

# CUMBERLAND FARMERS MARKET ASSOCIATION

TUTTLE ROAD, CUMBERLAND, MAINE

March 25, 2016

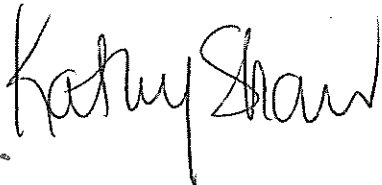
Members of the Falmouth Town Council,

On behalf of the Cumberland Farmers' Market of Falmouth, we submit the enclosed applications for the victualer's licenses as required by town ordinance.

The Cumberland Farmers' Market of Falmouth operates from May through December in Falmouth offering residents and visitors alike fresh local foods, vegetables, meats, fruits and artisan crafts. We are currently 22 members, all licensed and insured by the State of Maine and the by-laws of our Market Association.

We appreciate your attention and consideration,

Thank- you,

A handwritten signature in black ink that reads "Kathy Shaw". The signature is written in a cursive, flowing style.

Kathy Shaw

President, Cumberland Farmers' Market Association



April 16, 2016

Town of Falmouth  
271 Falmouth Road  
Falmouth, Maine 04105

Re: Victualer / Food Service Establishment License

Dear Members of the Town Council,

Attached please find my application for Victualer/Food Service Establishment License. I am a member of the Cumberland Farmer's Market Association and have enjoyed being a vendor at our Falmouth Farmer's Market for the past 5 years. I look forward to another season there beginning in May.

I own a gluten-free baking business based out of Brunswick. We have been in operation for 7 years, licensed by the state and the town of Brunswick for all of that time. I have attached copies of each of those licenses.

Thank you for reviewing my application. Please feel free to contact me with further questions.

Thank you,

A handwritten signature in black ink, appearing to read "Kelley Hughes", written over the printed name.

Kelley Hughes, Owner  
Wildflours Gluten-Free Bakery

54 Cumberland Street,  
Brunswick, Maine 04011  
207-725-7973

Town of Falmouth

Application for a New Food Service Establishment

Business Name (d/b/a): WILDFLOURS GLUTEN-FREE BAKERY  
Phone: 207-725-7973

Location Address: 54 CLIMBERLAND ST

Mailing Address: BRUNSWICK, ME 04011

Contact Person: KELLEY HUGHES Phone: 207-725-7973

Contact Email: KELLEY JEAN @ ~~XXXXXXXXXX~~ HOTMAIL . COM

Manager of Establishment: ~~GIVE~~ KELLEY HUGHES Phone: 207-725-7973

Owner of Premises (landlord): GEORGE CABOT  
Address: 35 CHAMBERLAIN, BRUNSWICK ME 04011

Business: Please select one

- Corporation/ LLC
- Partnership
- Other
- Individual
- Association

Corporation, LLC, Association, Partnership Name: N/A

Name of Owner(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No X

Targeted Opening Date: 5/18/16  Year Round  Seasonal  Temporary Event

Have you received State approval? YES Please attach copy of license

Type of Food Served: GLUTEN-FREE BAKED GOODS

Hours and Days of operation: WEDNESDAY 12-4PM

Will you have entertainment on the premises?	Yes _____	No <input checked="" type="checkbox"/>
Will you permit dancing on the premises?	Yes _____	No <input checked="" type="checkbox"/>

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

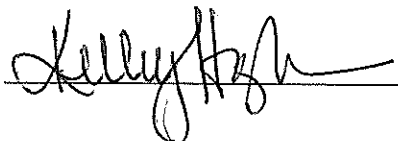
- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature  Title OWNER Date 9/17/18



# 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

94542

2-26698

April 30, 2015

May 26, 2016

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*  
**Wildflours Gluten-Free Bakery**  
**Kelley Hughes**  
**54 Cumberland ST, Suite #1**  
  
**Brunswick, ME 04011-**

## MOBILE VENDOR

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

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Mobile Vendor	0 to 10	20.00
Bakery Proc/Wholesale	Breads, Rolls Cakes, Pies	50.00
<b>TOTAL:</b>		<b>70.00</b>



Department of Agriculture

Commissioner

EVERY LICENSE SHALL BE DISPLAYED ON THE  
LICENSED PREMISES IN A LOCATION  
EASILY SEEN BY THE GENERAL PUBLIC.

Division of Quality Assurance

Director

**Application for a NEW Food Service Establishment**

Individual  Corporation/LLC  Partnership  Other  Non-Profit

Business Name (d/b/a): Bleuberet (d/b/a) / Dine In, LLC  
Phone: 206-4125

Location Address: 21 School House Rd, Orland ME 04472

Mailing Address: 913 Point Rd, Hancock ME 04640  
PO Box 24, Ellsworth, ME 04605

Contact Person: Katherine Waters Phone: 206-4125

Contact Email: info@bleuberets.com

Manager of Establishment: Katherine Waters Mike Mahenfant Phone: 812-0111

Owner of Premises (landlord): Town of Orland / Orland Community Center  
Address: 21 School House Rd, Orland Phone: 812-0111

Corporation, LLC, Association, Partnership Name: Dine In, LLC / dba Bleuberet

Name of Owner(s): Katherine Waters

Residence Address: 913 Point Rd, Hancock ME 04640

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? no If yes, please explain: \_\_\_\_\_

