

**LICENSE AGREEMENT BY AND BETWEEN  
TOWN OF FALMOUTH  
AND  
CUMBERLAND FARMERS' MARKET ASSOCIATION**

**THIS LICENSE** made this \_\_\_\_ day of \_\_\_\_\_, 2017, by and between the **TOWN OF FALMOUTH**, a municipal corporation located in Cumberland County, State of Maine (hereinafter the "**TOWN**") and **CUMBERLAND FARMERS' MARKET ASSOCIATION**, with a mailing address of c/o Ron DiGravio, President, 29 Linnell Road, Windham, ME (hereinafter "**LICENSEE**").

**W I T N E S S E T H:**

**WHEREAS**, **TOWN** recognizes **LICENSEE** as being responsible for the coordination, implementation, and administration of all of the Cumberland Farmers' Market Vendors (hereinafter "**Vendors**") at the Cumberland Farmers' Market; and

**WHEREAS**, the **TOWN** is willing to permit such use in conjunction with the Cumberland Farmers' Market so long as adequate protections are maintained for the **TOWN** and its citizens;

**NOW THEREFORE**, the parties do hereby agree as follows:

**1. Permit for Use of Town/Private Property.**

**TOWN** agrees to permit **LICENSEE** to operate a farmers' market (hereinafter "**market**") as follows:

- A. May 17 through September 27, Wednesdays 12:00 noon to 4:00 pm at 65 Depot Road, utilizing portions of Map Lot U58-004 (**TOWN** Property known as Legion Field) and U24-004 (American Legion property) and as further depicted on Attachment 1.
- B. October 4 through December 20, Wednesdays 10:00 am to 2:00 pm at 191 US Route One (Allen, Sterling and Lothrop), utilizing the greenhouse on Map Lot U07-004-B

**3. Vendor Present and Products to be sold.**

A list of vendors for each market location, their member status and the products to be sold is attached as Attachment 2.

Notwithstanding the approved list of vendors in Attachment 2 the **LICENSEE** may allow up to two additional itinerant vendors (day tables) at any given occurrence of the market.

4. **Conditions of Town Property (hereinafter referred to as “PREMISES”) and public rights of way.**

- A. **LICENSEE** agrees to maintain the **PREMISES** in a clean and orderly fashion and to remove from the **PREMISES** all trash and debris resulting from vending activities.
- B. **LICENSEE** agrees to maintain the activities of the market in a peaceful and orderly fashion.
- C. **LICENSEE** will not utilize any improvements on the **PREMISES** with the exception of restrooms at the Snack Shack. The Parks and Community Programs Department staff will unlock the restrooms at 11:30 am and lock them at 4:30 pm each day the **LICENSEE** occupies the site for a farmers’ market. In the event that the **LICENSEE** cancels any occurrence of the market, they shall notify the Department staff by 10:00 am the day of the canceled occurrence.
- D. For any off-premises signage that is installed along the **TOWN** public Rights-of-ways, the applicant shall be responsible for ensuring that any installed signage does not interfere with public access and public safety. If the **TOWN** deems that any signage is interfering with access, mobility, vehicular-bicycle-pedestrian sight-distance, etc., the signage shall be removed and relocated accordingly in a timely manner by the applicant.

5. **Term.**

This Agreement shall be effective from the date of execution through December 30, 2017 with the option for an annual renewal, unless this **LICENSEE** is sooner terminated by either **LICENSEE** or **TOWN**, as provided herein.

7. **Repairs and Maintenance of PREMISES**

**LICENSEE** represents that it has inspected and examined the **PREMISES** and accepts them in their present condition, and agrees that **TOWN** shall not be required to make any improvements whatsoever in or upon the **PREMISES** or any part thereof. **LICENSEE** agrees to keep said **PREMISES** safe and in good order and condition at all times during the term hereof, and upon expiration of this License or any sooner termination thereof, **LICENSEE** will quit and surrender the possession of the **PREMISES** quietly and peaceably and in as good order and condition as they were at the commencement hereof, reasonable wear, tear, damage by the elements, and damage by third parties other than **LICENSEE** and Vendors, excepted; **LICENSEE** further agrees to leave the **PREMISES** free from all nuisance and dangerous or defective conditions not in existence at the commencement of this License and attributable to **LICENSEE**’s operations.

**8. Assignment.**

This License may not be assigned without the prior written consent of the Town Manager, provided that this limitation on assignment shall not limit the authority of **LICENSEE** to permit duly authorized Vendors to use stalls within the market with authority of **LICENSEE** as permitted by this Agreement.

**9. Management of Association.**

Management of the Association shall be pursuant to Bylaws and Rules and Regulations which are not inconsistent with the **TOWN** ordinance. Any changes to the **LICENSEE**'s Bylaws and/or Rules and Regulations and/or additions to the list of products to be sold under Section 3, shall be reviewed and approved by the Town Manager. The approval of such changes by the Falmouth Town Council shall not be required provided the changes are not inconsistent with the **TOWN** ordinance. The current Associations Bylaws and Rules are attached hereto as Attachment 2.

**10. Applicable Licenses.**

Vendors shall possess any required state licenses and are part of this Agreement as Attachment 4. Day table vendors shall submit any applicable licenses to the **TOWN** prior to participating in the market.

**11. Insurance for Use of PREMISES.**

- A. **LICENSEE** shall require each Vendor to obtain a certificate of insurance demonstrating that Vendor has in effect a policy of general liability insurance in the minimum amount of One Million Dollars (\$1,000,000) combined single limit covering bodily injury, death or property damage naming the Town and **LICENSEE** as additional insureds thereon, in this way: certificate must say either: A) "the policy has actually been endorsed to name the Town of Falmouth and the Cumberland Farmers Market Association as Additional Insureds" and a copy of the endorsement must come to the Town of Falmouth with the certificate, or B) "the policy already includes an endorsement, such as a Blanket Additional Insured Endorsement, by which the Town of Falmouth and the Cumberland Farmers Market Association are, in fact, automatically made additional insureds." A Certificate which merely has a box checked under 'Addl Insr,' or which merely states The Town of Falmouth is named as an Additional Insured, will not be acceptable. Certificates for each vendor shall be submitted to the **TOWN** on an annual basis upon license execution and are a part of this Agreement as Attachment 5. Day table vendors shall submit proof of insurance to the **TOWN** in the above manner prior to participating in the market.
  
- B. **LICENSEE** shall obtain comprehensive general liability insurance in the minimum amount of One Million Dollars (\$1,000,000) combined single limit covering bodily injury, death or property damage naming the **TOWN** as additional insured thereon, in this way: certificate must say either: A) "the policy has actually been endorsed to name the Town of Falmouth as an Additional Insured" and a copy of the endorsement

must come to the Town of Falmouth with the certificate, or B) "the policy already includes an endorsement, such as the Blanket Additional Insured Endorsement, by which the Town of Falmouth is, in fact, automatically made an additional insured." A Certificate which merely has a box checked under "Addl Insr," or which merely states The Town of Falmouth is named as an Additional Insured, will not be acceptable. Said insurance shall include contractual liability coverage applicable to **LICENSEE's** indemnification obligations under paragraph 12 hereof. A certificate evidencing such coverage shall be provided to **TOWN** at commencement of the License term. Such insurance shall be on an occurrence or claims made basis. If the insurance is provided on a claims made basis, in the event of termination of this License, **LICENSEE** shall purchase a tail for such insurance for a minimum of three (3) years from the date of termination.

## **12. Indemnification.**

**LICENSEE** shall defend, indemnify and hold harmless the **TOWN** and **TOWN's** officers, elected officials, and employees, from and against any and all claims, demands, suits, expenses (including reasonable attorney's fees) and judgments by or on behalf of any person or entity, arising out of **LICENSEE'S** use or occupancy of **PREMISES** under this License. Without limiting the generality of this Article, **LICENSEE** expressly agrees to defend, indemnify and hold harmless the **TOWN** from and against the following:

- A. Employee Claims. Claims of **LICENSEE'S** employees or their estates for workplace-related injuries or death sustained on the **PREMISES** during the course of such employees' employment, including a waiver of subrogation for claims of such workers' compensation insurance carriers pursuant to 39-A M.R.S §107, as amended.
- B. Other Claims. Claims of any person, entity or estate for personal injury, property damage, or death occurring on or from the **PREMISES** and arising out of the business operations on the **PREMISES of LICENSEE**, and its officers and employees.
- C. **LICENSEE's** indemnification obligations under this paragraph 12 shall be limited to the scope and limits of the insurance coverage provided by **LICENSEE** under paragraph 11.B.

This Section and Section 9 shall survive termination of this License and all insurance hereunder shall be primary to any insurance or self-insurance of **TOWN**.

## **13. Revocable License.**

This License may be revoked by the **TOWN** at any time after providing **LICENSEE** with at least forty-five (45) days prior written notice, a statement of reasons for revocation, and an opportunity for hearing.

## **14. Default.**

In the event that **LICENSEE** shall be in found in default of any of the terms or conditions herein agreed to be kept and performed by **LICENSEE**, the **TOWN** may terminate and end this License immediately, and thereafter **TOWN** may enter upon said **PREMISES** and remove all persons and property thereon under the authority of this License. **LICENSEE** shall be liable to **TOWN** for all costs incurred by it as a result of the **LICENSEE**'s uncured default and **LICENSEE** shall pay all costs of collection incurred by **TOWN**, including reasonable attorney's fees.

**15. Hold Over.**

In the event that **LICENSEE** shall hold over and remain in possession of the **PREMISES** with the consent of the **TOWN**, such holding over shall be deemed to be from month to month only, and upon all the same terms and conditions as contained herein.

**16. Notices.**

Any notices which are required hereunder, or which either **LICENSEE** or **TOWN** may desire to serve upon the other shall be in writing and shall be deemed served when delivered personally, or when deposited in the United States mail, postage pre-paid, return receipt requested, addressed to Cumberland Farmers' Market Association with a mailing address of c/o Ron DiGravio, President, 29 Linnell Road, Windham, ME or addressed to Town of Falmouth, Town Manager, 271 Falmouth Road, Falmouth, ME 04105.

**17. Waiver.**

Waiver by either party of any default in performance by the other of any of the terms, covenants, or conditions contained herein, shall not be deemed a continuing waiver of the same or any subsequent default herein.

**18. Compliance with Laws.**

Each party agrees to comply with all laws, ordinances, rules and regulations which may pertain or apply to the **PREMISES** and the use thereof, including without limitation all laws regarding non-discrimination and equal employment opportunity.

**19. Successors and Interest.**

All of the terms, covenants and conditions contained herein shall continue, and bind all successors in interest of **LICENSEE** and **TOWN** respectively, herein.

**IN WITNESS WHEREOF**, the said **TOWN OF FALMOUTH** has caused this License Agreement to be signed in its corporate name and sealed with its corporate seal by Nathan A. Poore, its Town Manager, thereunto duly authorized, and **CUMBERLAND FARMERS'**

**MARKET ASSOCIATION** has caused this License to be signed by Ron DiGravio its President as of the day and date first set forth above.

**WITNESS:**

\_\_\_\_\_

**TOWN OF FALMOUTH**

By: \_\_\_\_\_

Nathan A. Poore  
Its Town Manager

**CUMBERLAND FARMERS'  
MARKET ASSOCIATION**

\_\_\_\_\_

\_\_\_\_\_

Print Name: Ron DiGravio

Its: President



65 Depot Road (American Legion Property)  
 Paved Parking lot to be used for the Falmouth Farmers' Market.

There are 2 driveways into the lot. No lighting or utilities are needed or used.

We are responsible for our waste disposal.

Available Parking area is approx. 16,887 square feet.

Ample parking for 41 cars, plus on street parking.

*Please note: American Legion is closed during market hours.*

Area used for The Farmers' Market is in the far corner of the lot an area 70' X 115' or 8050 square feet.

