

Town of Falmouth  
Farmers' Market License Application  
April 13, 2017



Applicant: Cumberland & Falmouth Farmers Market Assoc.

Contact Person: Ron DiGravio

Address: 29 Linnell Road  
Whidham ME, 04062

Email: Cranberryrockfarm@gmail.com Cell Phone: (207) 728-1556

Parcel Address(es): 22 Hat Trick Drive, Falmouth ME 04105

Map/Lot Number(s): ~~U-52~~ U52 1S/A

Attach submittal requirements with signature.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING  
Application Authorization

I hereby make application to the Town of Falmouth for the above-referenced property(ies) for a farmers' market. To the best of my knowledge the information provided herein is accurate.  
Town of Falmouth employees and officials are authorized to enter the property(ies) for purposes of reviewing this proposal.

I understand that the farmers' market shall not be established until such time as approval has been granted by the Town Council and the license agreement executed by the Town Manager.

Signed: *Ron DiGravio* Date: 4/4/18

Printed name: Ronald DiGravio

- Casco Bay ICE Arena parking lot
- Walmart, Dave Gaetani (parking lot for summer mkt.)
- ✓ - Aiken, Sterling & Lothrop (winter market)
- ✓ - Matt Dine

April 13, 2017 Farmers' Market Application Packet  
 Submittal Instructions and Certification

Any organization applying for a license agreement to conduct a farmers' market in the Town of Falmouth shall submit an application as outlined below:

1. Submittals shall include one original and five copies [six copies if on town property] of all application materials with the exception of the fee. Packets shall be collated and bound with all materials in color copied in color.
2. Fees shall accompany the submittal. [\$25 per vendor] x 21 listed = \$525 (CR# 1132 dated 4/4/10 \$550 reqd.)

The application packet shall contain at a minimum:

1. Application form completed with original signatures of the applicant.
2. This submittal form with original signature.
3. Proof of right, title, interest to occupy property. In the case of town property, the application shall serve as a request to utilize town property.
4. Proof of non-profit status of the organization. ID #
5. Statement that the organization adheres to the requirements under 7 M.R.S. §415.
6. Draft license agreement based on a template provided by the Town. - needs amending
7. List of all vendors to participate in the market, including names, address, contact information, product(s), and proof of State License(s) as required.
8. A scaled plan or survey of all property to be utilized for the market. Items listed shall include existing permanent structures and proposed temporary improvements. The Community Development Department may have a survey or plat on record that is suitable for use.
  - a. Overall plan of the parcel(s) showing dimensions of the parcel(s)
  - b. Structures and buildings
  - c. Points of egress
  - d. Existing uses
  - e. Parking - include calculation showing parking required for permanent uses and parking to be utilized by the market.
  - f. Surface materials (pavement, gravel, grass, etc.)
  - g. Sanitation facilities
  - h. Lighting
  - i. Utilities
  - j. Waste Disposal

I, Ronald D. Grand, as the agent for Cumberland + Falmouth Farmers' Market, hereby certify that all items as listed above are included in the application packet.

Ronald D. Grand  
 Print Name

[Signature]

Cisco Bay  
 4. ICE Arena -

1. Walmart parking lot (Dave Gaetani)
2. Winter market @ Allen, Sterling Lothrop (indoor?)

## Exhibit 1

### 2018 Proposed Farmer's Market Site Layout



- Town owned property contains 45 existing parking spaces.
- 19 parking spaces on the town owned property to be utilized by vendors
- 26 remaining parking spaces on town owned property
- No lighting proposed
- Utilities are to be provided by individual vendors
- Vendors to be responsible for trash removal at end of each market day



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FAX (207) 781-4142

sterling@allensterlinglothrop.com  
www.allensterlinglothrop.com

April 11, 2018

We at Allen, Sterling & Lothrop give permission for Cumberland Farmer's Market to operate out of our location.

