



Town of Windham  
8 School Rd, Windham ME, 04062

## APPLICATION FOR MOBILE FOOD SERVICE UNIT LICENSE

☒ NEW

☐ RENEWAL

Name of Business Betty ReeZ WhoopieZ

Business Mailing Address 67 Carter Road, Freeport, Maine 04032

Owner's Name Betty Ree Zolla DOB 10/08/1956

Owner's Mailing Address 67 Carter Road, Freeport, Maine 04032

Owner's Phone 207-865-1735

Operator's Phone 207-865-1735

E-Mail BettyReeZ@comcast.net

Website BettyReeZ.com

Please check where you would like your license Mailed:

☒ Owner's Mailing Address

☐ Business Mailing Address

**\*\* Mobile Food Service Unit Licenses expire on May 31 of each year. \*\***

Vehicle Make & Color Ford Transit Connect

License Plate # WPE-WGN VIN NM0LE6F7XF1177452

Sites where MFSU will operate 4 Whites Bridge Road, Windham

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? \_\_\_\_\_

Please attach the following:

- A. Signed release form (for each employee and owner)
- B. Copy of your Dept. of Human Services License
- C. Picture of Vehicle
- D. List of items to be sold
- C. Certificate of insurance as required by Sect 7 of the Mobile Food Service Unit Ordinance
- D. Site plan drawing
- E. Letter of permission from owner of property

### Notice to Applicant

Please take notice that if the Municipal Officers grant this license, you must still comply with all the requirements of the provisions of the Town's Land Use 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.

6/4/2021

Date

Betty R. Zolla  
Applicant, Acknowledgement of Receipt

Please return application, documentation, \$100.00 application fee, and \$20 (per person) background check fee to:

Town Clerk,  
8 School Rd, Windham ME 04062

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 thereby 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

Typed or printed

CURRENT ADDRESS

TELEPHONE

DATE OF BIRTH

DRIVER'S LICENSE #

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

WITNESS SIGNATURE

WITNESS NAME

Typed or printed

DATE



TOWN OF WINDHAM  
8 SCHOOL RD  
WINDHAM, ME 04062

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TO WHOM IT MAY CONCERN:

AT 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 thereby 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

Amy Tupper  
Signature

Amy Tupper  
Typed or printed

CURRENT ADDRESS

104 Harvest Hill Road Windham

TELEPHONE

207.239.6181

DATE OF BIRTH

12/4/62

DRIVER'S LICENSE #

5835175

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

Charles Madson Gilchrist  
Robert Joseph Blakely  
James R. Tupper

WITNESS SIGNATURE

Betty R. Zolla  
Typed or printed

WITNESS NAME

DATE

6/3/21



# 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

132957

2-20254

August 26, 2020

September 30, 2021

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certifies that  
**Betty Reez**  
**Betty R Zolla**  
**67 Carter RD**

**Freeport, ME 04032-**

## MOBILE VENDOR

**Location: 67 Carter RD, Freeport**

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
Home Food Processor	Other Type Whoopie Pies	20.00
	<b>TOTAL:</b>	<b>40.00</b>



Department of Agriculture, Conservation &  
Forestry

Division of Quality Assurance

*Amanda Beal*

Commissioner

*Collette Franklin*

Director

2072325100@vzwplx.com

6/6/2021 12:39 PM

To bettyreez@comcast.net



- IMG\_20210606\_123542051\_HDR.jpg (1 MB)

## ITEMS TO BE SOLD

Whoopie Pies – all prepackaged



BETTY-3

OP ID: KE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2021

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> Bilodeau Insurance Agency, Inc 92 Pleasant Street Brunswick, ME 04011 Kelley Favreau	207-725-2797	<b>CONTACT</b> Kelley Favreau	
		PHONE (A/C, No, Ext): 207-725-2797	FAX (A/C, No): 207-725-6001
		E-MAIL ADDRESS: kelley@bilodeauins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: NGM Insurance Company	14788
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**INSURED**  
Betty Zolla  
67 Carter Road  
Freeport, ME 04032

## 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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COM/OP AGG. \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			B1J1887C	05/18/2021	05/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/>						BODILY INJURY (Per person) \$
	X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

2015 FORD TRANSIT NM0LE6F7XF1177452

## CERTIFICATE HOLDER

## CANCELLATION

Town of Windham 8 School Road Windham, ME 04062	TOWNWIN
	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 Kelley Favreau	



BETTY-3

OP ID: KF

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DATE (MM/DD/YYYY)

06/04/2021

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<b>PRODUCER</b> Bilodeau Insurance Agency, Inc 92 Pleasant Street Brunswick, ME 04011 Kelley Favreau		<b>207-725-2797</b>	<b>CONTACT NAME:</b> Kelley Favreau <b>PHONE (A/C, No, Ext):</b> 207-725-2797 <b>FAX (A/C, No):</b> 207-725-6001 <b>E-MAIL ADDRESS:</b> kelley@bilodeauins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> NGM Insurance Company		14788
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**INSURED**  
Betty Zolla  
67 Carter Road  
Freeport, ME 04032

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1J1887C	05/18/2021	05/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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"/> OTHER <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)