Dated May , 2017

	Company	Products	First	Last	Email	Street	Town	Zip	Phone
1.	Anchor & Rose Tinct	tinctures	Katie	Mumm	<a href="mailto:anchorseapothecary@gmail.com">anchorseapothecary@gmail.com</a>	85 Emery St Apt 3	Portland	04097	228-3935
2.	Bags O Gold	handmade bags	Ginny	Gold	<a href="mailto:ginnygold49@gmail.com">ginnygold49@gmail.com</a>	154 Mill St	N Yarmouth		
3.	Baker's Dough Maine	baked goods	Roger & Mindy	Russell	<a href="mailto:bakersdoughmaine@gmail.com">bakersdoughmaine@gmail.com</a>	141 Depot Rd	Gray	04039	657-8052
4.	Cafe Crepe	crepes	Lauren	Dallam	<a href="mailto:mainecrepes@yahoo.com">mainecrepes@yahoo.com</a>	25 Pritham St.	Greenville	04441	970.289.8677
5.	Chef's Cupboard	spices	John	Staples	<a href="mailto:baseballstapes@yahoo.com">baseballstapes@yahoo.com</a>	28 Candleberry Dr	Auburn	04210	754.2444
6.	Cranberry Rock Farm	veg, meat, eggs, baked goods	Ron	Digravio	<a href="mailto:cranberryrockfarm@gmail.com">cranberryrockfarm@gmail.com</a>	427 Mnt Pisgah Rd	Winthrop	04364	778.1556
7.	Crossroads Coffee	ground, whole bean coffee	Cindy	Townsend	<a href="mailto:crossroadscoffeebeans@gmail.com">crossroadscoffeebeans@gmail.com</a>	1238 Main Rd	Westport Island	04578	440-3379
8.	Farmers8Daughters	veg, herbs, eggs	Stephen	Arsenault					
9.	Fresh Pickins Farm	flowers, honey, balm	Nancy	DiMauro	<a href="mailto:ndimauro@maine.rr.com">ndimauro@maine.rr.com</a>	2 Robins Way	New Gloucester	04260	233 2915
10.	Jillson's Farm	veg, fruit, flowers	Vicki and Dan	Marion	<a href="mailto:vickimaron@hotmail.com">vickimaron@hotmail.com</a>	29 Linnell Rd	Windham	04062	650.1168
11.	Maine Saltwater Creations	seafood	Dan	Marion	<a href="mailto:freshpickinsfarm@hotmail.com">freshpickinsfarm@hotmail.com</a>				653.0087
12.	Jillson's Farm	veg, fruit, flowers	Scott	Jillson	<a href="mailto:esj1961@hotmail.com">esj1961@hotmail.com</a>	143 Jordan Brige Rd	Sabattus	04280	375 4486
13.	Norumbega Cidery	hard cider	Laura	Fillingier	<a href="mailto:mainesaltwater@gmail.com">mainesaltwater@gmail.com</a>	2 Main St	Biddeford	04103	650 8075
14.	Pleasant Valley Acres	vegetables, fruit	Noah	Fraich	<a href="mailto:norumbegacideryllc@gmail.com">norumbegacideryllc@gmail.com</a>	402 Woodman Rd	New Gloucester	04260	370.2027
15.	Pomatia Gourmet LLC	quiche	Gene	Weir	<a href="mailto:pleasantvalleyacres@msn.com">pleasantvalleyacres@msn.com</a>	69 Pleasant Valley Rd	Cumberland	04021	829.2773
16.	Pumpkin Vine Family Farm	goat milk, cheese	Yves	Crouzet	<a href="mailto:yves@pomatiagourmet.com">yves@pomatiagourmet.com</a>	1129 Lewiston Rd	Topsham	04086	522.9484
17.	Spring Brook Farm	veg, meat, eggs	Kelly and Anil	Payson-Roopchand	<a href="mailto:anil.kelly@gmail.com">anil.kelly@gmail.com</a>	217 Hewett Rd	Somerville	04348	549.3096
18.	Spun Bakery	baked goods	Kay	Fowler					
19.	Stillbrook Acres	dairy, meat	Jeff	Storey	<a href="mailto:jstorey19@gmail.com">jstorey19@gmail.com</a>	168 Greely Road	Cumberland	04021	829 5977
20.	Tir na nOg Farm	Veg, meat, eggs	Don	Gaile	<a href="mailto:don@spunbakery.com">don@spunbakery.com</a>	87 Dune Dr	Freeport	04032	207.415.7097
21.	Tortillera Pachanga	tortillas	Heather	Phinney	<a href="mailto:htclydesdale@gmail.com">htclydesdale@gmail.com</a>	309 Mayall Rd	Gray	04039	838.4407
22.	Valley View Farm	Veg, eggs, fruit knife, tool	Holly	Sue Mack	<a href="mailto:mainecelt@maine.rr.com">mainecelt@maine.rr.com</a>	44 Leighton Rd	Pownal	04069	688 4483
23.	Wicked Sharp	sharpening	Lynne	Rowe	<a href="mailto:suemackeral@gmail.com">suemackeral@gmail.com</a>	1 Industrial Way	Portland	04103	232-8377
24.	Winslow Farm	Vegetables	Kathy	Shaw	<a href="mailto:lynne.rowe@gmail.com">lynne.rowe@gmail.com</a>	Soper Mill Road	Auburn	04210	320 1969
25.	Winslow Farm	Vegetables	Sara	Orbeton	<a href="mailto:kath@valleviewfarmme.com">kath@valleviewfarmme.com</a>				
26.	Winslow Farm	Vegetables	David	Orbeton	<a href="mailto:sorbeton@gmail.com">sorbeton@gmail.com</a>	37 Lowell Street	South Portland	04106	210 2559
27.	Winslow Farm	Vegetables	Max	Boudreau	<a href="mailto:david@wickedsharpknives.com">david@wickedsharpknives.com</a>				
28.	Winslow Farm	Vegetables	Max	Boudreau	<a href="mailto:max@winslow-farm.com">max@winslow-farm.com</a>	291 Gray Rd	Falmouth	04105	878-8787

Town of Falmouth and Cumberland Farmers' Market Association License Agreement Dated May 2017



**CUMBERLAND FARMER'S MARKET ASSOCIATION**

**BYLAWS**

**As amended April, 2016**

**SECTION 1 ORGANIZATION**

**SECTION 1.1**

The Corporation shall be organized and operated under the Non-Profit Laws of the State of Maine and shall be named the Cumberland Farmer's Market Association (CFMA) and referred to herein as the "Corporation," "CFMA" or "Organization."

**SECTION 2 PURPOSES**

**SECTION 2.1**

- A. To establish and maintain a Cumberland Farmer's Market;
- B. To provide the people of the greater Cumberland area with the opportunity to purchase a variety of high quality Maine farm products, crafts and services directly from the area farmers;
- C. To provide area farmers with the opportunity to market their products, crafts and services directly to the consumer; thereby strengthening the local farm economy and viability of small scale family farms;
- D. To establish and maintain operating standards that will inspire public confidence in the farmer's market concept;
- E. To provide the organization with publicity and by other techniques to assist in promoting the sale, at the market, of locally grown and made Maine products and services;
- F. To engage in such other mutually beneficial activities as the membership may designate; and
- G. To do all that is legal in attaining its objectives that the Board of Directors in its discretion deems appropriate and is consistent with the above stated purposes.

**SECTION 3 MEMBERSHIP**

**SECTION 3.1 CONTROL**

The ownership and control of the Corporation shall be vested in the full membership of the Corporation. Each Production Unit as defined in Section 3.3.A5 shall have one vote.

## **SECTION 3.2 MEMBERSHIP FEE**

Annual membership fee is to be determined at the annual meeting and payable by the last meeting before the opening of the market each year.

## **SECTION 3.3 ELEGIBILITY FOR FULL MEMBERSHIP**

### **A. DEFINITIONS:**

1. The Cumberland Area is defined as the state of Maine, as shown on the Maine State Department of Transportation Highway Map
2. Farmer is an individual or a Production Unit which operates a farm.
3. Farm is an agricultural enterprise that produces farm products.
4. Farm products are defined as vegetables, fruits, herbs, berries, and other items grown for human consumption/or as human? food; natural fibers, such as wool and linen; seedlings, plants, greenhouse or nursery stock, house plants, perennials, flowers, and ornamentals; livestock and their products; products of the woodlot; items manufactured on the farm using any of these above-mentioned products as an ingredient, such as jams and jellies; and non-commercial baked goods produced on the farm.
5. A Production Unit is a family or other group of 2 or more people, who operate a farm or farms, regardless of whether the operation is an individual enterprise, a partnership, or corporation, or other form of business association. A Production Unit may hold no more than one membership in the Corporation.
6. A Co-op consists of 2 or more farmers or production units who do not operate their farms together but who join forces for the purpose of marketing their farm products together. A Co-op may hold no more than one membership in the corporation as individuals, as a production unit, or as a Co-op.

### **B. REQUIREMENTS FOR MEMBERSHIP**

1. Full membership in the Corporation is open to farmers who, either as individuals or as a production unit, or as Co-op:
  - a. Reside in and raise farm products by their own efforts on farms located in the State of Maine;
  - b. Have no more than 60 acres under cultivation for the production of fruits, vegetables and other items as outlined in Section 3.3.A.4 above;
  - c. Are in compliance with applicable state and federal health laws and regulations regarding the production and marketing of farm products;

- d. Submit a completed application form to the Membership Committee;
- e. Are recommended for membership by the Membership Committee following review and evaluation of the application by the committee;
- f. Are accepted by a two-thirds vote of the membership present at any meeting where membership is considered, provided that a quorum exists at this meeting;
- g. Pay any and all fees or dues in a timely manner;
- h. Are in compliance with all other requirements of the bylaws or association regulations; and
- i. Submit evidence of personal injury and product liability insurance in at least the amount of ~~\$500,000~~ for their CFMA stand. Insurance policies shall list the member as primary insured and the Cumberland Farmers Market Association as an additional insured.

Million  
for  
Falmouth

- 2. Members shall submit to the Treasurer copies of all applicable licenses, such as tax, nursery, food, cider, maple syrup, etc. The Treasurer is currently required to report the sales tax numbers for all members to the Town of Cumberland and/or the Town of Falmouth that all vendors have licenses to sell home produced products. Vendors/Members should also display their licenses or have their licenses available at the market

3. Exceptions to the membership requirements:

The CFMA exists primarily to promote the products from Maine farmers. However, in response to consumers demand for a wide range of items at the market and the need to enhance the overall appeal of items at the market by offering specialty products, certain exceptions to Section 3.3.A.4 are necessary. These exceptions listed below are the only ones that are granted to members:

- a. Lobsters or other seafood: an applicant who wishes to sell only lobster or other seafood at the market does not have to be a farmer to be a member of the CFMA.
- b. Artisans/Crafts: an applicant who is a craftsperson or artisan and who wishes to sell only crafts at the market does not have to be a farmer to be a member of the CFMA. He or she must make a reasonable effort to sell high quality crafts produced in the greater Cumberland area. Members who are farmers may sell crafts at the market only if these crafts are manufactured on their farms or are made from a Maine farm product/service.

- c. Specialty Vendors: These are vendors who deal in products or services that should complement the products of the CFMA membership and goals, in specific, and local Maine producers, in general. Examples of such vendors include, but are not limited to, knife sharpening, local pet food, aroma therapy, shoe repair, jewelry repair, and other similar products and/or services.
- d. Home Processed Food Vendor: An applicant who wishes to sell Home Processed Food such as baked goods, salsas or other prepared foods, approved and permitted by the Maine Department of Agriculture or other appropriate state agency may only do so with the Membership's approval at the time of application or renewal.

### **SECTION 3.4 TEMPORARY OR OTHER TYPES OF MEMBERSHIP**

#### **A. DAY MEMBERSHIP**

- 1. Prospective full membership as a tryout. The group can set the number of day memberships to become a full member.
- 2. Single day, for example to promote a non-profit cause of interest, other than political causes, to customers of the farmer's market on single occasions only.
- 3. Fees are to be set annually by the membership before the start of each selling season.

#### **B. ASSOCIATE MEMBER**

An associate member is a member who participates in markets but is not able to attend meetings throughout the year and whose vote is therefore not included in the quorum requirement. Such member will be charged an additional fee to be set by the full membership.

#### **C. JUNIOR MEMBER**

A member under the age of 18. Such member will not be subject to the advertising fee.

### **SECTION 3.5 RENEWAL**

- A. Membership will be renewed automatically for those members who are current and paid up in all market fees or dues and who are in compliance with all of the bylaws and regulations. An existing CFMA member Co-op shall receive automatic renewal of its membership; however, any proposed new member of an existing Co-op must receive approval from the CFMA membership of their inclusion in the Co-op by a two-thirds vote of the membership present, provided a quorum exists at the meeting and according to the admission standards of the bylaws.

- B. To receive automatic renewal members must notify the membership committee of their intent to renew for the next market season at or before the annual meeting of the current market year. This notification shall include description of any major change in products or other major change in the member's status since the original application was filed.