Exhibit #2

Company	Contact	Tel	Address	products
✓ Cumbeastand farmers MKT. ASSOC.				
✓ 1 Alchimia LLC	Giampiero Bonacini	749-8141	5 royal Ave, Freeport ME 04032	Pasta, Italian deserts
✓ 2 Bags O Gold	Ginny Gold	232-1279	154 Mill Street, N. Yarmouth	handmade bags
✓ 3 Cafe Crepe	Lauren Dallem	289-8677	10 Clifton Road, Falmouth	Crepes
✓ 4 Chefs Cupboard	John Siaples	754-2444	28 Candlebarry Drive, Auburn	Herbs
✓ 5 Cranberry Rock Farm	Ron DiGravio, Cindy T	778-1556	427 Mount pisgah Road, Winthrop	vegetables, meat, baked goods, herbs
✓ 6 Farmers 8 Daughters	Nancy DiMauro	233-2915	2 Robbins Way, New Gloucester	veggies, eggs, herbs, soap
✓ 7 Fresh Pickens Farm	Vicki Marion	653-0087	29 Linell Road, Windham	Cut Flowers, honey, chaga products
✓ 8 Golden Rule Farm	Melissa Denis	329-7602	146 Holmes Road, Scarborough	Pepper jellies, jams, berries, veggies
✓ 9 Jillsons Farm	Scott Jillson	375-4486	143 Jordan bridge Road, Sabattus	vegetables, berries, flowers
✓ 10 Maine Saltwater Creations	Laura Fillingier	650-8075	2 Main St, Biddeford	gluten free seafood products
11 Pleasant Valley Acres	Gene weir	829-2773	69 Pleasant Valley Road, Cumberland	vegetables, fruit
✓ 12 Pumkin Vine Family Farm	Kelly Payson-Roopchand	549-3096	217 Hewitt Road, Somerville	goat cheese, soap, milk,
✓ 13 Spring Brook Farm	Jeff Story	820-5977	168 greely Road, Cumberland	vegetables, meat, Eggs
✓ 14 Spun Bakery	Don Galle	415-7097	87 June Drive, Freeport	baked goods
✓ 15 Stillbrook Acres Dairy	Heather Phinney	838-4407	309 Mayall Rd, Gray	milk, cheese, eggs, meat
✓ 16 Tir na nOg Farm	Sue Mack	688-4483	44 Leighton Road, Pownal	vegetables, meat, honey, eggs
✓ 17 Tortillaria Pachanga	Lynne Row	232-8377	1 Industrial Way, Portland	tortillas
✓ 18 Valley View Farm	Kathy Shaw	320-1969	Soper Mill Road, Auburn	vegetables, fruit, eggs
✓ 19 Wicked Sharp	David Orbeton	210-2559	37 Lowell Street South Portlamnd	Knife, tool sharpening
20 Wildflowers Gluten free55	Kelly Hughes	725-7973	54 Cumberland Street, Brunswick	Baked goods
✓ 21 Winslow Farm	Max Boudreau	878-8787	291 Gray Rd, Falmouth	vegetables, seedlings, herbs

growing home LLC  
named on ins.

listed as  
KELLY HUGHES DEN WILDFLOWERS BAKERY  
661164



**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.

Milton  
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.)

Exhibit 4



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/21/2018

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> The Swan Agency 49 Pleasant St. Ste. 1 Brunswick, ME 04011	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Matthew Swan</td> </tr> <tr> <td><b>PHONE (A/C. No. Ext.):</b> 207-406-4567</td> <td><b>FAX (A/C. No.):</b> 207-406-4570</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> theswanagency@farm-family.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> Farm Family Casualty Insurance Co</td> <td><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Matthew Swan		<b>PHONE (A/C. No. Ext.):</b> 207-406-4567	<b>FAX (A/C. No.):</b> 207-406-4570	<b>E-MAIL ADDRESS:</b> theswanagency@farm-family.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> Farm Family Casualty Insurance Co	<b>NAIC #</b>	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b>  CUMBERLAND FARMERS MARKET ASSOCIATION 29 LINNELL RD WINDHAM, ME 04062																					

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> <b>Special Farm Package "10"</b> GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1803L6218	07/17/2017	07/17/2018	EACH OCCURRENCE    \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)    \$ 100,000 MED EXP (Any one person)    \$ 5,000 PERSONAL & ADV INJURY    \$ 1,000,000 GENERAL AGGREGATE    \$ 2,000,000 PRODUCTS - COMP/OP 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						COMBINED SINGLE LIMIT (Ea accident)    \$ BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <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    \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 CERTIFICATE OF INSURANCE SHOWING PROOF OF LIABILITY COVERAGE NAMING TOWN OF FALMOUTH FARMERS MARKET AS A CERTIFICATE HOLDER.

<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 
--	--



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/21/2018

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<b>PRODUCER</b> THE SWAN AGENCY 49 PLEASANT ST STE. 1 BRUNSWICK, ME 04011	<b>CONTACT NAME:</b> MATTHEW SWAN <b>PHONE (A/C, No, Ext):</b> 207-406-4567 <b>FAX (A/C, No):</b> 207-406-4570 <b>E-MAIL ADDRESS:</b> THESWANAGENCY@FARM-FAMILY.COM																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>FARM FAMILY CASUALTY INSURANCE CO</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></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:	FARM FAMILY CASUALTY INSURANCE CO		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> CUMBERLAND FARMERS MARKET ASSOCIATION 29 LINNELL RD WINDHAM, ME 04062																					

**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SPECIAL FARM PACKAGE "10" GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC OTHER:		1803L6218	07/17/2017	07/17/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	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    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	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)

CERTIFICATE OF INSURANCE SHOWING PROOF OF LIABILITY COVERAGE NAMING CASCO BAY ARENA AS A CERTIFICATE HOLDER.

