

TOWN OF WINDHAM  
8 SCHOOL RD  
WINDHAM, ME 04062

**MOBILE FOOD SERVICE UNIT LICENSE APPLICATION**

- 1) Name Susan Porter d/b/a Q's Dogs  
2) Address 5 Challenge drive Windham Maine 04062  
3) E-Mail susanporter62.sp@gmail.com
- 
- 4) Telephone Number of Owner 207-310-8192  
5) Telephone number of Operator 207-310-8192  
6) Vehicle Make Hot Dog Cart  
7) License Number B909638 Vin # LN24T08186J8401  
8) Sites where M.F.S.U. will operate:  
corner of 4 White Bridge Rd 4 White Bridge Rd  
and 302 in the place
- 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, site plan drawing, letter of permission from owner of property.

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



<input type="checkbox"/> Failed <input type="checkbox"/> Closed <input type="checkbox"/> IHH		<b>State of Maine Mobile / Temporary Health Inspection Report</b>				Page <span style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></span> of <span style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></span>	
Facility Name <span style="float: right;">As Authorized by 22 MRSA § 2496</span>		Critical Violations		Date:			
License # <span style="float: right;">Q's HOT DOGS</span>		Non-Critical Violations		Time In:			
Owner Name <span style="float: right;">Susan Porter</span>		Certified Food Protection Manager <span style="float: right;">Susan Porter</span>		Time Out:			
License Expiration		License Posted		Facility City <span style="float: right;">EPR 5/30/24</span>			
License Type <span style="float: right;">N</span>		License Type <span style="float: right;">EPM</span>		Purpose of Inspection <span style="float: right;">PRE-OC</span>			
Risk Category		Risk Category		Risk Category			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS											
IN=in compliance		OUT=not in compliance		N/O=not observed		N/A=not applicable		COS=corrected on-site		R=repeat violation	
Compliance Status		Compliance Status		Compliance Status		Compliance Status		Compliance Status		Compliance Status	
1		PIC present, demonstrates knowledge, and performs duties									
2		Management awareness; policy present									
3		Proper use of reporting, restriction and exclusion									
4		Proper eating, tasting, drinking, or tobacco use									
5		No discharge from eyes, nose, and mouth									
6		Hands clean and properly washed									
7		No bare hand contact with RTE foods or approved alternate method properly followed									
8		Adequate handwashing facilities supplied & accessible									
9		Food obtained from approved source									
10		Food received at proper temperature									
11		Food in good condition, safe & unadulterated									
12		Required records available; shellstock tags, parasite destruction									
13		Food separated & protected									
14		Food-contact surfaces cleaned & sanitized									
15		Proper disposition of returned, previously served, reconditioned & unsafe food									
16		Proper cooking time & temperatures									
17		Proper reheating procedures for hot holding									
18		Proper cooling time & temperatures									
19		Proper hot holding temperatures									
20		Proper cold holding temperatures									
21		Proper date marking & disposition									
22		Time as a public health control: procedures & records									
23		Consumer advisory provided for raw or undercooked foods									
24		Pasteurized foods used; prohibited foods not offered									
25		Food additives: approved & properly used									
26		Toxic substances properly identified, stored, & used									
27		Compliance with variance, specialized process & HACCP plan									

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES									
Compliance Status		Compliance Status		Compliance Status		Compliance Status		Compliance Status	
28		Pasteurized eggs used where required							
29		Water & ice from approved source							
30		Variance obtained for specialized processing methods							
31		Proper cooling methods used; adequate equipment for temperature control							
32		Plant food properly cooked for hot holding							
33		Approved thawing methods used							
34		Thermometers provided & accurate							
35		Food properly labeled; original container							
36		Insects, rodents & animals not present							
37		Contamination prevented during food preparation, storage & display							
38		Personal cleanliness							
39		Wiping cloths properly used & stored							
40		Washing fruits & vegetables							
41		In-use utensils properly stored							
42		Utensils, equipment & linens properly stored, dried & handled							
43		Single-use & single-service articles properly stored & used							
44		Gloves used properly							
45		Food & non-food contact surfaces cleanable, properly designed, constructed & used							
46		Warewashing facilities installed, maintained & used; test strips							
47		Non-food contact surfaces clean							
48		Hot & cold water available; adequate pressure							
49		Plumbing installed; proper backflow devices							
50		Sewage & waste water properly disposed							
51		Toilet facilities properly constructed, supplied & cleaned							
52		Garbage & refuse properly disposed; facilities maintained							
53		Physical facilities installed, maintained & clean							
54		Adequate ventilation & lighting; designated areas used							

INSPECTION OBSERVATIONS AND NOTES									
<p>37. Shield handsink from grill</p> <p>OK TO ISSUE LICENSE AND OPERATE.</p>									

TEMPERATURE OBSERVATIONS									
Food Type	Location	Temp	Food Type	Location	Temp	Food Type	Location	Temp	Food Type
Water	Grill	185							
Water	Steamer	210							
Water	Steamer								