### **SECTION 3.6 ADMISSION OF THE MEMBERS**

- A. New members are admitted to CFMA once a year before the start of the market season. The CFMA membership shall set deadlines for the acceptance of application and admittance of new members and shall make this information available to potential applicants on a timely basis. A fee may be charged for applications and for the copying and mailing of bylaws and regulations to interested parties or potential applicants.
- B. Restrictions imposed by the Town of Cumberland and/or the Town of Falmouth limit the number of stall spaces available at the Cumberland/Falmouth Farmer's Markets. Only members may occupy these spaces.
- C. Priority among qualified applicants for any available spaces at the Cumberland/Falmouth Farmer's Market may be given to either a new applicant or an individual offering the specialty products (lobster, herb, cheese, and crafts) mentioned in Section 3.3.a, b and c if these products were not available during the previous market season.
- D. An opening for membership does not have to be filled in any given year if there are no applicants who qualify for membership according to the bylaws, regulations and criteria promulgated by the membership committee.
- E. No application may be submitted until after the annual meeting. If an opening occurs, applications will be accepted until Jan. 31st of that year as described in the regulations. If there are unfilled vendor stall spaces, this deadline does not apply.
- F. Any new Co-op applying for membership in the CFMA must submit application information (see 3.3) for each of its members and each member in the co-op by two-thirds vote of the membership present, provided a quorum exists at the meeting and according to the admission standards of the bylaws.
- G. All new members will be subject to a one year probation.

### **SECTION 3.7 MEMBERSHIP TERMINATION**

- A. TYPE OF TERMINATION

Membership is terminated upon the occurrence of any of the following events:

1. Voluntary submission to the Corporation's Secretary of written notice of resignation.
2. Moving operations outside the greater Cumberland area or any other change in status that results in non-compliance with the eligibility requirements of Section 3.
3. Expulsion by a vote of the membership for failure to comply with the bylaws or market regulations of the CFMA.

#### B. DISCIPLINARY PROCEDURES

1. A formal complaint about a member must be received by an officer of the Corporation.
2. Upon the officer's determination that a violation of the CFMA regulations or bylaws may have occurred, the President shall give written notice to the violating member of the complaint, the date and nature of the violation, and any corrective action to be taken.
3. Any member receiving such a notice of a violation must correct the violation where appropriate by the next market day after such notice is received.
4. Failure to correct the violation, or any additional violation of the same or different regulation or bylaw, brought to the attention of an officer of the Corporation by his own observation, or by another formal complaint, shall result in a hearing of the membership to determine if the violating member should be expelled or some other sanction imposed.
5. Written notice of such a meeting shall be mailed by USPS to the membership at least 10 days before the date of the meeting stating the name of the member in question, the nature of the violation and purpose of the meeting.
6. A quorum of the membership must be present to commence the hearing. The member in question shall have an opportunity as the first order of business to explain his/her/its actions. This member shall then absent himself/herself/itself from the rest of the meeting after his/her/its explanation. He/She/It shall be informed in writing of the decision of the membership by the President within 10 days of the meeting.
7. After discussion of the violation(s), the membership may, by a two-thirds vote of the members present, expel the member in question from the Corporation or impose such lesser sanction, as may be appropriate.

#### **SECTION 3.8 MATERNITY LEAVE**

A member who gives birth to a child during the market season is entitled to 12 weeks of maternity leave, during which time that member will not be penalized for failure to comply with bylaws or regulations concerning hours spent on her farming operation, attendance at the market or meeting and other such rules pertinent to maternity leave.

## **SECTION 4 MEETING OF MEMBERS**

### **SECTION 4.1 NOTICE OF MEETINGS**

Written notice of every meeting of members shall be mailed or emailed to all members at least 10 days before the date of the meeting. Such notice shall set forth the agenda for the meeting. Written notice of the annual meeting shall be mailed by both USPS and by email where an email address is maintained on the group website.

### **SECTION 4.2 CONDUCT OF MEETING**

All meetings of the organization shall be conducted in an orderly fashion and in accordance with Robert's Rules of Order Newly Revised. All matters may be presented unless otherwise stipulated elsewhere in the bylaws. A majority of the existing voting members shall constitute a quorum at a meeting.

### **SECTION 4.3 ANNUAL MEETING**

The annual meeting of the members shall, unless the Board of Directors establishes some other date, be held during the month of November and in no event later than December 31st.

### **SECTION 4.4 SPECIAL MEETING**

A special meeting of the members may be called at any time by order of the President or by a petition signed by not fewer than one-third of the members of the Corporation.

### **SECTION 4.5 DUTIES OF MEMBERSHIP**

Members shall promulgate guidelines governing market operation and attendance; application forms and criteria; quality control of products sold at the market and other matters concerning the operation and attendance of CFMA according to Appendix A. Such rules and regulations be promulgated, amended, altered, or repealed by a two-thirds vote of members present at any in-person meeting considering such matters. Voting members are expected to attend all meetings and unexplained failure to attend two or more meetings a year may be grounds for disciplinary action. Members are expected to be in compliance with 7 M.R.S.A §415 (see APPENDIX B attached).

### **SECTION 4.6 ONLINE GROUP ACTIVITIES**

- A. CFMA shall establish and maintain a website open to the public for public relations and for recruiting new members.

- B. Members may establish a secure group website for the purpose of raising and discussing CFMA issues, for sending messages to group members by simultaneous broadcast, and for making CFMA documents readily available for reading, copying and printing online, archiving messages, exchanging photos and other group interaction support. It can provide members with a way to keep their own mailing information up-to-date.

If a CFMA committee unanimously agrees to use the site or the telephone for their communications or surveys, or to make committee decisions, they may do so.

## **SECTION 4.7 VOTING**

Decisions affecting the whole membership, motions and voting on motions by the membership must be raised at an in-person physical meeting with the democratic protections specified by Roberts Rules of Order as referenced in SECTION 4.2. Voting members are the established members as of the annual meeting held in November.

## **SECTION 5 DIRECTORS AND OFFICERS**

### **SECTION 5.1 ORGANIZATION**

This Organization shall be administered by a management Committee (the Board of Directors) composed of the Organization's Officers: the President, Vice President, Secretary, and Treasurer. Officers will be elected at the annual meeting by a majority of the members present for a term of one year or until their successors are elected.

### **SECTION 5.2 DUTIES OF THE OFFICERS**

#### **A. PRESIDENT**

1. Direct the activities of the other officers.
2. Preside over all meetings.
3. Determine, in consultation with membership, the dates on which meetings are to be held.
4. Enforce the provisions of the bylaws and all other rules set forth by the organization.
5. Assume the responsibilities and authority normally possessed by the Chief Executive Officer of a Company (defined as being responsible for an organization's overall operations and performance. One of the major duties of a CEO is to maintain and implement the organization's policies and procedures.)



6. Be responsible for coordinating the public website or appointing a coordinator.

B. VICE PRESIDENT

1. Act for the President during his/her absence.
2. Attend all meetings of the Organization.

C. SECRETARY

1. Record minutes of all meetings of the Organization.
2. Maintain an ongoing list of all members of the Organization.
3. Provide notice of all meetings of the Organization.
4. Attend all meetings of the Organization.
5. Administer the group website to admit new members, post CFMA documents and act as moderator in a manner to be helpful to CFMA members.

D. TREASURER

1. Collect and deposit all annual fees for membership and all space rental fees and keep a record thereof.
2. Disburse all expenditures for the organization and maintain a record of these expenditures.
3. Attend all meetings of the Organization.
4. Prepare a financial statement for annual meeting.
5. Keep books open for inspection by any member.
6. Make books available for outside audit before the first meeting of each year.

Any Director may be removed by majority vote of the remaining Directors for failure to act in the best interests of the Corporation, or lack of sympathy with the stated purpose of the Corporation.

At any regular or special meeting, any officer may be removed by majority vote of the Board of Directors for failure to carry out the duties of the office as prescribed by these bylaws, conduct detrimental to the Corporation, or for lack of sympathy with the stated purpose of the Corporation. Any officer proposed to be removed is entitled to five (5) business days' notice of the meeting at which the removal shall be considered and may address the Board of Directors at such meeting.

## **SECTION 6 COMMITTEE**

### **SECTION 6.1 COMMITTEE**

All standing and special committees shall be elected by the membership by a majority vote of the members present at a meeting. These committees shall have no special authority to take any action other than to report to the membership, unless such authority is specifically granted in the bylaws, corporate regulations or by further action of the membership by a majority vote of the members present at a meeting. Such committee shall include at least a membership committee, a nominating committee, a quality control committee, and a Cumberland Farmer's Market management committee.

## **SECTION 7 BORROWING, DEPOSITS, ETC.**

### **SECTION 7.1 BORROWING, ETC.**

No officer, agent or employee of the Corporation shall have any power or authority to borrow money on its behalf, to pledge its credit or to mortgage or pledge its real or personal property, except within the scope and the extent of the Board of Directors. Authority may be given by the Board for any of the above purposes and may be general or limited to specific instances.

### **SECTION 7.2 DEPOSITS**

All funds of the Corporation shall be deposited from time to time to credit of the Corporation in such banks, trust companies or other depositories as the Board of Directors may approve or designate, and all such funds shall be withdrawn only upon checks signed by such one or more officers or employees as the Board shall from time to time determine.

### **SECTION 7.3 FINANCIAL REPORTS TO MEMBERS**

At each annual meeting of members, the Board of Directors shall make or cause to be made a report with respect to the finances of the Corporation.

### **SECTION 7.4 SEAL**

The Corporation may adopt an appropriate seal

## **SECTION 8 INDEMNIFICATION**

### **SECTION 8.1**

The Corporation shall indemnify any Director or Officer or former Director or Officer of the Corporation against expenses actually and necessarily incurred by him/her in connection with the defense of any action, suit or proceedings in which he/she is made a party by reason of being or having been such Director or Officer, except in relation to matters as to which he/she shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of a duty. The indemnification provided by this Section 8.1 shall not be

deemed exclusive of any other rights to which such Director or Officer may be entitled under any bylaw, agreement, vote of the Board of Directors or otherwise.

## **SECTION 9 FISCAL YEAR**

### **SECTION 9.1**

The Fiscal Year of the Corporation shall run from January 1 to December 31 of each year.

## **SECTION 10 AMENDMENTS**

### **SECTION 10.1**

Any or all of the provisions of the bylaws of the Corporation may be amended, altered or repealed by a two-thirds vote of the members at any regular or special meeting at which a quorum is present, duly convened after notice to the members giving a summary of the proposed amendment.

## **SECTION 12 DISSOLUTION**

Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provision for payment of all liabilities of the Corporation, including the costs and expenses of such dissolution, dispose of all the assets of the Corporation exclusively for the exempt purposes of the Corporation or distributed to an organization described in Section 501 (c)(3) or 170 (c)(2) of the Internal Revenue Code, 1986 or the corresponding provisions of any future federal law, as shall be selected by the last Board of Directors. None of the assets will be distributed to any officer or director of the Corporation. Any such assets so disposed of shall be disposed of by, and in the manner designated by, the state court having jurisdiction over the matter.

## **SECTION 13 STATEMENT OF NONDISCRIMINATION**

Notwithstanding any provision of these bylaws, the Corporation shall not discriminate against any director, officer, employee, applicant, or participant on the basis of sex, race, color, ethnicity or national origin.

## APPENDIX A

### CFMA MARKET GUIDELINES 2016

The Cumberland Farmer's Market Association (CFMA) brings together a diverse range of local farmers, businesses, and craftspeople in order to offer locally produced food and goods to the Cumberland Area community. It is our goal to support and develop the local natural resource-based economy as a way to keep farmland, forests, and fisheries open, working, and productive. We established the market to boost the economy of our community; support a more locally focused food system in Maine; provide a valuable opportunity for farmers, fishermen, and craftspeople to sell their products with low overhead costs; and as a gathering place to enrich the lives of people in our region through community building, education, and fun.

#### **Participation**

It is a goal of the Market to focus on farm products grown and made by small-scale local producers. Preference will be given to local producers for whom farmers' markets are their primary retail venue.

The CFMA strives to create a market that offers a diversity of products, including, but not limited to, plants, flowers, fresh produce; meats; seafood; dairy products; value-added items (baked goods, jams, fiber, etc.); crafts; and related services.

Acceptance or renewal in the market is based on the relative abundance of a particular product or product type and the judgment of the CFMA as to what is most supportive of our local food economy.

#### **Products**

Requirements for all products for sale at the Market include:

**Products must be local.** Items for sale at the Market must be grown, harvested or produced within Maine; or purchased from a producer/distributor that is local or regional (northern New England or maritime Canada).