**CERTIFICATE HOLDER**                      **CANCELLATION**

CASCO BAY ARENA 22 HAT TRICK DRIVE 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)

03/28/2018

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<b>PRODUCER</b>		<b>CONTACT NAME:</b> Teri Davis	
CGI Business Insurance		<b>PHONE (A/C, No, Ext):</b> (866)841-4600	<b>FAX (A/C, No):</b> (603)622-4618
171 Londonderry Turnpike		<b>E-MAIL ADDRESS:</b> tdavis@cgbusinessinsurance.com	
Hooksett NH 03108		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> MMG Insurance	<b>NAIC #</b> 15997
<b>INSURED</b>		<b>INSURER B:</b>	
Giampiero Bonacini, DBA: Alchimia LLC		<b>INSURER C:</b>	
5 Royal Ave		<b>INSURER D:</b>	
Freeport ME 04032		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 18-19 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BP12983163	03/28/2018	03/28/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 10,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					Employee Benefits \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						BODILY INJURY (Per person) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> 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**

Casco Bay Ice Arena  
22 Hat Trick Dr

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)

03/28/2018

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<b>PRODUCER</b> CGI Business Insurance 171 Londonderry Turnpike Hooksett NH 03106		<b>CONTACT NAME:</b> Teri Davis <b>PHONE (A/C, No. Ext):</b> (866)841-4600 <b>E-MAIL ADDRESS:</b> tdavis@cgibusinessinsurance.com <b>FAX (A/C, No):</b> (603)622-4618	
<b>INSURED</b> Giampiero Bonacini, DBA: Alchimia LLC 5 Royal Ave Freeport ME 04032		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> MMG Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 15997	

**COVERAGES**                      **CERTIFICATE NUMBER:** 18-19 Master                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDC	SUBR	INSR	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 <input type="checkbox"/> OTHER					BP12983163	03/28/2018	03/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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    RETENTION \$								EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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)

**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



# 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

112521

2-33091

October 20, 2017

November 20, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Bonny LLC**  
**Giampiero Bonacini**  
**5 Royal AVE, Unit #4**  
  
**Freeport, ME 04032-**

## MOBILE VENDOR

Location: 5 Royal AVE, Unit #4, Freeport

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

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

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type		Authorizations	Fee
Mobile Vendor	0 to 10	Prepackaged Food	20.00
Home Food Processor		Breads, Rolls Cakes, Pies Jams, Jellies Other Type Pasta, Veg Ravioli	20.00
<b>TOTAL:</b>			<b>40.00</b>



Department of Agriculture, Conservation & Forestry

Commissioner

Division of Quality Assurance

Director

Bonny LLC  
Giampiero Bonacini  
5 Royal Ave, Unit #4  
Freeport, ME 04032

State of Maine  
Department of Agriculture, Conservation,  
Division of Quality Assurance &  
Regulations  
28 State House Station  
Augusta, ME 04333-0028

Fax 207-287-5576

Freeport ME, 03/27/2018

Changing name to my Home food Processor and Mobile Vendor License number #2-33091

Hello, referring to my phone call, would you please change my License as follow:

- old name: BONNY LLC - Giampiero Bonacini;
- new name: ALCHIMIA LLC - Giampiero Bonacini.

Nothing else has been changed; mailing address and location confirmed.

Attached is copy of my License number #2-33091

Would you please give me confirmation of that?

Thank you very much.

Giampiero Bonacini  
207.749.8141  
giampybonacini@gmail.com









BALLA2

OP ID: CM

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/21/2018

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

**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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC OTHER:			BOA5050469-15	05/24/2017	05/24/2018	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 500,000
							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
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per 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 <b>DED</b> <input type="checkbox"/> <b>RETENTIONS</b>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> 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)

FOOD TRUCK/TRAILER

### 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  
Cheryl Muzzy





# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 23190**

**EATING PLACE - MOBILE**

**CAFE CREPE  
25 PRITHAM  
GREENVILLE ME 04441**

**EXPIRES: 05/21/2018**

**FEE: \$200.00**

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

**Mary C. Mayhew  
COMMISSIONER**

**NON-TRANSFERABLE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2017

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<b>PRODUCER</b> Bilodeau Insurance Agency, Inc 541 Lisbon Street Lewiston, ME 04240 Scott A. Duplissis	207-784-4029	<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>INSURED</b> The Chef's Cupboard, LLC Jon Staples 28 Candleberry Drive Auburn, ME 04210		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Union Mutual of Vermont INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 25860	

## COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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>Business Owners</b>  <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		BOP0149915	05/23/2017	05/23/2018	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 - COM/OP 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <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)    Y/N    N/A 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>  Town of Falmouth Maine 271 Falmouth Rd Falmouth, ME 04105	<b>TOWNFAL</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 
--	----------------	--



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Bilodeau Insurance Agency, Inc 541 Lisbon Street Lewiston, ME 04240 Scott A. Duplissis	207-784-4029	<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>INSURED</b> The Chef's Cupboard, LLC Jon Staples 28 Candlerberry Drive Auburn, ME 04210		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Union Mutual of Vermont</td> <td>25860</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Union Mutual of Vermont	25860	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
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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 SUBR INSD 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>Business Owners</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		BOP0149915	05/23/2017	05/23/2018	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 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) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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>  CASCOIC  Casco Bay Ice Arena 22 Hat Trick Dr 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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# 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

109299

2-31695

May 19, 2017

June 23, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

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

## 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, Conservation & Forestry

Division of Quality Assurance

Commissioner

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:*

CHEFS CUPBOARD LLC THE  
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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/19/2018

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  
Newcastle, ME 04553

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

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

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

*Cranberry Rock Farm*

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/CP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANYAUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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						PER STATUTE    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>1801G1686</b>	<b>12/09/17</b>	<b>12/09/18</b>	<b>Bodily Injury</b> \$1,000,000 <b>Med Pay</b> \$5,000 <b>Gen Agg</b> \$2,000,000

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

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

© 1988-2015 ACORD CORPORATION. All rights reserved.







# 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

113359

2-30156

November 13, 2017

November 23, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*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**

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	Baked Goods (produced on site) Cold Foods (prepared on site) Hot Foods (prepared on site) Prepackaged Meat Prepackaged Food Produce (fresh) Produce (processed) Ready to Eat Deli Items	20.00
Retail Meat	Prepackaged for Direct Sale		10.00
Mobile Vendor	0 to 10		20.00
Commercial Food Processor		Breads, Rolls Cakes, Pies Canned, Processed	50.00
		<b>TOTAL:</b>	<b>100.00</b>



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

Commissioner

Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/12/2018

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<b>PRODUCER</b> Cross Insurance-Windham 745 Roosevelt Trail, Unit#1  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>INSURED</b> Nancy Dimauro 2 Robins Way  New Gloucester ME 04062		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> United Ohio Ins Co NAIC # 13072 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

*farmer's & daughters*

**COVERAGES**      **CERTIFICATE NUMBER:** Master      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP 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:		BP 0024451	4/29/2017	4/29/2018	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPI/OP AGG \$ 1,000,000
	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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB 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	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)  
 Refer to policy for exclusionary endorsements and special provisions.

<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  Melissa Connell/DAD



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/12/2018

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

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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	4/29/2017	4/29/2018	EACH OCCURRENCE	\$ 500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 500,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
							\$
	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)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> 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	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)  
 Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b>  Casco Bay Ice Arena 22 Hat Trick Dr 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  Melissa Connell/DAD
---	---



## 2018 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: \$25.00

Gary Fish,  
State Horticulturist

THIS LICENSE EXPIRES DECEMBER 31, 2018 Not Transferable

### 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

110765

2-29841

August 24, 2017

July 16, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Farmers 8 Daughters, The  
Nancy DiMauro  
2 Robins WAY**

**New Gloucester, ME 04260-**

**MOBILE VENDOR**

**Location: 2 Robins WAY, New Gloucester**

This certificate is valid only between the date issued and expiration date appear 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 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	Produce (fresh)	20.00
Home Food Processor	Other Type Herb Products	20.00
<b>TOTAL:</b>		<b>40.00</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

114764

**2-28391**

**February 15, 2018**

**February 17, 2019**

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

Director



### Beekeeper's License

Maine Department of Agriculture, Conservation and Forestry

Division of Animal and Plant Health, 28 State House Station, Augusta, Maine 04333 - 0028

This certifies that the person or firm named below has in accordance with Title 7, MRSA, Sec. 2501, declared ownership of 8 colonies of bees on June 15, 2017 and has paid the required license fee of \$5.00.