2015 FORD TRANSIT NM0LE6F7XF1177452

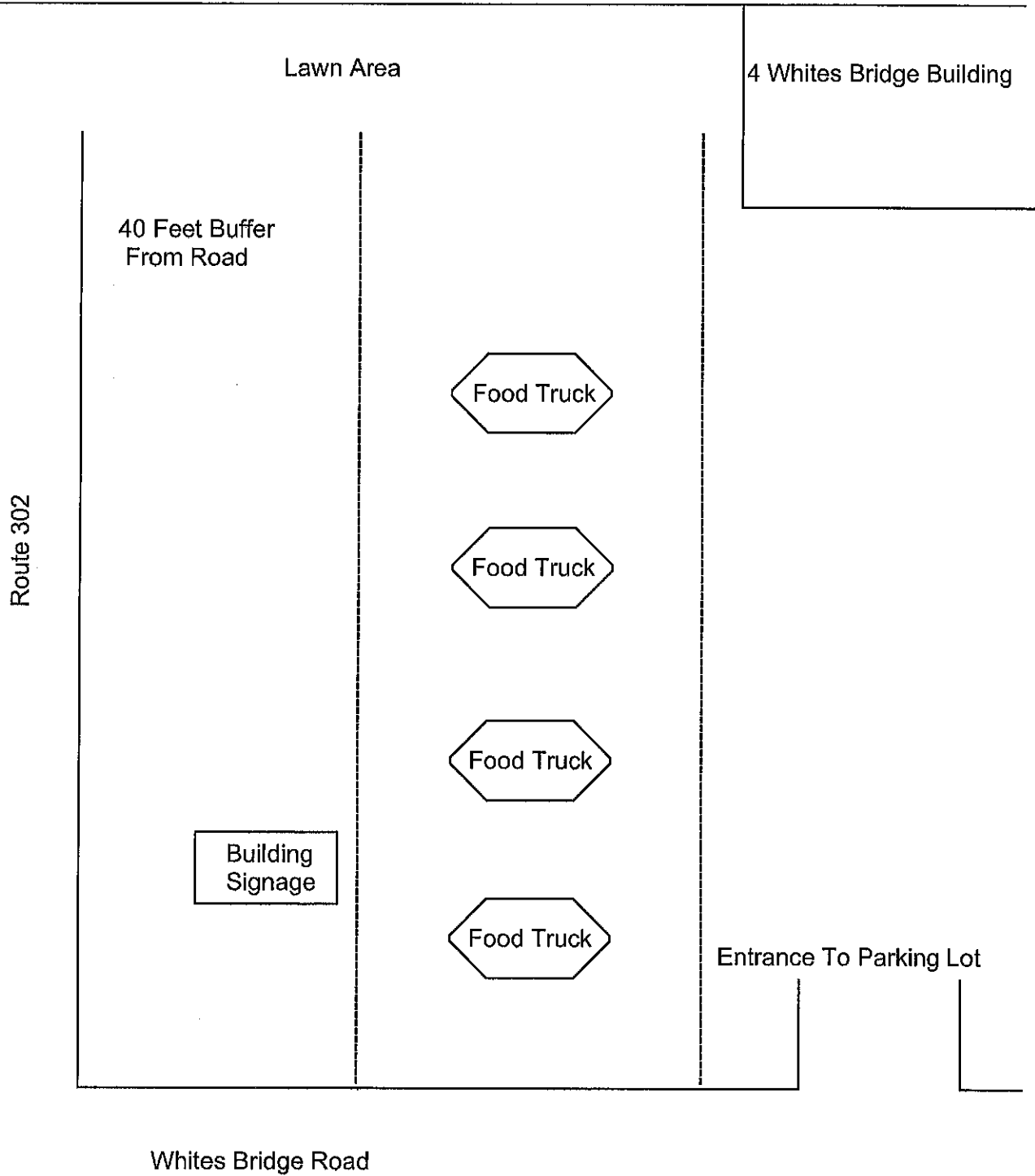
## CERTIFICATE HOLDER

## CANCELLATION

<b>TOWNWIN</b>  Town of Windham 8 School Road Windham, ME 04062	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> <i>Kelley Favreau</i>
---	--



Seahorse Alley Food Truck Lawn Lay Out 06042021  
4 Whites Bridge Road, Windham, Maine 04062



On 06/04/2021 1:00 PM Maggie Terry <mterry@legallabel.com> wrote:

Thank you, I will notify Linda Morrell the town Clerk and give her the plan and permission.

Maggie

Keep up with all your bedding and upholstery state licensing needs and follow us!

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Maggie Terry  
President  
Legal Label Inc.  
4 Whites Bridge Road  
Suite 275  
Windham, Maine 04062  
[www.legallabel.com](http://www.legallabel.com)  
207-894-3400 phone  
877-481-0734 toll free  
207-894-3201 fax

**From:** bettyreez@comcast.net <bettyreez@comcast.net>  
**Sent:** Friday, June 04, 2021 12:59 PM  
**To:** Maggie Terry <mterry@legallabel.com>  
**Subject:** Re: RE; Food Truck

"Betty ReeZ WhoopieZ" - thank you!

Betty Ree Zolla

Betty ReeZ, LLC  
Freeport, Maine 04032  
(207) 865-1735  
[www.BettyReeZ.com](http://www.BettyReeZ.com)