**Goods must be produced by the vendor.** At least 75% of a vendor's products must be grown, caught, wild harvested, or made by the vendor, their family members, or employees. Up to 25% can be products purchased from or sold on behalf of other Maine or regional producers. **Products that are not grown or produced in Maine or by the vendor must be clearly portrayed as such.**

Production, labeling, display and sale of all products is the responsibility of the individual vendor and must be in compliance with all local/state/federal regulations.

## Vendor Fees

Vendor fees cover the annual cost of operating the market. Major costs include: (administrative costs (bookkeeping, processing applications, scheduling musicians, advertising, etc.), site fees (signs, porta-potties, rental, electricity, water, etc.) and charitable giving (Food Pantry, etc.)

The CFMA contributes a portion of administrative costs in keeping with our support of local agriculture and the development of the local economy and community. The CFMA does not profit financially from the Farmers' Market and we continually explore ways to keep costs as low as possible.

## Vendor Space

Vendor space is approximately 11' x 20' and each vendor will be allotted one space.

## Vendor Responsibilities, Market Hours and General Market Policies

1. Market day in Falmouth is on Wednesday between the hours **12:00 p.m. – 4:00 p.m.**  
Market day in Cumberland is on Saturday between the hours of ~~9:00 a.m. – 12:00 p.m.~~ **No selling is permitted before regular market hours.** ~~10:00~~ ~~1:00~~

**Market occurs rain or shine.** In the event of dangerous weather conditions, the CFMA Board may cancel or close the market early for the safety of members and customers. In the event of a cancellation, notice will be posted on the Facebook site as well as notification by group email. Please notify a CFMA Board Member of any changes to your email/contact information as soon as possible

2. Vendors and their employees should **arrive no later than 11:45 a.m. for the Falmouth Market and no later than 8:45 a.m. before the Cumberland Market.** Late arrival and setup cause unnecessary disruption and can endanger customers and vendors in the parking lot or market area. If you must be late for a market, please make advance arrangements with the Falmouth or Cumberland Market Lot Coordinator. Continual violation of this policy may result in forfeiture of your vendor space. **Early departure from the market is not permitted except in emergency situations.**

3. **Vendors are expected to be present every week** in order to facilitate the efficient functioning of the market and to meet customer expectations. Exceptions may be made in the following cases: products are primarily seasonal and are not yet or no longer available (prior arrangements must be made with the Falmouth and/or Cumberland Market Lot Coordinator); day table vendors; charity tables; if an emergency prevents the vendor from attending (notification appreciated); and/or planned absences which are coordinated in advance with the Falmouth and/or Cumberland Market Lot Manager. In all cases, **absences must be communicated to the Falmouth and/or Cumberland Market Lot Coordinator.**

4. Vendors are expected to bring their own tables, chairs, E-Z up canopies and other materials necessary for their space. **All canopies must be weighted (in a manner which**

**is safe to both vendors and customers)** to prevent movement or injury in the event of unsettled or windy weather conditions.

5. All vendor booth staff should be familiar with market policies and procedures.

6. Vendor booths must have signage indicating the farm/business name and location.

7. Every vendor is responsible for maintaining the appearance of the vendor area. Please carry out all trash that your booth and customers generate.

8. Dogs and other animals are permitted at the market. *No Farm friends @ Market*

9. All vendors participating in the Market are expected to adhere to the policies and guidelines outlined herein. Although vendors sell as individuals, the market is a cohesive unit and its success depends on the cooperation and joint effort of the vendors, market manager and CFMA. The CFMA strives to make the market a positive, beneficial experience for all participants and we expect vendors to support this goal.

# Appendix B

## Maine Revised Statutes

Title 7: AGRICULTURE AND ANIMALS

Part 2: MARKETING, GRADING AND LABELING

Chapter 101: GENERAL PROVISIONS

Subchapter 1-A: DIRECT MARKETING OF AGRICULTURAL COMMODITIES

### §415. Farmers' market

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.
  - A. "Farmers' market" means a building, structure or place used by 2 or more farmers for the direct sale of farm and food products to consumers, at which all sellers of farm and food products meet the requirements of subsection 2, paragraph B.
  - B. "Farm and food products" means any agricultural, horticultural, forest or other product of the soil or water, including, but not limited to, fruits, vegetables, eggs, dairy products, meat and meat products, poultry and poultry products, fish and fish products, grain and grain products, honey, nuts, maple products, apple cider, fruit juice, malt liquor, wine, ornamental or vegetable plants, nursery products, fiber or fiber products, firewood and Christmas trees.
2. Prohibitions. The following acts are prohibited.
  - A. A person may not use the term "farmers' market" to describe a market or other sales location that does not meet the terms of the definition set forth in subsection 1.
  - B. A person may not sell farm and food products at a market labeled "farmers' market" unless at least 75% of the products offered by that person were grown or processed by that person or under that person's direction. A product not grown or processed by that person or under that person's direction must have been grown or processed by and purchased directly from another farmer and the name and location of the farm must be identified on the product or on a sign in close proximity to the displayed product.
3. Penalty. A person who violates this section commits a civil violation for which a forfeiture of not less than \$100 nor more than \$200 may be adjudged.
4. Relationship to farmers' market rules. This section does not prohibit a market from imposing more stringent requirements on its sellers than those imposed by subsection 2, paragraph B.
5. Enforcement; prima facie evidence. The commissioner or an agent of the commissioner may request proof of the origin of a product for the purpose of enforcing this section. Failure to provide written documentation or other reasonable proof upon request as to the origin of the products offered for sale at a farmers' market is prima facie evidence that a person is in violation of this section.



# 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

104031

2-31924

August 15, 2016

September 15, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Anchor & Rose Apothecary**

**Katie Munn**

**85 Emery ST, Apt 3**

**Portland, ME 04102**

**MOBILE VENDOR**

**Location: 72 Parris ST, Portland**

This certificate is valid only between the date stated 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, food and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

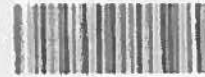
This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Mobile Vendor	Prepackaged Food	20.00
Commercial Food Processor	Cakes, Pies Other Type Tops & Finishes	50.00
<b>TOTAL:</b>		<b>70.00</b>



Department of Agriculture, Conservation & Forestry

*Walter E. Winter*

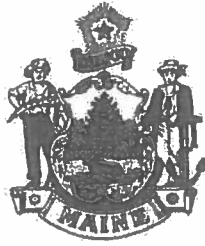
Commissioner

Division of Quality Assurance

*Steven Aguire*

Acting Director





**STATE OF MAINE  
MAINE REVENUE SERVICES**

*THIS REGISTRATION CERTIFICATE FOR A*  
**RETAILER**

*is issued under the provisions of MRSA, Title 36, Part 3, §1754-B to:*

GOLD VIRGINIA L  
D/B/A BAGS O GOLD 2  
154 MILL RD  
NORTH YARMOUTH, ME 04097-6108

**Registration Number:** 1148061

**Date Issued:** DECEMBER 01 2010

8

Business Code: 073  
Filing Frequency: QUARTERLY

*Jerome D. Berard*  
Acting State Tax Assessor

**This certificate must be conspicuously displayed at the location from which sales are made.**



# 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

101437

2-29553

April 28, 2016

April 24, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Baker's Dough Maine**  
**Melinda J & Roger C Russell**  
**141 Depot RD**

**Gray, ME 04039-**

**MOBILE VENDOR**

**Location: 141 Depot RD, Gray**

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		20.00
<b>TOTAL:</b>		<b>40.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director

# State of Maine

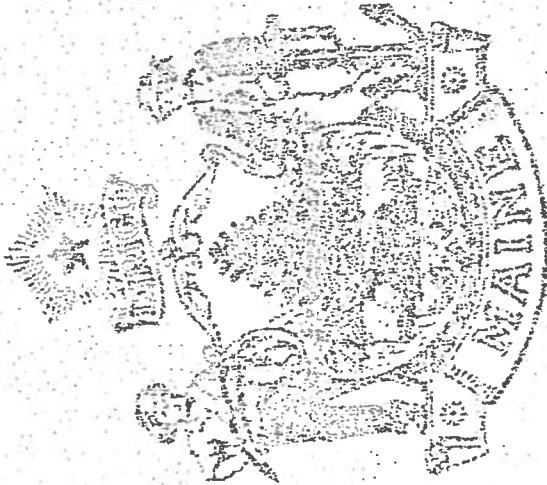
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 23190**

EATING PLACE - MOBILE 4

CAFE CREPE  
25 PRITHAM  
GREENVILLE ME 04441

ATTN LAUREN BRINKMANN  
CAFE CREPE  
CAFE CREPE  
10 CLIFTON RD  
FALMOUTH ME 04105



EXPIRES: 05/21/2017

FEE: \$200.00

Mary C. Mayhew  
COMMISSIONER

NON-TRANSFERABLE



**STATE OF MAINE  
MAINE REVENUE SERVICES**

*THIS REGISTRATION CERTIFICATE FOR A*

**RETAILER**

*is issued under the provisions of MRSA, Title 36, Part 3, §1754-B to:*

CHEFS CUPBOARD LLC THE 5  
28 CANDLEBERRY DR  
AUBURN, ME 04210-9201

**Registration Number:** 1178404

**Date Issued:** MARCH 17 2016

Business Code: 088  
Filing Frequency: ANNUAL

**IMPORTANT INFORMATION CONCERNING THIS  
RETAILER'S CERTIFICATE**

This certificate must be available for inspection by the State Tax Assessor, the Assessor's representatives and agents and authorized municipal officials. This retailer's certificate verifies that this retailer and this retail location hold a valid Maine sales tax account and is authorized to collect and remit the sales tax on behalf of the State of Maine. This certificate has no expiration date. If you cease to do business in Maine please return this certificate to Maine Revenue Services.

**IMPORTANT PLEASE NOTE:** This retailer's certificate may NOT be used to purchase merchandise for resale tax exempt (in Maine). A resale certificate is a separate document. If you qualify to receive a resale certificate, one has been printed and mailed to you.



# 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

101993

2-31695

May 23, 2016

June 23, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Chef's Cupboard LLC, The**  
**Jon Staples**  
**28 Candleberry DR**  
  
**Auburn, ME 04210-**

5

## MOBILE VENDOR

**Location: 28 Candleberry DR, Auburn**

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 Herbs & Spices	20.00
<b>TOTAL:</b>		<b>40.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director



# 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

106406

2-30156

December 27, 2016

November 23, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

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.

*This certifies that*  
**Cranberry Rock Farm**  
**Cranberry Rock Farm LLC**  
427 Mt Pisgah RD  
  
Winthrop, ME 04364

**MOBILE VENDOR**

Location: 427 Mt Pisgah RD, Winthrop

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Retail Meat	Prepackaged for Direct Sale	10.00
Retail Food Establishment	Prepackaged Meat Prepackaged Food Produce (fresh)	20.00
Mobile Vendor	Breads, Rolls Cakes, Pies	20.00
Home Food Processor		20.00
<b>TOTAL:</b>		<b>70.00</b>



Department of Agriculture, Conservation & Forestry

*Walter E. Winter*

Commissioner

Division of Quality Assurance

*Steven Agnew*

Acting Director



# STATE OF MAINE MAINE REVENUE SERVICES RESALE CERTIFICATE



THIS CERTIFICATE IS VALID  
MARCH 17 2014 THRU DECEMBER 31 2016

<u>Business Name and Location Address</u>	<u>Certificate Number</u>	<u>Business Type</u>
ARSENAULT STEPHEN J D/B/A CROSSROADS COFFEE BEANS 52 COLLEY HILL RD GRAY, ME 04039-9507	1167626	FOOD PROC.

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. **This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.**

The aboved named business certifies that the following items will be resold as tangible personal property in the ordinary course of their business.

---



---



---

Presented to: \_\_\_\_\_ (Insert name of seller on photocopy) \_\_\_\_\_ (date) Presented by: \_\_\_\_\_ Authorized Signature (purchaser) \_\_\_\_\_ (date)

## DO NOT WRITE ON THIS ORIGINAL FORM

The document printed above is your new Resale Certificate. **Retain this copy as an original in your file.** This certificate is valid only for the period indicated.

Prior to the expiration of this certificate, Maine Revenue Services will automatically renew and reissue a new resale certificate for the next period if:

- your account is active and
- you have reported \$3,000 or more in gross sales during the previous 12 months

Make copies of this original, fill in the appropriate data and provide it to the vendors from whom you purchase goods for resale.

If you cease doing business, this certificate is void and must be returned to Maine Revenue Services.

Use of a resale certificate to purchase goods not intended for resale is a criminal offense.

If you have any questions regarding this document, please call (207) 624-9693.