Expires: 06/14/2018

Walter E. Whitcomb  
Commissioner

**Peter and Vicki Marion**  
29 Linnell Rd  
WINDHAM ME 04062



### 2018 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 0000003411

Fee: \$5.00

Gary Fish,  
State Horticulturist

THIS LICENSE EXPIRES DECEMBER 31, 2018 Not Transferable

### Fresh Pickins Farm LLC

Vicki and Daniel Marion  
Fresh Pickins Farm LLC  
29 Linnell Rd  
Windham ME 04062

Location Address:  
29 Linnell Rd  
Windham ME 04062

**MUST BE DISPLAYED IN A CONSPICUOUS PLACE**



# CERTIFICATE OF LIABILITY INSURANCE

GOODGRE-01

MLABRECQUE

DATE (MM/DD/YYYY)

03/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Clark Insurance 1945 Congress Street Building A Portland, ME 04104	<b>CONTACT NAME:</b> Mary Labrecque, AAI, AINS, MLIS	
	<b>PHONE (A/C, No, Ext):</b> (207) 523-2268	<b>FAX (A/C, No):</b> (207) 774-2994
<b>E-MAIL ADDRESS:</b> mlabrecque@clarkinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> MMG Insurance Company		<b>15997</b>
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED**

Golden Rule Farm  
 148 Holmes Road  
 Scarborough, ME 04074

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BP12759903	11/29/2017	11/29/2018	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) \$ \$
	<input type="checkbox"/> 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		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

Town of 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



GOODGRE-01

MLABRECQUE

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MMDD/YYYY)  
 03/20/2018

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> Clark Insurance 1945 Congress Street Building A Portland, ME 04104	<b>CONTACT NAME:</b> Mary Labrecque, AAI, AINS, MLIS <b>PHONE (A/C, No, Ext):</b> (207) 523-2268 <b>FAX (A/C, No):</b> (207) 774-2994 <b>E-MAIL ADDRESS:</b> mlabrecque@clarkinsurance.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A :</b> MMG Insurance Company      15997 <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b>  Golden Rule Farm 146 Holmes Road Scarborough, ME 04074	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BP12759903	11/29/2017	11/29/2018	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

**CERTIFICATE HOLDER**
**CANCELLATION**

 Casco Bay Ice Arena  
 22 Hat Trick Drive  
 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)

03/19/2018

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>CONTACT NAME:</b>	
LAURINDA M MORENO		PHONE (A/C, No, Ext):	
THE HARRIS AGENCY, LLC		FAX (A/C, No):	
69 YORK ST., SUITE 5		E-MAIL ADDRESS:	
KENNEBUNK ME 04043		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> NATIONWIDE AGRIBUSINESS INSURANCE	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>		<b>NAIC #</b>	
EDWARD JILLSON		28322	
DBA/JILLSON'S FARM & SUGARHOUSE			
142 JORDAN BRIDGE RD			
SABATTUS ME 04280			

**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		FPKN GLNO 3008615931	02/21/2018	02/21/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>					PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						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 \$
	DED	RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y/N				PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below					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 FURNISHED TO OPERATE AT THE TOWN OF FALMOUTH FARMERS MARKET.

**CERTIFICATE HOLDER****CANCELLATION**

TOWN OF FALMOUTH 271 FALMOUTH RD 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 LAURINDA M MORENO

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# 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

109549

1-787

June 6, 2017

June 30, 2018

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*

**Jillson's Farm Sugarhouse**  
**Edward W Jillson**  
**143 Jordan Bridge RD**

**Sabattus, ME 04280-**

## VEGETABLE STAND

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

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type		Authorizations	Fee
Retail Food Establishment	0 to 10	Prepackaged Food Produce (fresh)	20.00
Mobile Vendor	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, Conservation &  
Forestry

Commissioner

Division of Quality Assurance

Acting Director



MAINSAL-01

DLEWIS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/07/2018

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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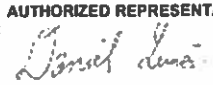
<b>PRODUCER</b> License # AGR8150 Clark Insurance 15 Pepperell Square Suite #3 Saco, ME 04072	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (207) 571-8058		FAX (A/C, No): (207) 571-8071
	<b>E-MAIL ADDRESS:</b> info@clarkinsurance.com		
<b>INSURED</b>  Maine Saltwater Creations LLC 141 Veranda Street Apt. 2 Portland, ME 04103	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> MMG Insurance Company		15997
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			BP 0439916	03/01/2018	03/01/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BP 0439916	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <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) <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.
	<b>AUTHORIZED REPRESENTATIVE</b> 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/07/2018

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<b>PRODUCER</b> License # AGR8150 Clark Insurance 15 Pepperell Square Suite #3 Saco, ME 04072	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (207) 571-8058 E-MAIL ADDRESS: info@clarkinsurance.com	FAX (A/C, No): (207) 571-8071
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Maine Saltwater Creations LLC 141 Veranda Street Apt. 2 Portland, ME 04103	<b>INSURER A:</b> MMG 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:

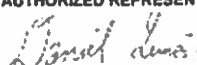
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<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:		X	BP 0439916	03/01/2018	03/01/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BP 0439916	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> 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		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 is an additional insured with respect to the insured's operations.

