

TOWN OF WINDHAM  
8 SCHOOL RD  
WINDHAM, ME 04062

**MOBILE FOOD SERVICE UNIT LICENSE APPLICATION**

- 1) Name JASON KLEIN / D.B.A. NORTH EAST ICE CREAM  
2) Address PO BOX 1284 SCARBOROUGH, ME 04070  
3) E-Mail JKLEIN4112@AOL.COM
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- 4) Telephone Number of Owner 207-780-1556  
5) Telephone number of Operator 207-838-2732  
6) Vehicle Make 1997 CHEVY STEPVAN  
7) License Number 7A-1870 Vin # 1GBGP32WXV3317159  
8) Sites where M.F.S.U. will operate: \_\_\_\_\_

ALL PLACES PERMITTED BY TOWN ORDINANCES

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

- 9) Have you ever been convicted of a criminal offense which was punishable by imprisonment for more than one year? \_\_\_\_\_ 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

119498

2-29258

November 26, 2018

December 31, 2019

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

North East Ice Cream #7A-1870

Gerald Sterritt

98 Beech Hill RD

Exeter, NH 03833-

**MOBILE VENDOR**

Location: 44 Rigby RD, South Portland

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	Prepackaged Food	20.00
TOTAL:			20.00



Department of Agriculture, Conservation &  
Forestry

Commissioner

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   
Signature

FULL NAME JASON KLEIN  
Typed or printed

DATE 5-27-19

CURRENT ADDRESS 30 HEMAN COBB RD.

WINDHAM, ME 04062

TELEPHONE 207-838-2732

DATE OF BIRTH 1-1-71

DRIVER'S LICENSE # 6818192

FULL CURRENT NAME OF ALL EX-SPOUSES  
(if any) MELANIE MCGOON

WITNESS: \_\_\_\_\_

**NEIC**

	Snow Cone Jolly Rancher
	Bomb Pop Jr
	Cry Baby Watermelon
	Snow Cone Bubble Gum
	Cry Baby Cherry
	Emoji
	Fudge Bar

	Orange Dream
	Vanilla Sandwich
	Crunch Bar
	Star Bar
	Watermelon Whirl Bar
	Cotton Candy Bar
	Bubble Gum Bar

	Warhead Bomb Pop
	Fudge Bomb Pop
	Watermelon Bomb Pop
	Original Bomb Pop
	Jolly Rancher Bomb Pop
	Rocket Bomb Pop

	Capt. America
	Tweety
	Sonic
	Angry Birds
	Teen Titans
	Ninja Turtle
	Power Puff Girls
	Batman

	Screamer Cup
	Malt Cup
	Vanilla Dipper
	Strawberry Dipper
	Cookie N Cream Dipper
	Screwball Blue
	Screwball Red

	Candy Center Crunch
	Mississippi Mud
	Chocolate Big Dipper
	Sour Swell
	Pineapple Fruit
	Strawberry Fruit
	Coconut Fruit

	<b>Thibodeau's</b>
	Choco Taco
	Toasted Almond
	Minion
	Sponge Bob
	Hello Kitty
	Spider-Man

	Cookie Sandwich
	Reece's
	Klondike
	Oreo
	Strawberry Shortcake
	Chocolate Éclair
	Birthday Cake
	Rainbow Push Up
	Lick A Color

**Hershey's**

	Cotton Candy Twister
	Cookie & Cream Cone
	Brownie Batter Sandwich
	Mint Sandwich
	Salted Caramel Bar
	Strawberry Scooter
	Chocolate Scooter

	Water



Name \_\_\_\_\_

Date \_\_\_\_\_

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



NORTEAS-01

HCTALBOT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2019

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> Clark Insurance 1945 Congress Street, Bldg A PO Box 3543 Portland, ME 04104-3543	<b>CONTACT NAME:</b> Heather Caston-Talbot, AAI, CIIP		
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</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: Travelers Insurance</b>		<b>39357</b>
	<b>INSURER B: Phoenix Ins Co</b>		<b>25623</b>
	<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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Y-660-5542C519-TIL-18	9/1/2018	9/1/2019	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
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA 7497C877	9/1/2018	9/1/2019	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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached 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 