# 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

101438

2-29574

April 8, 2016

May 8, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Crossroads Coffee Beans**

**Stephen J Arsenault**

**52 Colley Hill RD**

**Gray, ME 04039-**

**MOBILE VENDOR**

**Location: 52 Colley Hill RD, Gray**

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
	<b>TOTAL:</b>	<b>20.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director





# 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

103838

2-29841

August 30, 2016

July 16, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Farmers 8 Daughters, The** 8  
**Nancy DiMauro**  
**2 Robins WAY**  
  
**New Gloucester, ME 04210-**

## MOBILE VENDOR

Location: 2 Robins WAY, New Gloucester

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
<b>License Type</b>	<b>Authorizations</b>	<b>Fee</b>
Mobile Vendor	0 to 10 Produce (fresh)	20.00
Home Food Processor	Other Type Herb Products	20.00
	<b>TOTAL:</b>	40.00



Department of Agriculture, Conservation & Forestry

Commissioner

Division of Quality Assurance

Acting Director



**STATE OF MAINE  
MAINE REVENUE SERVICES  
RESALE CERTIFICATE**



THIS CERTIFICATE IS VALID  
JANUARY 01 2017 THRU DECEMBER 31 2021

<u>Business Name and Location Address</u>	<u>Certificate Number</u>	<u>Business Type</u>
DIMAURO NANCY E D/B/A THE FARMERS 8 DAUGHTERS 2 ROBINS WAY NEW GLOUCESTER, ME 04260	6 1168109	HEALTHFOOD

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.

The above named business certifies that the following items will be resold as tangible personal property in the ordinary course of their business.

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

Presented to: \_\_\_\_\_ (Insert name of seller on photocopy) \_\_\_\_\_ (date) Presented by: \_\_\_\_\_  
Authorized Signature (purchaser) \_\_\_\_\_ (date)

54950



**2017 LICENSE TO SELL NURSERY STOCK**

Department of Agriculture, Conservation and Forestry

Division of Animal and Plant Health

28 State House Station, Augusta Maine 04333

THIS CERTIFIES that the person or firm named below has been licensed to sell or deal in nursery stock within the State until the date of expiration and that the person or firm has complied with all requirements of the Maine Horticultural Laws (Title 7 MRSA, Chapter 404 and Chapter 405-A).

License Number: NUR 0000002901

Fee: \$5.00

THIS LICENSE EXPIRES DECEMBER 31, 2017 Not Transferable

*Gary Fish* Gary Fish,  
State Horticulturist

**The Farmers' Eight Daughters**

Nancy DiMauro  
The Farmers' Eight Daughters  
2 Robins Way  
New Gloucester ME 04260

Location Address:  
2 Robins Way  
New Gloucester ME 04260

**MUST BE DISPLAYED IN A CONSPICUOUS PLACE**



# 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

107133

2-28391

January 31, 2017

February 17, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

Fresh Pickins Farm LLC  
Fresh Picking Farm LLC  
29 Linnell RD

Windham, ME 04062-

## MOBILE VENDOR

Location: 29 Linnell RD, Windham

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 Honey	20.00
<b>TOTAL:</b>		<b>40.00</b>



Department of Agriculture, Conservation & Forestry

Commissioner

Division of Quality Assurance

Acting Director



STATE OF MAINE  
**MAINE REVENUE SERVICES**  
**RESALE CERTIFICATE**



THIS CERTIFICATE IS VALID  
 JANUARY 01 2015 THRU DECEMBER 31 2019

Business Name and Location Address      Certificate Number      Business Type  
 JILLSON EDWARD W      0109986      PREP FOOD  
 143 JORDAN BRIDGE RD  
 SABATTUS, ME 04280-4201      10

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.

The aboved named business certifies that the following items will be resold as tangible personal property in the ordinary course of their business.

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

Presented to: \_\_\_\_\_ (date)  
 Presented by: \_\_\_\_\_ (date)  
 Authorized Signature (purchaser) \_\_\_\_\_ (date)



# 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

102015

1-787

May 27, 2016

June 30, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Jillson's Farm Sugarhouse** 10  
**Edward W Jillson**  
**143 Jordan Bridge RD**  
**Sabattus, ME 04280-**

**VEGETABLE STAND**

**Location: 143 Jordan Bridge RD, Sabattus**

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 Produce (fresh)	20.00
Retail Food Establishment	0 to 10	20.00
Maple Syrup	More than 15 gal. Maple Syrup	25.00
<b>TOTAL:</b>		<b>65.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director



**STATE OF MAINE  
MAINE REVENUE SERVICES**

*THIS REGISTRATION CERTIFICATE FOR A*  
**RETAILER**

*is issued under the provisions of MRSA, Title 36, Part 3, §1754-B to:*

MAINE SALTWATER CREATIONS LLC  
141 VERANDA ST APT 2  
PORTLAND, ME 04103-5524      //

**Registration Number:** 1149426

**Date Issued:** FEBRUARY 21 2011

Business Code: 084  
Filing Frequency: ANNUAL

*Jerome D. Derand*  
Acting State Tax Assessor

**This certificate must be conspicuously displayed at the location from which sales are made.**

**IMPORTANT INFORMATION CONCERNING THIS  
RETAILER'S CERTIFICATE**

This retailer's certificate must be conspicuously displayed at the location from which sales are made. This retailer's certificate verifies that this retailer and this retail location hold a valid Maine sales tax account and is authorized to collect and remit the sales tax on behalf of the State of Maine. This certificate has no expiration date. If you cease to do business in Maine please return this certificate to Maine Revenue Services.

**IMPORTANT PLEASE NOTE: This retailer's certificate may NOT be used to purchase merchandise for resale tax exempt (in Maine). A resale certificate is a separate document. If you qualify to receive a resale certificate, one has been printed and mailed to you.**

*Copy*



# 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

104275

**2-29163**

**October 27, 2016**

**November 16, 2017**

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Maine Saltwater Creations LLC** //  
**Laura Fillinger**  
**141 Veranda ST**  
  
**Portland, ME 04103-**

## MOBILE VENDOR

**Location: 2 Main ST, Bldg 15 Suite 202,  
Biddeford**

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
Commercial Food Processor	Other Type Seafood Cakes & Crab Cakes	50.00
<b>TOTAL:</b>		<b>70.00</b>



Department of Agriculture, Conservation & Forestry

Commissioner

Division of Quality Assurance

Acting Director



STATE OF MAINE  
 DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
 BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS  
 DIVISION OF LIQUOR LICENSING AND ENFORCEMENT  
 8 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333-0008



### License for the Sale of Liquor

License Number	Issue Date	Expiration Date
FW-43	10/01/2016	09/30/2017

This License is valid only between the Issue Date and the Expiration Date appearing on this document. This License may be used only for the Named Holder at the Location for which the License was issued. The person or business named in this License is authorized to sell or serve liquor with liquor content as permitted by Maine law for the license type designated in this License.

Every Licensee must display this License in the licensed premises in a conspicuous location where it can be easily seen in that part of the premises where liquor is sold or served. This License or each type of License issued as part of this License is subject to fine, suspension or revocation pursuant to Title 28-A of Maine law. License fee is non-refundable and the License is non-transferable unless approved by the Bureau.

Legal Name of Licensee: NORUMBEGA CIDERY LLC B  
 Business Name of Licensee: WOODMAN'S HARD CIDER  
 Address of Licensee: 402 WOODMAN ROAD  
 NEW GLOUCESTER, ME

CODE	License Type and Description	FEE
1117	WINERY - WINERY	50.00

Total Fees:

\$ 50.00

*Timothy R. Poulin*

WOODMAN'S HARD CIDER  
 402 WOODMAN ROAD  
 NEW GLOUCESTER, ME 04260

\_\_\_\_\_  
 Timothy R. Poulin, Deputy Director  
 Bureau of Alcoholic Beverages and Lottery Operations





**STATE OF MAINE  
MAINE REVENUE SERVICES  
RESALE CERTIFICATE**



THIS CERTIFICATE IS VALID  
JANUARY 01 2017 THRU DECEMBER 31 2021

<u>Business Name and Location Address</u>	<u>Certificate Number</u>	<u>Business Type</u>
NORUMBEGA CIDERY LLC D/B/A WOODMANS HARD CIDER 13 380 WOODMAN RD NEW GLOUCESTER, ME 04260-3637	1170264	LIQUOR

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. **This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.**

The above named business certifies that the following items will be resold as tangible personal property in the ordinary course of their business.

---



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Presented to: \_\_\_\_\_ (Insert name of seller on photocopy) (date) Presented by: \_\_\_\_\_ Authorized Signature (purchaser) (date)

**DO NOT WRITE ON THIS ORIGINAL FORM**

The document printed above is your new Resale Certificate. **Retain this copy as an original in your file.** This certificate is valid only for the period indicated.

Prior to the expiration of this certificate, Maine Revenue Services will automatically renew and reissue a new resale certificate for the next period if:

- your account is active and
- you have reported \$3,000 or more in gross sales during the previous 12 months

Make copies of this original, fill in the appropriate data and provide it to the vendors from whom you purchase goods for resale.

If you cease doing business, this certificate is void and must be returned to Maine Revenue Services.

Use of a resale certificate to purchase goods not intended for resale is a criminal offense.

If you have any questions regarding this document, please call (207) 624-9693.



# 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

102842

1-1004

May 24, 2016

June 24, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

Pleasant Valley Acres *H*

Mary Weir

69 Pleasant Valley RD

Cumberland, ME 04021-3310

**FARM**

Location: 69 Pleasant Valley RD,  
Cumberland

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
Retail Food Establishment	0 to 10	20.00
Retail Meat	Prepackaged for Direct Sale	10.00
Mobile Vendor	0 to 10	20.00
<b>TOTAL:</b>		<b>50.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director



# 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

108162

2-32507

March 7, 2017

April 7, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Pomatia Gourmet LLC**  
**Pomatia Gourmet LLC**  
1123 Lewiston RD  
  
Topsham, ME 04086-

15

## COMMERCIAL FOOD PROCESSOR

Location: 72 Parris ST, 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
Commercial Food Processor	Other Type Quiche	50.00
	<b>TOTAL:</b>	<b>50.00</b>



Department of Agriculture, Conservation & Forestry

Commissioner

Division of Quality Assurance

Acting Director



# 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

103103

2-30822

August 1, 2016

July 9, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Pumpkin Vine Family Farm**  
**Anil Roopchand & Kelly Payson-**  
**Roopchand**  
**217 Hewett RD**

**Somerville, ME 04348-**

## MOBILE VENDOR

**Location: 217 Hewett RD, Somerville**

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	Dairy Products Prepackaged Food Produce (fresh)	20.00
	<b>TOTAL:</b>	<b>20.00</b>



Department of Agriculture

Division of Quality Assurance

Commissioner

Director



## MAINE MILK DISTRIBUTOR LICENSE



Maine Department of Agriculture,  
Conservation and Forestry  
Division of Quality Assurance & Regulations  
28 State House Station  
Augusta, ME 04333-0028  
(207) 287-3841

NAME: **Pumpkin Vine Family Farm** *VP*  
Plant ID # **23N-121**

LICENSE NO: 8313  
(Expires: 12/31/2017)

ADDRESS: **217 Hewett Rd.  
Somerville, ME 04348**

THIS CERTIFIES THAT THE MILK DISTRIBUTOR  
NAMED ABOVE IS LICENSED UNDER 7 MRSA  
§2902 AND §2910 (UNLESS SOONER REVOKED).

WALTER E. WHITCOMB  
Commissioner

A handwritten signature in cursive script that reads "Steven Giguere".

Steven Giguere  
Acting Director

**NON-TRANSFERABLE**

**POST IN A CONSPICUOUS PLACE**



Renewal Brunch, March 13, 2016

Remember to put some spring flowers on the tables

To: Ministry of Community

Cumberland Congregational Church, UCC

We served around 120 people for brunch on March 13, 2016.

The menu was:

2 Breakfast Stratas

1 Sausage, broccoli, onion and cheese

1 ½ Broccoli, onion, and Cheese

2 Baked Stuffed French Toast with Blueberries

1 Dairy Free Orange Pecan French Toast

1 (9x13) **Gluten-free** Breakfast Bake

1 Maple Caramel Baked French Toast

Pancakes and Maple syrup

Fresh fruit salad

Orange juice

Flavored milk

Coffee and tea

Expenses:

B-J's (took credit card)

154.84

Hannaford

144.10

Lepage Bakery

4.28

Spring Brook Farm

30.00 Donated

15 doz egg

21.00

3 lb sausage

12.00

2 lb butter

30.00

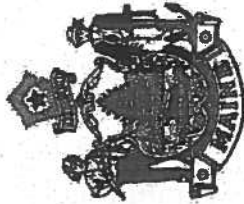
12 qts. Flavored milk

Total

366.22

We enjoyed working together as always.