### CERTIFICATE HOLDER

### CANCELLATION

Cumberland Farmers' Market Association C/O Casco Bay Ice Arena 22 Hat Trick Drive 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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# 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

111588

2-29163

October 19, 2017

November 16, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Maine Saltwater Creations LLC**  
**Laura Fillinger**  
**141 Veranda ST**

**Portland, ME 04103-5524**

**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

*Walter E. Whitcomb*

Commissioner

Division of Quality Assurance

*Steven Agnew*

Acting Director





# CERTIFICATE OF LIABILITY INSURANCE

3/15/2018

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**  
 20 Vine Street  
 Danari scotta, ME 04543

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

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


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.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (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 \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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 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						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A Special Farm Pkg</b>			<b>1808G1360</b>	<b>06/22/17</b>	<b>06/22/18</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)

or participation in the Farmers' Market

CERTIFICATE HOLDER	CANCELLATION
<b>Casco Bay Ice Arena</b> 22 Hat Trick Drive Fal mouth, 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 



# 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

110119

2-30822

July 11, 2017

July 9, 2018

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	0 to 10 Dairy Products Prepackaged Food Produce (fresh)	20.00
<b>TOTAL:</b>		<b>20.00</b>



Department of Agriculture, Conservation & Forestry

Commissioner

Division of Quality Assurance

Acting 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  
Plant # 23N-121

**LICENSE NO:** 8313  
(Expires: 12/31/2018)

**ADDRESS:** 213 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**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/12/2018

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).

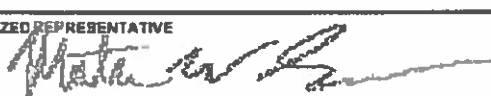
<b>PRODUCER</b> The Swan Agency 49 Pleasant St. Ste. 1 Brunswick, ME 04011	<b>CONTACT NAME:</b> Mathew Swan <b>PHONE (A/C, No, Ext):</b> 207-406-4567 <b>FAX (A/C, No):</b> 207-406-4570 <b>E-MAIL ADDRESS:</b> theswanagency@farm-family.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Farm Family Casualty Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Spring Brook Farm LLC 168 Greely Rd. Cumberland, ME 04021	<b>NAIC #</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 SUBR INSD 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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Special Farm Package</b> GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		1801G2332	06/16/2017	06/16/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> 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		1801C0759	07/27/2017	07/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$		1801X0569	08/11/2017	08/11/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<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 OTHER 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 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/12/2018

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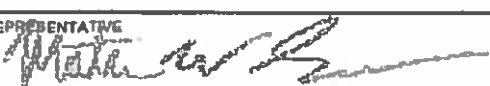
<b>PRODUCER</b> The Swan Agency 48 Pleasant St. Ste. 1 Brunswick, ME 04011	<b>CONTACT NAME:</b> Matthew Swan <b>PHONE (A/C, No, Ext):</b> 207-406-4567 <b>E-MAIL ADDRESS:</b> theswanagency@farm-family.com	<b>FAX (A/C, No):</b> 207-406-4570
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Spring Brook Farm LLC 160 Greeley Rd. Cumberland, ME 04021	<b>INSURER A:</b> Farm Family Casualty Insurance	
	<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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Special Farm Package  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		1801G2332	06/16/2017	06/16/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> H/RED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		1801C0759	07/27/2017	07/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED:      RETENTION \$		1801X0569	08/11/2017	08/11/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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 <input type="checkbox"/> N/A				PER STATUTE      OTH-ER F.I. 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> Casco Bay Ice Arena 22 Hat Trick Drive 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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# 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

113167

**2-32078**

**December 8, 2017**

**December 2, 2018**

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Spring Brook Farm  
Jeffrey R Storey  
168 Greely RD**

**FARM STORE**

**Cumberland Cente, ME 04021-**

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



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

Commissioner

Director



PUNBAK-01

CCHIPMAN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/12/2018

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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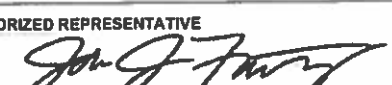
<b>PRODUCER</b> Atlantic FCU Insurance Services, LLC PO Box B Brunswick, ME 04011	<b>CONTACT NAME:</b> Carissa Chipman	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b> (207) 829-3450	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  Spun Bakery LLC 317 Main Street Yarmouth, ME 04096	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> MMG Insurance Company		15997
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</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 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: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	BP12881045	11/16/2017	11/16/2018	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREM/SES (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	\$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
	<input type="checkbox"/> 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			PER STATUTE	OT-HER
						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)  
Cascy Bay Ice Aerna is provided additional insured status on the policies indicated in the column above as required by written contract but only to the extent that the named insured is performing operations on behalf of the additional insured

