TOWN OF WINDHAM 8 SCHOOL RD WINDHAM, ME 04062

MOBILE FOOD SERVICE UNIT LICENSE APPLICATION

1) 2) 3)	Name Sean Kelly - Kelly's Ice Cream Truck Address 9 River Meadows Dr. Steep Falls. ME 04085 E-Mail - Kellysice (reamtruck @ gmail.com
<u>4)</u>	Telephone Number of Owner 207- 787- 1012
<u>5)</u>	Telephone number of Operator 2 97- 787 - 1012
<u>6)</u>	Vehicle Make 2004 Chay Astro van
4) 5) 6) 7) 8)	License Number 9A - 4554 Vin # 16C DM 19X 04 812 4453
<u>8)</u>	Sites where M.F.S.U. will operate: neighborhoods throughor windlam
<u>9)</u>	Have you ever been convicted of a criminal offense which was punishable by imprisonment for more than one year?NoYes,No. If yes, what was the offense?
<u>10)</u>	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.
Retu	rn with fee of \$50.00 to Town Clerk, 8 School Rd, Windham, Maine 04062.
must Zoni Regu	e take notice that if the municipal officers grant the attached license, you still comply with all the requirements of the provisions of the Town's ag Ordinance, Health Code and all other municipal Ordinances, Codes and lations. It is your responsibility to investigate the applicability of these rements to your proposed use. Applicant's Signature
	Acknowledgement of Receipt

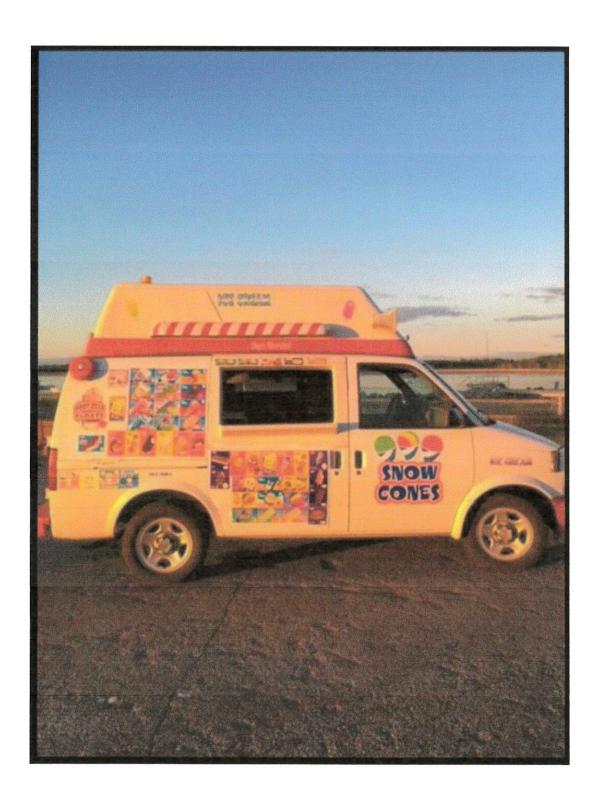
TOWN OF WINDHAM 8 SCHOOL RD WINDHAM, ME 04062

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the representative of the Town of Windham bearing this release, or conv 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 by 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
	Signature
	FULL NAME Sean Kelly Typed or printed
	DATE5/17/19
	CURRENT ADDRESS 9 River Meadows Dr
	Steep Falls, ME 04085
	TELEPHONE 207 - 787- 1012
	DATE OF BIRTH $3/10/76$
	DRIVER'S LICENSE #
	FULL CURRENT NAME OF ALL EX-SPOUSES (if any)
WITNESS:	





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

117201

2-31748

July 6, 2018

July 7, 2019

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certifies that

Kelly's Ice Cream Truck Sean Kelly 9 River Meadows DR

Steep Falls, ME 04085-

MOBILE VENDOR

Location: 9 River Meadows DR, Steep Falls

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.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type			Authorizations	Fee
Mobile Vendor		0 to 10	Frozen Food Prepackaged Food	20.00
			TOTAL:	20.00



Department of Agriculture, Conservation & Forestry

Watter El Internet

Commissioner

Division of Quality Assurance

Colonty & Panani

Director

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\$3,50 Good Humor Oreo Bar	
\$3,50 Good Humor Toasted Almond	
\$3.50 Klondike Chaco Taco	
\$3.00 Magnum	
\$3.00 Rose's Cherry Cry Baby Iti Ice	

\$3.00	Bomb Pop Jolly Rancher	
	Bomb Pop Watermelon	
\$3.00	Bomb Pop Warhead	
\$3.00	Bomb Pop Original	
\$3.00	Bomb Pop Banana Fudge	
\$3.00	Blue Bunny Big Dipper Vanilla Cone	
\$3.00	Blg Bunny Big Dipper Chocolate Cone	
	Blue Bunny Big Dipper Strawberry Cone	
\$3.00	Blue Bunny Big Dipper Cookie's & Cream Cone	
\$3.00	Blue Bunny Chips Galore Cookie Sandwich	

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



Sean G Kelly

Platinum Membership Valued Customer Since 2016



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

- 1. Remain at the scene. Don't admit fault.
- 2. Find a safe location, call the police, and exchange driver information.
- 3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

MAINE MOTOR VEHICLE INSURANCE IDENTIFICATION CARD

Policy Number: 910244699

NAIC Number: 42919

Effective Date: 05/24/2019 Expiration Date: 11/24/2019 Insurer: Progressive Northwestern Ins Co 1-800-876-5581 PO Box 6807 Cleveland, OH 44101

Named Insured(s): Sean G Kelly

Your Agent: EDUCATED INSURANCE 1-207-247-0186 PO BOX 433 E WATERBORO, ME 04030

Year Make 2004 Chevrolet Model Astro

VIN

1GCDM19X04B124453

This policy provides the minimum insurance prescribed by law.

This card should be kept in the insured vehicle and presented on demand of a law enforcement officer.