Person in Charge (Signature) <span style="float: right;">Susan Porter</span>		Date: <span style="float: right;">6/14/19</span>	
Health Inspector (Signature) <span style="float: right;">[Signature]</span>		Follow-up: <input type="checkbox"/> YES <input type="checkbox"/> NO      Date of Follow-up:	

**ServSafe**  
National Restaurant Association

EXAM FORM NO. 4936

CERTIFICATE NO. 11025582

# ServSafe® CERTIFICATION

TO **SUSAN J PORTER**

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

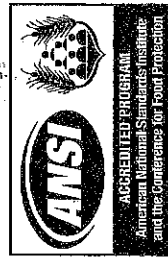
**05/05/2014**

DATE OF EXAMINATION

**05/05/2019**

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

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11-013002

**Sherman Brown**  
SVP, National Restaurant Association Solutions



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 *Susan Jean Porter*  
Signature

FULL NAME *Susan Jean Porter*  
Typed or printed

DATE *6/14/19*

CURRENT ADDRESS \_\_\_\_\_

*5 Challenge Drive Windham ME 04062*

TELEPHONE *207-310-8192*

DATE OF BIRTH *04/10/1962*

DRIVER'S LICENSE # *1737113*

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

\_\_\_\_\_

WITNESS: *Linda D. Russell*

Items  
to be sold

Qs Hot dogs

Steamed Hot dogs  
Chili dogs

Beef Sliders

Bagged Potato Chips

Canned Soda + Bottled Water



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
6/14/2019

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Cross Insurance-Windham 745 Roosevelt Trail  Windham ME 04062		COMPANY Concord Group Ins Co		BINDER # B1961409968	
PHONE (A/C, No, Ext): (207) 892-7996 FAX (A/C, No): (207) 892-8229		DATE EFFECTIVE 6/14/2019		TIME 12:01	
CODE: AGENCY CUSTOMER ID: 00500778		DATE EXPIRATION 7/14/2019		TIME 12:01 AM	
INSURED AND MAILING ADDRESS Susan Jean Porter, DBA: MacDaddy's 5 Challenge Drive  Windham ME 04062		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Loc# 00001 4 Whites Bridge Road Windham, ME 04062			

## COVERAGES

## LIMITS

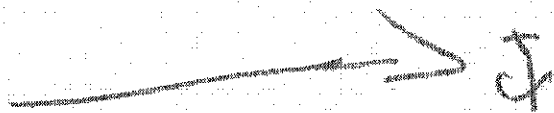
TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> Special (Including theft)	Business Personal Property, Special (Including theft)	500		5,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		EACH OCCURRENCE		\$ 1,000,000
		DAMAGE TO RENTED PREMISES		\$ 50,000
		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$ 1,000,000
		GENERAL AGGREGATE		\$ 2,000,000
		PRODUCTS - COMP/OP AGG		\$ 2,000,000
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

## NAME &amp; ADDRESS

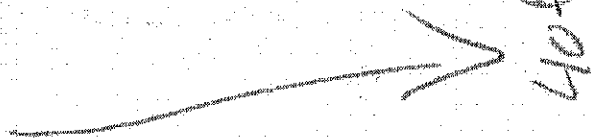
MORTGAGEE		ADDITIONAL INSURED	
LOSS PAYEE			
LOAN #:			
AUTHORIZED REPRESENTATIVE			
L Noel, Vice President/LAN		<i>Laurie A. Noel</i>	

4 Whites Bridge Rd.  
yard space

7002



40 ft



40 ft

~815  
10/20/20

Conch house

Area to  
VOR

Whites Bridge



**Linda Morrell**

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**From:** mterry@seahorsealley.com  
**Sent:** Friday, June 7, 2019 3:24 PM  
**To:** Linda Morrell  
**Cc:** 'Joanne E. Mattiace'  
**Subject:** RE: Daily Grind, Suzy Q

Linda, I believe you have a couple of food trucks that want to our outdoor space on 4 Whites Bridge Road.

Both Suzy Q and the Daily Grind have our permission to use the space.

Please confirm receipt and have a great weekend.

Maggie

**From:** Linda Morrell <lsmorrell@windhammaine.us>  
**Sent:** Wednesday, April 17, 2019 9:42 AM  
**To:** mterry@seahorsealley.com  
**Subject:** RE: McacDaddys Seafood Truck

Thanks Maggie!

**From:** [mterry@seahorsealley.com](mailto:mterry@seahorsealley.com) <[mterry@seahorsealley.com](mailto:mterry@seahorsealley.com)>  
**Sent:** Tuesday, April 16, 2019 3:17 PM  
**To:** Linda Morrell <lsmorrell@windhammaine.us>  
**Cc:** 'Joanne E. Mattiace' <[jmattiace@productsafetylaw.com](mailto:jmattiace@productsafetylaw.com)>  
**Subject:** Re: McacDaddys Seafood Truck

Linda, please accept this email as notice of approval for MacDaddys Seafood truck to operate outside our building locates at 4 Whites Bridge Road, Maine

Please let me know if this will suffice our do you need further information.

Thank you for your help with this. Maggie

Maggie Terry  
President  
Maggie Terry  
Seahorse Alley LLC  
4 Whites Bridge Road  
Suite 275  
Windham, Maine 04062  
207-894-3400