<b>CERTIFICATE HOLDER</b>  Town of Falmouth 271 Falmouth Road 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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/12/2018

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<b>PRODUCER</b> Atlantic FCU Insurance Services, LLC PO Box B Brunswick, ME 04011	<b>CONTACT NAME:</b> Carissa Chipman <b>PHONE (A/C, No, Ext):</b> (207) 829-3450 <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> MMG 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER	X	BP12881045	11/16/2017	11/16/2018	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	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>					AGGREGATE	\$
	DED      RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE	OT-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

<b>CERTIFICATE HOLDER</b>  Casco Bay Ice Arena 22 Hat Trick Drive 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 



# 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

111537

2-31149

October 26, 2017

November 14, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Spun  
Spun Bakery LLC  
87 Dune DR**

**Freeport, ME 04032-**

**MOBILE VENDOR**

**Location: 87 Dune 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	0 to 10 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

Commissioner

Division of Quality Assurance

Acting Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
3/19/2018

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 HELLER AGENCY</b> 20 Vine Street Damariscotta, ME 04543		<b>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> <b>Heather Phinney</b> 309 Mayall Road Gray, ME 04039-9545		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Farm Family Casualty Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	


*Stillbrook Acres Dairy*

**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	ADD RISQ	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"/> ANYAUTO <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    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 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 \$
A	Special Farm Pkg			1801G2013	09/25/17	09/25/18	Bodily Injury \$1,000,000 Med Pay \$5,000 Gen Agg \$2,000,000

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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# State of Maine

SERIAL NUMBER

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

110713

2-31903

August 24, 2017

September 5, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**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

License Type	Authorizations	Fee
Retail Meat	Prepackaged for Direct Sale	10.00
Mobile Vendor	0 to 10 Dairy Products Prepackaged Meat	20.00
<b>TOTAL:</b>		<b>30.00</b>



Department of Agriculture, Conservation & Forestry

Division of Quality Assurance

Commissioner

Acting Director



# MAINE MILK DISTRIBUTOR LICENSE



Maine Department of Agriculture, Conservation and Forestry

Division of Quality Assurance and Regulations

28 State House Station

Augusta, ME 04333-0028

(207) 287-3841

**NAME** Stillbrook Acres

**ADDRESS** 309 Mayall Road

Gray ME 04039

**License #** 8337

**License Expiration:** 12/31/2018

**LOCATION** 309 Mayall Road

Plant ID # 23N-109

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

**WALTER E. WHITCOMB**

**Commissioner**

**NON-TRANSFERABLE**

**Dairy Program Manager**

**POST IN A CONSPICUOUS PLACE**





CKSU0001

KHART

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/06/2018

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> 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>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : <b>Foremost Insurance Company</b></td> <td>11185</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 : <b>Foremost Insurance Company</b>	11185	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : <b>Foremost Insurance Company</b>	11185													
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
<b>INSURED</b>  Susan Mack 44 Leighton Rd Pownal, ME 04069														

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		006861538500	03/12/2018	03/12/2019	EACH OCCURRENCE \$ <b>1,000,000</b> 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 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) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <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) <input type="checkbox"/> Y/N    N/A 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 \$

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

<b>CERTIFICATE HOLDER</b>  Casco Bay Arena 22 Hat Trick Drive 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 <i>Kellee Hart</i>
--	--



# 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

111143

2-31643

September 25, 2017

June 9, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

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

**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
Retail Meat	Prepackaged for Direct Sale	10.00
Mobile Vendor	0 to 10 Frozen Food Prepackaged Meat Produce (fresh)	20.00
<b>TOTAL:</b>		<b>30.00</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  
25 State House Station, Augusta, ME 04333-0028  
(207) 287-3841

SERIAL NUMBER

111184

2-28931

October 26, 2017

August 8, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

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

## 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, and 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

FFF

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, Conservation & Forestry

Commissioner

Division of Quality Assurance

Acting Director





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2018

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 HELLER AGENCY</b> 20 Vine Street Damariscotta, ME 04543	<b>CONTACT NAME:</b> Kelly Titcomb <b>PHONE (A/C, No, Ext):</b> (207)563-5200 <b>E-MAIL ADDRESS:</b> thehelleragency@farm-family.com	<b>FAX (A/C, No):</b> (207)226-2004
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Kathleen Shaw Growing Home LLC 1200 Sopers Mill Road Auburn, ME 04210-9609 <i>Valley View Farm</i>	<b>INSURER A:</b> Farm Family Casualty Insurance	
	<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	
	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"/> 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    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	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Special Farm Pkg			1801G1492	3/1/2018	3/1/2019	Bodily Injury \$1,000,000 Med Pay \$5,000 Gen Agg \$2,000,000	

