEY JR, ROBERT J  
POPPIES KETTLE CORN  
35 STANDISH NECK RD  
STANDISH ME 04084



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 Wt July

Signature

FULL NAME Robert James Fickey SR

Typed or printed

DATE 7/16/18

CURRENT ADDRESS 35 Stanclish Neck Rd  
Stanclish ME 04084

TELEPHONE 207 2285942

DATE OF BIRTH 11/29/51

FULL CURRENT NAME OF ALL EX-SPOUSES  
(if any) \_\_\_\_\_

WITNESS: Jma & Jmky

POPPIES Kettle Corn  
Items to be sold

- 1- Kettle Corn
- 2- Water - Soda
- 3- Hot dogs
- 4- Snow cones
- 5- Chips

Thanks

BoS Finley



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/23/2018

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).

|                                                                                                          |                                                                                   |                   |               |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------|---------------|
| <b>PRODUCER</b><br>Anderson-Watkins Insurance<br>31 Central Street<br>Westbrook<br>ME 04092-             | <b>CONTACT NAME:</b> Kathy Joy                                                    |                   |               |
|                                                                                                          | <b>PHONE (A/C, No., Ext.):</b> (207)856-5500 <b>FAX (A/C, No.):</b> (207)856-0004 |                   |               |
|                                                                                                          | <b>E-MAIL ADDRESS:</b> kjoy@andersonwatkinsinsurance.com                          |                   |               |
| <b>INSURED</b><br>Robert Finley<br>Poppies Kettle Corn<br>35 Standish Neck Road<br>Standish<br>ME 04084- | <b>INSURER(S) AFFORDING COVERAGE</b>                                              |                   | <b>NAIC #</b> |
|                                                                                                          | <b>INSURER A:</b> Peerless Insurance                                              |                   | 24198         |
|                                                                                                          | <b>INSURER B:</b>                                                                 |                   |               |
|                                                                                                          | <b>INSURER C:</b>                                                                 |                   |               |
|                                                                                                          | <b>INSURER D:</b>                                                                 |                   |               |
|                                                                                                          | <b>INSURER E:</b>                                                                 |                   |               |
|                                                                                                          |                                                                                   | <b>INSURER F:</b> |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| <b>COVERAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CERTIFICATE NUMBER:</b> | <b>REVISION NUMBER:</b> |
| 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | BKS58779963   | 04/20/2018              | 04/20/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                           |           |          | BAS58621212   | 02/21/2018              | 02/21/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                 |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                          |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                        |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                   |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                 |
|          |                                                                                                                                                                                                                                                                                                                 |           |          |               |                         |                         |                                                                                                                                                                                                                                                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Location: 4 Whites Bridges Road

|                                                                                                      |                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>Town of Windham<br>Attn: Linda<br>8 School Road<br>Windham<br>ME 04062- | <b>CANCELLATION</b> AI 051732<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b> |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**COMMERCIAL LEASE**  
**Poppies Kettle Corn**  
**4 WHITES BRIDGE ROAD**  
**WINDHAM, MAINE 04062**

This lease, effective when signed by both parties and a passing of all due funds, is between Bob Finley and his company known as Poppies Kettle Corn ("Tenant") and Seahorse Alley LLC. ("Landlord").

Specifically, this rental agreement applies to the Tenant's Tent and equipment, (on the "premises") of 4 Whites Bridge Road, Windham, Maine with a contemplated start date of the week of June 4th, 2018.

For the sum of \$85 per week a 20 by 30-Foot area on the grassy area abutting Route 302 at 4 Whites Bridge Road, said property owned by Seahorse Alley LLC ("Landlord"). Specifically, "occupy" means "use of space by food trailer." Tenant is wholly responsible for the securement and maintenance of any and all licenses or permits, state or local, and must submit a site plan to the Landlord prior to submission of same to Windham town authorities so that there is no confusion as to the parameters of the leased grassy area.

Tenant may access electrical power at the large outside sign but may only use a reasonable amount of such power. In the event that electric usage appears to be substantial in the eyes of the Landlord, then the Tenant and Landlord shall mutually agree the fee be raised in writing to protect both parties.

This agreement is by the week, but with payment due in advance every four weeks meaning that \$340 is due Monday, June 4th, 2018 in advance for the privilege to operate for the following four weeks on said premises. Paying half (\$170) on May 11<sup>th</sup>, 2018 to hold space.

**PAYMENT SCHEDULE**

Payment One: Monday, July 23rd, 2018

Payment Two: Monday, Aug 20th, 2018

Payment Three: Monday, Sept 17th, 2018

And so on.....

Tenant does not need to pay monies for a security deposit.

Failure to remit rent in a timely manner, meaning the date set forth above or other four-week period, will result in forfeiture of said space and the ability to operate on the premises.

As noted previously, Tenant is responsible for securing and maintaining any and all necessary permits or licenses for this business from the State of Maine or Town of Windham. Tenant is

also responsible for securing appropriate liability insurance and providing proof of same to Landlord.

Tenant may place one or more picnic tables with umbrellas on the designated space for use by patrons. Tenant will make every effort to minimize unnecessary noise associated with, or resulting from, his business and will take care to ensure that his customers do not block any vehicles in the parking lot.

Tenant agrees to keep in good condition the Premises of which he is being leased, including the mowing of any grass in designated lease area as well as timely removal of all trash. Landlord shall, at its expense during the term of this lease, keep and maintain the rest of the property, including the parking area, in good repair and in appearance. Landlord will provide necessary plowing and sanding at Landlord's expense.

Tenant may choose to extend this agreement after the dates noted above by simply indicating same to Landlord and promptly remitting agreed rental payment. Cash is acceptable.

Checks should be made out to Seahorse Alley, LLC, and hand delivered to Legal Label staff or mailed to 4 Whites Bridge Rd. Suite #275 in Windham or 23 Freeman Court in Windham.

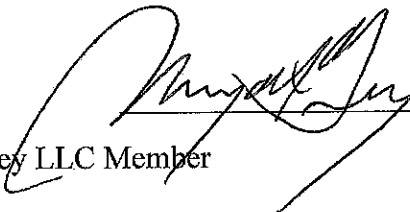
Tenant will be furnished a key which will allow access to the bathroom in building. Any keys must be signed out. Tenant agrees that it is essential that proper security to the building be maintained and thus agrees to take great care that the building remains locked at all times. Any issued keys must be kept by the Tenant so as not to be lost or stolen. A \$100 replacement fee will be assessed for any key not returned after the conclusion of this lease as rekeying of the entire building would be necessary.

Any and all keys also must be returned at termination of lease.

Any revision to this agreement must be in writing and be signed by both parties

Signed this 23 day of July, 2018 by

  
Poppies Kettle Corn, Tenant

  
Seahorse Alley LLC Member

Whites Brige Rd

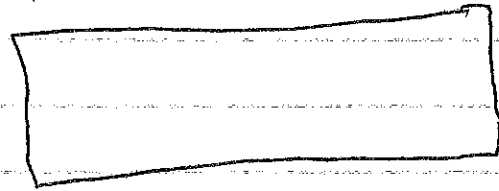
Drive way

POPPIES

Sign

up Right

302



Bob Finley  
POPPIES FETTL  
CORN