Kay Fowler, Ellie Walker, and Hope Foster and Mark McConnell



**STATE OF MAINE  
MAINE REVENUE SERVICES**

THIS REGISTRATION CERTIFICATE FOR A

**RETAILER**

*Is issued under the provisions of MRSA, Title 36, Part 3, §1754-B to:*

JEFFERY R STOREY LLC  
D/B/A SPRING BROOK FARM  
168 GREELY RD  
CUMBERLAND, ME 04021-3812

17

**Registration Number:** 1183934

**Date Issued:** JANUARY 01 2017

**Business Code:** 052  
**Filing Frequency:** SEMIANNUAL



Renewal Brunch, March 13, 2016

Remember to put some spring flowers on the tables

To: Ministry of Community

Cumberland Congregational Church, UCC

We served around 120 people for brunch on March 13, 2016.

The menu was:

2 Breakfast Stratas

1 Sausage, broccoli, onion and cheese

1 ½ Broccoli, onion, and Cheese

2 Baked Stuffed French Toast with Blueberries

1 Dairy Free Orange Pecan French Toast

1 (9x13) Gluten-free Breakfast Bake

1 Maple Caramel Baked French Toast

Pancakes and Maple syrup

Fresh fruit salad

Orange juice

Flavored milk

Coffee and tea

Expenses:

B-J's (took credit card)

154.84

Hannaford

144.10

Lepage Bakery

4.28

Spring Brook Farm

30.00 Donated

15 doz egg

3 lb sausage

21.00

2 lb butter

12.00

12 qts. Flavored milk

30.00

Total

366.22

We enjoyed working together as always.

Kay Fowler, Ellie Walker, and Hope Foster and Mark McConnell



# 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

107811

2-32078

November 2, 2016

December 2, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Spring Brook Farm**  
**Jeffrey R Storey**  
**168 Greely RD**  
  
**Cumberland Cente, ME 04021-**

17

**FARM STORE**

**Location: 168 Greely RD, Cumberland Cente**

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
Retail Food Establishment	0 to 10 Dairy Products Prepackaged Meat Prepackaged Food Produce (fresh)	20.00
Retail Meat	Prepackaged for Direct Sale	10.00
Mobile Vendor	0 to 10	20.00
<b>TOTAL:</b>		<b>50.00</b>



Department of Agriculture, Conservation & Forestry

Commissioner

Division of Quality Assurance

Acting Director

VOID

## Renewal Brunch Organization

1. The Ministry of Worship and the minister organize the worship service and set date.
  - a. Call the Ministry of Community when the date has been set.
  - b. Put notices in the church bulletin and the newsletter.
2. The Ministry of Community organizes the brunch
  - a. Call church office to have tables and chairs set up before Saturday.
  - b. Notify the person who will head up the shopping, and preparing of the brunch of date to brunch to--
    - i. Gather committee—usually 3
    - ii. Get group (2 or 3) to set tables etc. the day before
    - iii. Get group (3 to 4) to clean up after the brunch
    - iv. Get 2 to do coffee and tea on the morning of brunch
    - v. Decide on menu
    - vi. Get check or credit card from BJ's
    - vii. Grocery shop
    - viii. Prepare food and serve

Maybe flowers on the tables



# 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

104880

2-31149

November 4, 2016

November 14, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Spun**  
**Spun Bakery LLC**  
**87 Dunc DR**  
**Freeport, ME 04032-**

## MOBILE VENDOR

Location: 87 Dunc DR, 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	Prepackaged Food	20.00
Home Food Processor	Breads, Rolls Cakes, Pies Jams, Jellies	20.00
	<b>TOTAL:</b>	<b>40.00</b>



Department of Agriculture, Conservation & Forestry

*Walter E. Whitcomb*

Commissioner

Division of Quality Assurance

*Steven Agnew*

Acting Director



# 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

103245

2-31903

August 5, 2016

September 5, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
19  
Stillbrook Acres  
Heather Phinney  
309 Mayall RD  
Gray, ME 04039

MOBILE VENDOR

Location: 309 Mayall RD, Gray

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
Mobile Vendor	0 to 10 Daily Products Prepackaged Meat	20.00
Retail Meat	Prepackaged for Direct Sale	10.00
<b>TOTAL:</b>		<b>30.00</b>



Department of Agriculture

*Walter E. Vinterod*  
Commissioner

Division of Quality Assurance

*Steven Szyrak*  
Acting Director

Commissioner

Acting Director



# 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

102297

2-31643

May 9, 2016

June 9, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Tir Na Nog Farm**  
**Susan Mack**  
**44 Leighton RD**

20

## MOBILE VENDOR

Pownal, ME 04069-

Location: 44 Leighton RD, Pownal

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 Meat Produce (fresh)	20.00
Retail Meat	Prepackaged for Direct Sale	10.00
<b>TOTAL:</b>		<b>30.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director



# 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

103542

2-28931

September 7, 2016

August 8, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Tortilleria Pachanga**  
**Pachanga LLC**  
1 Industrial WAY, Unit 9  
  
Portland, ME 04103-

21

**MOBILE VENDOR**

Location: 1 Industrial WAY, Unit 9, 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

TYPE

License Type	Authorizations	Fee
Mobile Vendor	0 to 10 Prepackaged Food	20.00
Commercial Food Processor	Other Type Tortillas	50.00
<b>TOTAL:</b>		<b>70.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Acting Director

**STATE OF MAINE  
MAINE REVENUE SERVICES  
RESALE CERTIFICATE**



THIS CERTIFICATE IS VALID  
JANUARY 01 2017 THRU DECEMBER 31 2021

<u>Business Name and Location Address</u>	<u>Certificate Number</u>	<u>Business Type</u>
KATHLEEN A SHAW D/B/A VALLEY VIEW FARM 1200 SOPERS MILL RD AUBURN, ME 04210-9609	1091153	FLORIST

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. **This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.**

The above named business certifies that the following items will be resold as tangible personal property in the ordinary course of their business.

Presented to: \_\_\_\_\_ (Insert name of seller on photocopy) \_\_\_\_\_ (date) Presented by: \_\_\_\_\_ Authorized Signature (purchaser) \_\_\_\_\_ (date)

**DO NOT WRITE ON THIS ORIGINAL FORM**

The document printed above is your new Resale Certificate. **Retain this copy as an original in your file.** This certificate is valid only for the period indicated.

Prior to the expiration of this certificate, Maine Revenue Services will automatically renew and reissue a new resale certificate for the next period if:

- your account is active and
- you have reported \$3,000 or more in gross sales during the previous 12 months

Make copies of this original, fill in the appropriate data and provide it to the vendors from whom you purchase goods for resale.

If you cease doing business, this certificate is void and must be returned to Maine Revenue Services.

Use of a resale certificate to purchase goods not intended for resale is a criminal offense.

If you have any questions regarding this document, please call (207) 624-9693.





# 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

107189

2-20269

January 23, 2017

November 30, 2017

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Valley View Farm**  
**Kathy Shaw**  
1200 Sopers Mill RD  
  
Auburn, ME 04210-

22

## MOBILE VENDOR

Location: 1200 Sopers Mill RD, Auburn

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 Meat Prepackaged Food Produce (fresh)	20.00
Retail Meat	Prepackaged for Direct Sale	10.00
Wholesale Distributor	Meat (raw)	50.00
<b>TOTAL:</b>		<b>80.00</b>



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

*Walter E. Whitehead*

*Steven Agnew*

Commissioner

Acting Director

VOID

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STATE OF MAINE  
MAINE REVENUE SERVICES

23

THIS REGISTRATION CERTIFICATE FOR A

**RETAILER**

*is issued under the provisions of MRSA, Title 36, Part 3, §1754-B to:*

ORBETON DAVID A  
D/B/A WICKED SHARP  
37 LOWELL ST  
SOUTH PORTLAND, ME 04106-3006

Registration Number: 1151989

Date Issued: JULY 18 2011

Business Code: 075  
Filing Frequency: SEMIANNUAL

*Jerome D. Denard*  
Acting State Tax Assessor

This certificate must be conspicuously displayed at the location from which sales are made.

**IMPORTANT INFORMATION CONCERNING THIS  
RETAILER'S CERTIFICATE**

This retailer's certificate must be conspicuously displayed at the location from which sales are made. This retailer's certificate verifies that this retailer and this retail location hold a valid Maine sales tax account and is authorized to collect and remit the sales tax on behalf of the State of Maine. This certificate has no expiration date. If you cease to do business in Maine please return this certificate to Maine Revenue Services.

**IMPORTANT PLEASE NOTE: This retailer's certificate may NOT be used to purchase merchandise for resale tax exempt (in Maine). A resale certificate is a separate document. If you qualify to receive a resale certificate, one has been printed and mailed to you.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/18/2017

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>  <b>THE SWAN AGENCY</b> 49 Pleasant St Ste 1 Brunswick, ME 04011	<b>CONTACT NAME:</b> Jessica Thamm <b>PHONE (A/C, No, Ext):</b> (207)406-4567 <b>E-MAIL ADDRESS:</b> matthew.swan@farm-family.com	<b>FAX (A/C, No):</b> (207)406-4570
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <u>Cumberland Farmers Market Association</u>  29 Linnell Rd Windham, ME 04062	<b>INSURER A :</b> Farm Family Casualty Insurance Company	
	<b>INSURER B :</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	COMMERCIAL GENERAL LIABILITY			1803L6218	7/7/2016	7/17/2017	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:										\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB						EACH OCCURRENCE	\$			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$			
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	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)

**CERTIFICATE HOLDER**                      **CANCELLATION**

Town of Falmouth 271 Falmouth Road Falmouth, ME 04105	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 
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2017

PRODUCER 18  
**Maine Insurance Agency - Gray**  
 19 Portland Road Suite 6  
 Gray, ME 04039

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED 2  
**Virginia Gold D/B/A**  
**Renovations by Virginia Gold**  
 154 Mill Road  
 North Yarmouth, ME 04097

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	<b>PATRIOT INSURANCE COMPANY</b>	<b>32069</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

**GOLD01**

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>		<b>GENERAL LIABILITY</b> <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	<b>BOP6038063</b>	<b>09/22/2016</b>	<b>09/22/2017</b>	EACH OCCURRENCE	\$ <b>1000000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300000</b>
						MED EXP (Any one person)	\$ <b>5000</b>
						PERSONAL & ADV INJURY	\$ <b>1000000</b>
						GENERAL AGGREGATE	\$ <b>2000000</b>
						PRODUCTS - COMP/OP AGG	\$ <b>2000000</b>
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		<b>OTHER</b>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*Craft Sales*  
 "Should any of the above described policies be cancelled before the expiration date thereof; notice will be delivered in accordance with the policy provisions" Cumberland Farmers Market

## CERTIFICATE HOLDER

**Town of Falmouth**  
 271 Falmouth Rd.  
 Falmouth, ME 04105

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Cathy Morgan*

CJM



- Agitation (feeling jittery) - if this happens for the first time after the drug is taken and is more than transient, the doctor should be notified.
- Sexual problems - the doctor should be consulted if the problem is persistent or worrisome

## Herbal Therapy

In the past few years, much interest has risen in the use of herbs in the treatment of both depression and anxiety. St. John's wort (Hypericum perforatum), an herb used extensively in the treatment of mild to moderate depression in Europe, has recently aroused interest in the United States. St. John's wort, an attractive bushy, low-growing plant covered with yellow flowers in summer, has been used for centuries in many folk and herbal remedies. Today in Germany, Hypericum is used in the treatment of depression more than any other antidepressant. However, the scientific studies that have been conducted on its use have been short-term and have used several different doses.

Because of the widespread interest in St. John's wort, the National Institutes of Health (NIH) conducted a 3-year study, sponsored by three NIH components - the National Institute of Mental Health, the National Center for Complementary and Alternative Medicine, and the Office of Dietary Supplements. The study was designed to include 336 patients with major depression of moderate severity, randomly assigned to an 8-week trial with one-third of patients receiving a uniform dose of St. John's wort, another third sertraline, a selective serotonin reuptake inhibitor (SSRI) commonly prescribed for depression, and the final third a placebo (a pill that looks exactly like the SSRI and the St. John's wort, but has no active ingredients). The study participants who responded positively were followed for an additional 18 weeks. At the end of the first phase of the study, participants were measured on two scales, one for depression and one for overall functioning. There was no significant difference in rate of response for depression, but the scale for overall functioning was better for the antidepressant than for either St. John's wort or placebo. While this study did not support the use of St. John's wort in the treatment of major depression, ongoing NIH-supported research is examining a possible role for St. John's wort in the treatment of milder forms of depression.