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****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

*J. D. Hall*

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# State of Maine

Department of Agriculture, Conservation & Forestry  
Division of Quality Assurance & Regulation  
28 State House Station, Augusta, ME 04333-0128  
(207) 287-3841

SERIAL NUMBER

115059

2-20269

February 26, 2018

November 30, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

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

**MOBILE VENDOR**

Location: 1200 Sopers Mill RD, Auburn

This certificate is valid only between the date issued and expires on date appearing herein. Only the named holder or the location for which named may use it.

The permit named herein is authorized to sell or manufacture food products. Such holder will be responsible for and maintaining records as prescribed by law for the food establishments.

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

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEES

LICENSE TYPE	DESCRIPTION OF LICENSE AUTHORIZATIONS	FEES
License Type	Authorizations	Fee
Mobile Vendor	Prepackaged Meat Prepackaged Food Product (fresh)	20.00
Retail Meat	Prepackaged for Direct Sale	10.00
Wholesale Distributor	Meat (raw)	50.00
	<b>TOTAL:</b>	<b>80.00</b>



Division of Quality Assurance

Department of Agriculture, Conservation & Forestry

*Walter E. Waterford*

Commissioner

*Robert J. Franklin*

Director




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/09/2018

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>State Farm</b>  Brittany Skidmore Dawn L McIntosh State Farm Insurance Inc 449 Forest Avenue Plaza Ste 19 Portland ME 04101	<b>CONTACT NAME:</b> Brittany Skidmore <b>PHONE (A/C, No, Ext):</b> 207-781-1511 <b>E-MAIL ADDRESS:</b> Brittany.k.skidmore.pdeo@statefarm.com	<b>FAX (A/C, No):</b> 207-781-4041
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> State Farm General Insurance Company	25151
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**INSURED**


ORBETON, DAVID  
 DBA WICKED SHARP  
 37 LOWELL ST  
 S PORTLAND ME 04106

**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 I,TR	TYPE OF INSURANCE	ADDL/SUBR INSD/ WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		99-BA-P950-5	02/02/2018	03/11/2019	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 - COMP/OP AGG \$ 2,000,000 \$
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE 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 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/09/2018

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>State Farm</b>  Brittany Skidmore Dawn L McIntosh State Farm Insurance Inc 449 Forest Avenue Plaza Ste 19 Portland ME 04101	<b>CONTACT NAME:</b> Brittany Skidmore <b>PHONE (A/C, No, Ext):</b> 207-761-1511 <b>E-MAIL ADDRESS:</b> Brittany.k.skidmore.pdeo@statefarm.com	<b>FAX (A/C, No):</b> 207-761-4041
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> ORBETON, DAVID DBA WCKED SHARP 37 LOWELL ST S PORTLAND ME 04106	<b>INSURER A:</b> State Farm General Insurance Company <b>NAIC #</b> 25151	
	<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 I,TR	TYPE OF INSURANCE	ADDL(SUBR) (NSD) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 Deductible  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		99-BA-P950-5	02/02/2018	03/11/2019	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 - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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 <input type="checkbox"/> DEF <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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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>  Casco Bay Ice Arena 22 Hal Trick Dr  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.  <b>AUTHORIZED REPRESENTATIVE</b> 
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**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:*

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

  
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.**









# 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

110706

2-26698

August 24, 2017

May 26, 2018

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Wildflours Gluten-Free Bakery**

**Kelley Hughes**

**54 Cumberland ST, Suite #1**

**Brunswick, ME 04011-**

**BAKERY**

**Location: 54 Cumberland ST, Suite #1,  
Brunswick**

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 Baked Goods (produced on site) Coffee/Tea(prepared on site) Prepackaged Food	20.00
Retail Bakery	0 to 10	20.00
Bakery Proc/Wholesale	Breads, Rolls Cakes, Pies	50.00
<b>TOTAL:</b>		<b>90.00</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 2017 THRU DECEMBER 31 2021

<u>Business Name and Location Address</u>	<u>Certificate Number</u>	<u>Business Type</u>
WILDFLOURS GLUTENFREE MKT & BA 54 CUMBERLAND ST STE 1 BRUNSWICK, ME 04011-1829	1136781	PREP FOOD

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)