The Food and Drug Administration issued a Public Health Advisory on February 10, 2000. It stated that St. John's wort appears to affect an important metabolic pathway that is used by many drugs prescribed to treat conditions such as AIDS, heart disease, depression, seizures, certain cancers, and rejection of transplants. Therefore, health care providers should alert their patients about these potential drug interactions.

Some other herbal supplements frequently used that have not been evaluated in large-scale clinical trials are ephedra, ginkgo biloba, echinacea, and ginseng. Any herbal supplement should be taken only after consultation with the doctor or other health care provider.

## PSYCHOTHERAPIES

Many forms of psychotherapy, including some short-term (10-20 week) therapies, can help depressed individuals. "Talking" therapies help patients gain insight into and resolve their problems through verbal exchange with the therapist, sometimes combined with "homework" assignments between sessions. "Behavioral" therapists help patients learn how to obtain more satisfaction and rewards through their own actions and how to unlearn the behavioral patterns that contribute to or result from their depression. Two of the short-term psychotherapies that research has shown helpful for some forms of depression are interpersonal and cognitive/behavioral therapies. Interpersonal therapists focus on the patient's disturbed personal relationships that both cause and exacerbate (or increase) the depression. Cognitive/behavioral therapists help patients change the negative styles of thinking and behaving often associated with depression.

Psychodynamic therapies, which are sometimes used to treat depressed persons, focus on resolving the patient's conflicted feelings. These therapies are often reserved until the depressive symptoms are significantly improved. In general, severe depressive illnesses, particularly those that are recurrent, will require medication (or ECT under special conditions) along with, or preceding, psychotherapy for the best outcome.

## HOW TO HELP YOURSELF IF YOU ARE DEPRESSED

Depressive disorders make one feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect. In the meantime:

- Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities, and do what you can as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Schedule**

**Name of Additional Insured Person(s) or Organization(s):**

Per individual Certificate of Coverage.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. SECTION II - WHO IS AN INSURED** is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. in the performance of your ongoing operations; or
2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these Additional Insureds, the following is added to SECTION III – LIMITS OF INSURANCE:**

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



- Participate in activities that may make you feel better.
- Mild exercise, going to a movie, a ballgame, or participating in religious, social, or other activities may help.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition - change jobs, get married or divorced - discuss it with others who know you well and have a more objective view of your situation.
- People rarely "snap out of" a depression. But they can feel a little better day-by-day.
- Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
- Let your family and friends help you

#### How Family and Friends Can Help the Depressed Person

The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication. The depressed person should be encouraged to obey the doctor's orders about the use of alcoholic products while on medication. The second most important thing is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Report them to the depressed person's therapist. Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her "to snap out of it." Eventually, with treatment, most people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, he or she will feel better.

#### WHERE TO GET HELP

If unsure where to go for help, check the Yellow Pages under "mental health," "health," "social services," "suicide prevention," "crisis intervention services," "hotlines," "hospitals," or "physicians" for phone numbers and addresses. In times of crisis, the emergency room doctor at a hospital may be able to provide temporary help for an emotional problem, and will be able to tell you where and how to get further help.

Listed below are the types of people and places that will make a referral to, or provide, diagnostic and treatment services.

- Family doctors
- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatric departments and outpatient clinics
- University- or medical school-affiliated programs
- State hospital outpatient clinics
- Family service, social agencies, or clergy
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

#### For More Information

Depression Information and Organizations from NLM's MedlinePlus en Español

#### REFERENCES

1 Blehar MD, Oren DA. Gender differences in depression. Medscape Women's Health, 1997;2:3. Revised from: Women's increased vulnerability to mood disorders: Integrating psychobiology and epidemiology. Depression, 1995;3:3-12.

2 Ferreckick AK, Schwartzbaum JA, Frid DJ, Moeschberger ML. Depression as an antecedent to heart disease among women and men in the NHANES I study. National Health and Nutrition Examination Survey. Archives of Internal Medicine, 2000; 160(9): 1261-8.

3 Frank E, Karp JF, Rush AJ (1993). Efficacy of treatments for major depression. Psychopharmacology Bulletin, 1993; 29:457-75.

4 Lebowitz BD, Pearson JL, Schneider LS, Reynolds CF, Alexopoulos GS, Bruce ML, Conwell Y, Katz IR, Meyers BS, Morrison MF, Mossey J, Niederehse G, Parmelee P. Diagnosis and treatment of depression in late life: consensus statement update. Journal of the



DALLA2

OP ID: CM

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2017

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.

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PRODUCER Varney Agency-Greenville 28 Pritham Ave PO Box 525 Greenville, ME 04441 Cheryl Muzzy	207-695-2435	CONTACT NAME: Cheryl Muzzy	PHONE (A/C, No, Ext): 207-695-2435	FAX (A/C, No): 207-695-2989
INSURED <b>CAFE CREPE LLC</b> 10 CLIFTON ROAD FALMOUTH, ME 04105		INSURER(S) AFFORDING COVERAGE INSURER A: <b>ACADIA INSURANCE COMPANY</b>		NAIC # 31325
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

## 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 CERTIFICATION 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 <b>Business Owners</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BOA5050469-14	05/24/2016	05/24/2017	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	OTH-ER
							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)  
RESTAURANT/LIMITED COOKING/CONCESSION

## CERTIFICATE HOLDER      CANCELLATION

<b>CUMBERLAND FARMERS MARKET ASSOCIATION</b> 290 TUTTLE ROAD CUMBERLAND, ME 04021	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 <b>Cheryl Muzzy</b>



# CERTIFICATE OF LIABILITY INSURANCE

THECH-1

OP ID: SD

DATE (MM/DD/YYYY)

04/05/2017

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.

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<b>PRODUCER</b> Bilodeau Insurance Agency, Inc 541 Lisbon Street Lewiston, ME 04240 Scott A. Duplissis	<b>CONTACT NAME:</b> Scott A. Duplissis <b>PHONE (A/C, No, Ext):</b> 207-784-4029 <b>E-MAIL ADDRESS:</b> scott@bilodeauinsurance.com	<b>FAX (A/C, No):</b> 207-784-2360
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> The Chef's Cupboard, LLC Jon Staples 28 Candleberry Drive Auburn, ME 04210 <span style="font-size: 2em; margin-left: 100px;">5</span>	<b>INSURER A:</b> Union Mutual of Vermont <span style="float: right;">NAIC # 25860</span>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION 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	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Businessowners</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP0149915	05/23/2016	05/23/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 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
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							<b>PROPERTY</b>	<b>15,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  TOWNFAL  Town of Falmouth Maine 271 Falmouth Rd Falmouth, ME 04105	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
---	--

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).

PRODUCER  
**THE HELLER AGENCY**  
PO Box 396  
Leicester, ME 04553

INSURED **Cynthia Townsend**  
427 Mount Pisgah Road  
Wintthrop, ME 04364-4207

CONTACT NAME: **Kelly Titcomb**  
PHONE (A/C, No, Ext): **(207) 563- 5200** FAX (A/C, No): **(207) 226- 2004**  
E-MAIL ADDRESS: **thehelleragency@armfamily.com**

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: <b>Farm Family Casualty Insurance</b>	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

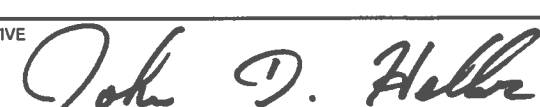
COVERAGE CERTIFICATE NUMBER: REVISION NUMBER:

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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>Special Farm Pkg</b>			<b>1801G1686</b>	<b>12/09/16</b>	<b>12/09/17</b>	<b>Bodily Injury \$1,000,000</b> <b>Med Pay \$5,000</b> <b>Gen Agg \$2,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

or participation in Farmers' Market

CERTIFICATE HOLDER	CANCELLATION
<b>Town of Falmouth Maine</b> 271 Falmouth Road Falmouth, ME 04105	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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/12/2017

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 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> <b>Cross Insurance-Windham</b> <b>745 Roosevelt Trail, Unit#1</b> <b>PO Box 1383</b> <b>Windham ME 04062</b>	<b>CONTACT NAME: C Windham</b> <b>PHONE (A/C, No, Ext): (207)892-7996</b>		<b>FAX (A/C, No): (207)892-8229</b>
	<b>E-MAIL ADDRESS:</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A MMG Ins Co</b>	<b>15997</b>
<b>INSURED</b> <b>STEPHEN ARSENAULT</b> <b>1238 Main Road</b> <b>Westport Island</b> <b>ME 04578</b>		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:CL1741206347**                      **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			BP12040545	05/12/2014	05/12/2017	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Asbestos Exclusion.	\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					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)

**Farmers Market Locations:**

65 Depot Road Falmouth, ME 04105

290 Tuttle Road Cumberland ME 04021

### CERTIFICATE HOLDER

vickimarion@hotmail.com

Cumberland Farmers Market Association  
65 Depot Road  
Falmouth, ME 04105

### CANCELLATION

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

K Rosebrooks/KR5

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/12/2017

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.

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<b>PRODUCER</b> Cross Insurance-Windham 745 Roosevelt Trail, Unit#1 PO Box 1383 Windham ME 04062	<b>CONTACT NAME:</b> C Windham <b>PHONE (A/C, No, Ext):</b> (207)892-7996 <b>FAX (A/C, No):</b> (207)892-8229 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: MMG Ins Co</td> <td>15997</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: MMG Ins Co	15997	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: MMG Ins Co	15997													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> STEPHEN ARSENAULT 1238 Main Road Westport Island ME 04578	7													

**COVERAGES**                      **CERTIFICATE NUMBER: CL1741206347**                      **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:			BP12040545	05/12/2014	05/12/2017	EACH OCCURRENCE \$ 1,000,000
					5/12/2017	5/12/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
							Asbestos Exclusion. \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N    N/A						PER STATUTE    OTH-ER
							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)

<b>CERTIFICATE HOLDER</b>  Town of Falmouth 271 Falmouth Road Falmouth, ME 04105	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE K Rosebrooks/KR5 <i>Kristine Rosebrooks</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2017

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.

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<b>PRODUCER</b> Cross Insurance-Windham 745 Roosevelt Trail, Unit#1 PO Box 1383 Windham ME 04062		<b>CONTACT NAME:</b> C Windham <b>PHONE (A/C No. Ext):</b> (207) 892-7996 <b>FAX (A/C No.):</b> (207) 892-8229 <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> United Ohio Ins Co	13072
<b>INSURED</b> Nancy Dimauro Farmer's 8 Daughters 2 Robins Way New Gloucester ME 04062		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Master      **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 SUBR INSD 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:		BP 0024451	4/29/2016	4/29/2017	EACH OCCURRENCE	\$ 500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 500,000
				4/29/2017	4/29/2018	GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
							\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	EXCESS LIAB					AGGREGATE	\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)					OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			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)  
 Refer to policy for exclusionary endorsements and special provisions.

Farmers Market

<b>CERTIFICATE HOLDER</b>  Town of Falmouth Maine 271 Falmouth Road Falmouth, ME 04105	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE  Travis Guerrette/TG4 <i>Travis Guerrette</i>
--	--

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**4/4/2017**

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.

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PRODUCER <b>THE HELLER AGENCY</b> PO Box 396 Newcastle, ME 04553		CONTACT NAME: <b>Kelly Titcomb</b> PHONE (A/C, No, Ext): <b>(207) 563-5200</b> FAX (A/C, No): <b>(207) 226-2004</b> E-MAIL ADDRESS: <b>thehelleragency@farm-family.com</b>	
INSURED <b>Fresh Pickins Farm, LLC</b> <b>Daniel Marion</b> <b>29 Linnell Road</b> <b>Windham, ME 04062</b> <b>(207) 653-0087</b>		INSURER(S) AFFORDING COVERAGE <b>INSURER A: Catlin Specialty Insurance Company</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	


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			1800100223	08/15/16	08/15/17	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ <b>5,000</b>
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ <b>2,000,000</b>
	UMBRELLA LIAB EXCESS LIAB						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE OTH-ER
							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)

for participation in Farmers' Market

CERTIFICATE HOLDER <b>Town of Falmouth Maine</b> <b>271 Falmouth Road</b> <b>Falmouth, ME 04105</b>	CANCELLATION 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 
--	---

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# CERTIFICATE OF LIABILITY INSURANCE

4/12/2017

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).

PRODUCER  
**THE HELLER AGENCY**  
 PO Box 396  
 Lewcastle, ME 04553

CONTACT NAME: **Kelly Titcomb**  
 PHONE (A/C, No, Ext): **(207) 563- 5200** FAX (A/C, No): **(207) 226- 2004**  
 E-MAIL ADDRESS: **thehelleragency@armfamily.com**

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A : <b>Farm Family Casualty Insurance</b>	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED **Edward & Patricia Jillson** 10  
**143 Jordan Bridge Road**  
**Sabattus, ME 04280- 4201**

COVERAGE 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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>Special Farm Pkg</b>			<b>1801G1389</b>	<b>07/17/16</b>	<b>07/17/17</b>	<b>Bodily Injury \$500,000</b> <b>Med Pay \$5,000</b> <b>Gen Agg \$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

participation in Farmers' Market

CERTIFICATE HOLDER  
**Town of Falmouth Maine**  
**271 Falmouth Road**  
**Falmouth, ME 04105**

CANCELLATION  
 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/04/2017

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).

PRODUCER License # AGR8150

Clark Insurance  
2385 Congress Street  
Portland, ME 04104

CONTACT NAME: Angela Krug, AAI, AINS

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS: akrug@clarkinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: MMG Insurance Company

15997

INSURED

Maine Saltwater Creations LLC  
141 Veranda Street Apt. 2  
Portland, ME 04103

### 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 SUBR INSD   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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:		BP 0439916	03/01/2017	03/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BP 0439916	03/01/2017	03/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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

Town of Falmouth  
271 Falmouth Road  
Falmouth, ME 04105

### CANCELLATION

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2017

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 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> Averill Insurance Agency P.O. Box 318  Cumberland ME 04021-0318	<b>CONTACT NAME:</b> Brenda Spurling <b>PHONE (A/C. No. Ext):</b> (207) 829-6393 <b>E-MAIL ADDRESS:</b> brenda@averillins.com		<b>FAX (A/C. No):</b> (207) 829-0933
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Pleasant Valley Acres LLC 69 Pleasant Valley Road  Cumberland ME 04021	<b>INSURER A:</b> MMG Insurance Co.		15997
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: CL1742601939

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			CF 0704028	4/30/2017	4/30/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 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
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	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)

**CERTIFICATE HOLDER**

Town of Falmouth  
 271 Falmouth Road  
 Falmouth, ME 04105

**CANCELLATION**

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

Brenda Spurling/BLS

*Brenda Spurling*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/12/2016

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.

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<b>PRODUCER</b> Averill Insurance Agency P.O. Box 318  Cumberland ME 04021-0318		<b>CONTACT NAME:</b> Brenda Spurling <b>PHONE (A/C, No, Ext):</b> (207) 829-6393 <b>E-MAIL ADDRESS:</b> brenda@averillins.com <b>FAX (A/C, No):</b> (207) 829-0933	
<b>INSURED</b> Pleasant Valley Acres LLC 69 Pleasant Valley Road  Cumberland ME 04021		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A MMG Insurance Co. NAIC # 15997 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES** CERTIFICATE NUMBER: CL1671201569 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			CF 0704028	4/30/2016	4/30/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER 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)

<b>CERTIFICATE HOLDER</b> Cumberland Farmers Market	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE Brenda Spurling/BLS <i>Brenda Spurling</i>
--	--

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/12/2017

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PRODUCER  
**THE HELLER AGENCY**  
PO Box 396  
Newcastle, ME 04553

CONTACT NAME: **Kelly Titcomb**  
PHONE (A/C, No, Ext): **(207) 563- 5200** FAX (A/C, No): **(207) 226- 2004**  
E-MAIL ADDRESS: **thehelleragency@armfamily.com**

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: <b>Farm Family Casualty Insurance</b>	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED **Kelly Payson-Roopchand & Ani I Roopchand**  
217 Hewett Road  
Somerville, ME 04348

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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>Special Farm Pkg</b>			<b>1808G1360</b>	<b>06/22/17</b>	<b>06/22/18</b>	<b>Bodily Injury \$1,000,000 Med Pay \$5,000 Gen Agg \$2,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

or participation in Farmers' Market

CERTIFICATE HOLDER  
**Town of Falmouth Maine**  
271 Falmouth Road  
Falmouth, ME 04105

CANCELLATION  
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  
*John D. Heller*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2017

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.

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<b>PRODUCER</b> <b>THE SWAN AGENCY</b> 49 Pleasant St Ste 1 Brunswick, ME 04011	<b>CONTACT NAME:</b> Jessica Thamm	
	<b>PHONE (A/C No. Ext):</b> (207)406-4567	<b>FAX (A/C No.):</b> (207)406-4570
<b>E-MAIL ADDRESS:</b> jessica.thamm@farm-family.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Farm Family Casualty Insurance Company		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		


**INSURED** **Gregory & Katherine Fowler** **17**  
**Spring Brook Farm**  
**168 Greely Rd**  
**Cumberland Center, ME 04021**

**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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Special Farm Package</b>			1803G1034	1/1/2017	1/1/2018	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1803C0225	1/29/2017	1/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			1803B1012	5/27/2016	5/27/2017	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ <b>1,000,000</b>
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 OTH-ER
							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)

<b>CERTIFICATE HOLDER</b> Town of Falmouth 271 Falmouth Road Falmouth, ME 04105	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/11/2017

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 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> <b>Sanford Insurance Agency</b> 1048 Main Street PO Box 111 Sanford ME 04073-0111		<b>CONTACT NAME:</b> Sarah Fisher <b>PHONE (A.C. No. Ext):</b> (207) 490-5330 <b>FAX (A.C. No.):</b> (207) 490-5333 <b>E-MAIL ADDRESS:</b> sfisher@sanfordins.com															
<b>INSURED</b> <b>Spun Bakery LLC</b> 87 Dune Dr Freeport ME 04032		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Ohio Security Insurance Co.</td> <td>24082</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Ohio Security Insurance Co.	24082	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Ohio Security Insurance Co.	24082																
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES**                      **CERTIFICATE NUMBER: CL1741140581**                      **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 SUBR INSD L WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		BZ557130062	2/2/2017	2/2/2018	EACH OCCURRENCE		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					MED EXP (Any one person)	\$ 15,000	
	OTHER:					PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$
AUTOMOBILE LIABILITY						Empl Rel Praclies Liab	\$ 50,000	
ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
DED		RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		<input type="checkbox"/> Y / N	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)

<b>CERTIFICATE HOLDER</b>  Town of Falmouth 271 Falmouth Rd Falmouth, ME 04105	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE  Daniel Fisher/DAN
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2017

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PRODUCER  
**THE HELLER AGENCY**  
 PO Box 396  
 Newcastle, ME 04553

INSURED  
**Heather Phinney**  
 309 Mayall Road  
 Gray, ME 04039-9545

CONTACT NAME: **Kelly Titcomb**  
 PHONE (A/C, No, Ext): **(207) 563-5200** FAX (A/C, No): **(207) 226-2004**  
 E-MAIL ADDRESS: **thehelleragency@armfamily.com**

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: <b>Farm Family Casualty Insurance</b>	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

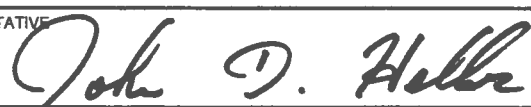
COVERAGE CERTIFICATE NUMBER: REVISION NUMBER:

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.

IR	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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Special Farm Pkg</b>	X		<b>1801G2013</b>	<b>09/25/16</b>	<b>09/25/17</b>	<b>Bodily Injury \$1,000,000</b> <b>Med Pay \$5,000</b> <b>Gen Agg \$2,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

or participation in Farmers' Market

CERTIFICATE HOLDER	CANCELLATION
<b>Town of Falmouth Maine</b> 271 Falmouth Road Falmouth, ME 04105	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 





MACKSU0001

KHART

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/17/2017

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<b>PRODUCER</b> United Insurance - Farmington 166 Main Street Farmington, ME 04938	<b>CONTACT NAME:</b> Kellee Hart	
	<b>PHONE (A/C, No, Ext):</b> (207) 778-5282	<b>FAX (A/C, No):</b> (207) 778-9453
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Foremost Insurance Company		11185
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**

Susan Mack  
 44 Leighton Rd  
 Pownal, ME 04069

20


**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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			006861538500	03/12/2017	03/12/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 500
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							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 <input type="checkbox"/> 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE	OTH-ER
							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)**  
 Cumberland Farmers Market Association

**CERTIFICATE HOLDER**      **CANCELLATION**

Cumberland Farmers Market Association 65 Depot Road Falmouth, ME 04105	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 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/5/2017

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<b>PRODUCER</b> <b>Cross Insurance-Portland</b> <b>2331 Congress Street</b>  <b>Portland ME 04102</b>		<b>CONTACT NAME: Jennifer Reckmeyer</b> <b>PHONE (A/C, No, Ext): (207)780-1677</b> <b>FAX (A/C, No): (207)780-6377</b> <b>E-MAIL ADDRESS: jreckmeyer@crossagency.com</b>																						
<b>INSURED</b> <b>Pachanga LLC, DBA: Tortilleria Pachanga</b> <b>21</b> <b>1 Industrial Way</b> <b>Unit 9</b> <b>Portland ME 04103</b>		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>American Fire &amp; Casualty</td> <td>24066</td> </tr> <tr> <td>INSURER B</td> <td>Maine Employers Mutual Ins Co</td> <td>11149</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	American Fire & Casualty	24066	INSURER B	Maine Employers Mutual Ins Co	11149	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A	American Fire & Casualty	24066																						
INSURER B	Maine Employers Mutual Ins Co	11149																						
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

**COVERAGES**                      **CERTIFICATE NUMBER:16/17 Master, Updated WC**                      **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.

INSTR	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:			BKA55653495	7/3/2016	7/3/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAA5563495	7/3/2016	7/3/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1810104452	1/13/2017	1/13/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  <b>Town of Falmouth Maine</b> <b>271 Falmouth Road</b> <b>Falmouth, ME 04105</b>	<b>CANCELLATION</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.
	AUTHORIZED REPRESENTATIVE  J Reckmeyer / BD7 <i>Jennifer Reckmeyer</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**4/5/2017**

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PRODUCER <b>THE HELLER AGENCY</b> PO Box 396 Newcastle, ME 04553		CONTACT NAME: <b>Kelly Titcomb</b> PHONE (A/C, No, Ext): <b>(207) 563-5200</b> FAX (A/C, No): <b>(207) 226-2004</b> E-MAIL ADDRESS: <b>thehelleragency@farm-family.com</b>	
INSURED <b>Kathleen Shaw</b> <b>Growing Home LLC</b> <b>1200 Sopers Mill Road</b> <b>Auburn, ME 04210-9609</b>		INSURER(S) AFFORDING COVERAGE <b>Farm Family Casualty Insurance</b>	
<i>Valley View Farm</i> 22		NAIC#	
INSURER A:		INSURER B:	
INSURER C:		INSURER D:	
INSURER E:		INSURER F:	


COVERAGES CERTIFICATE NUMBER: REVISION 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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Special Farm Pkg</b>			<b>1801G1492</b>	<b>03/01/17</b>	<b>03/01/18</b>	<b>Bodily Injury \$1,000,000</b> <b>Med Pay \$5,000</b> <b>Gen Agg \$2,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**For participation in Farmers' Market**

<b>CERTIFICATE HOLDER</b> <b>Town of Falmouth Maine</b> <b>271 Falmouth Road</b> <b>Falmouth, ME 04105</b>	<b>CANCELLATION</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. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/27/2017

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).

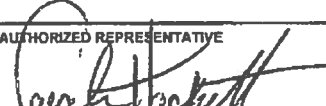
<b>PRODUCER</b> <b>StateFarm</b>  Dawn L McIntosh Agency 449 Forest Avenue 2nd FL Suite 19 Portland, Maine 04101	<b>CONTACT NAME:</b> Sarah Hackett <b>PHONE (A/C, No, Ext):</b> 207-761-1511 <b>FAX (A/C, No):</b> 207-761-4041 <b>E-MAIL ADDRESS:</b> sarah.hackett.12n8@statefarm.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Fire and Casualty Company	25143	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> Orbeton, David DBA Wicked Sharp 37 Lowell Street S Portland, Maine 04106	23													

**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
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			99-BA-P950-5	03/11/2017	03/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE    OTH-ER 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]  
This policy has been endorsed listing the Town of Falmouth as an additional insured as their interest may appear.

<b>CERTIFICATE HOLDER</b>  Town of Falmouth Maine 271 Falmouth Road Falmouth, Maine 04105	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
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