Is alcohol served? Yes \_\_\_\_\_ No X

Targeted Opening Date: \_\_\_\_\_  Year Round  Seasonal  Temporary Event

Have you received State approval? yes Please attach copy of license

Type of Food Served: Jam, Sauces, Relishes, prepackaged food

Hours and Days of operation: farmers market hours

Will you have outside dining? Yes \_\_\_\_\_ No X

Will you permit dancing on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00       *f*
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature *Matthew Waters* Title *owner* Date *4/13/14*



# 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

88525

2-29932

July 24, 2014

August 24, 2015

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, fact 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*  
**Orland Community Center  
Town Of Orland/ Orland  
Community Center  
PO Box 67  
Orland, ME 04474-**

## COMMERCIAL FOOD PROCESSOR

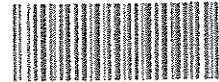
Location: 21 School House RD, Orland

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Commercial Food Processor	Other Type Community Kitchen	50.00
	<b>TOTAL:</b>	<b>50.00</b>



Department of Agriculture

Commissioner

EVERY LICENSE SHALL BE DISPLAYED ON THE  
LICENSED PREMISES IN A LOCATION  
EASILY SEEN BY THE GENERAL PUBLIC.

Division of Quality Assurance

Director





# State of Maine

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

SERIAL NUMBER

89287

2-30034

September 8, 2014

October 8, 2015

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*

Dine In LLC dba Bleuberett  
Dine In LLC dba Bleuberett  
PO Box 1372

Ellsworth, ME 04605-

## COMMERCIAL FOOD PROCESSOR

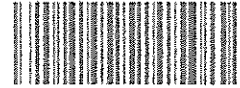
Location: 21 Schoolhouse RD, Oriand

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Commercial Food Processor	Breads, Rolls Cakes, Pies Jams, Jellies	50.00
<b>TOTAL:</b>		<b>50.00</b>



Department of Agriculture

Commissioner

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EASILY SEEN BY THE GENERAL PUBLIC.

Division of Quality Assurance

Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2015

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> J.T. Rosborough, Inc. 214 Main Street P.O. Box 548 Ellsworth ME 04605-0548	<b>CONTACT NAME:</b> Lori Keyte <b>PHONE (A/C, No, Ext):</b> (207) 667-7101 <b>E-MAIL ADDRESS:</b> Lori@jtr-inc.com		<b>FAX (A/C, No):</b> (207) 664-0581
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A MMG Insurance Company		<b>NAIC #</b> 15997
<b>INSURED</b> Dine In LLC DBA: Eleuberets 21 School House Road Suite 5 Orland ME 04472	<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: CL1531708872

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BP0446393	5/20/2013	5/20/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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 Liability Premium \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS					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	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-SR 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**

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

Lori Keyte/LORI

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ACORD 25 (2014/01)

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INS025 / 05/14/11



# 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

96744

2-30034

October 2, 2015

October 8, 2016

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

Dine In LLC dba Bleuberet  
Dine In LLC dba Bleuberett  
PO Box 561

Southport, CT 06890-

**MOBILE VENDOR**

Location: 21 Schoolhouse RD, Orland

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.

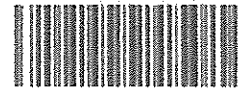
This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Retail Meat	Prepackaged for Direct Sale	10.00
Mobile Vendor	0 to 10 Cold Foods (prepared on site) Hot Foods (prepared on site) Prepackaged Meat Prepackaged Food	20.00
Retail Food Establishment	0 to 10	20.00
Commercial Food Processor	Breads, Rolls Cakes, Pies Jams, Jellies Other Type Chili Sauce, & Relish	50.00
<b>TOTAL:</b>		<b>100.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director



# State of Maine

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

SERIAL NUMBER

87711

2-28779

June 4, 2014

June 21, 2015

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*  
**Dine In LLC**  
**Dine In LLC dba Bleuberet**  
**PO Box 1372**  
  
**Ellsworth, ME 04640-**

**MOBILE VENDOR**

**Location: 913 Point RD, Hancock**

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.

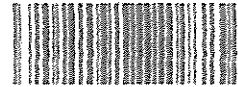
This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

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

Commissioner

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Division of Quality Assurance

Director



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



THIS CERTIFICATE IS VALID  
DECEMBER 08 2014 THRU DECEMBER 31 2017

<u>Business Name and Location Address</u>	<u>Certificate Number</u>	<u>Business Type</u>
DINE IN LLC D/B/A BLEUBERET PO BOX 1372 ELLSWORTH, ME 04605-1372	1171362	FOOD PROC.

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

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

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Spring Brook Farm  
Phone: 207-829-5977

Location Address: 168 Greely Rd Cumberland Me 04021

Mailing Address: Same

Contact Person: Jeff Storey Phone: 207-671-1632

Contact Email: Jrstorey19@gmail.com

Manager of Establishment: Same Phone: \_\_\_\_\_

Owner of Premises (landlord): Katherine Fowler  
Address: 168 Greely Rd Cumberland Me 04021

Business: Please select one

- Corporation/ LLC
- Partnership
- Other
- Individual
- Association

Corporation, LLC, Association, Partnership Name: Spring Brook Farm

Name of Owner(s): Jeff Storey, Katherine & Gregory Fowler

Residence Address: 168 Greely Rd Cumberland Me 04021

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? No If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No X

Targeted Opening Date: \_\_\_\_\_  Year Round  Seasonal  Temporary Event

Have you received State approval? Yes Please attach copy of license

Type of Food Served: Farm Beef, pork, eggs, vegetables

Hours and Days of operation: 12-6pm All

Will you have entertainment on the premises? Yes \_\_\_\_\_ No X  
Will you permit dancing on the premises? Yes \_\_\_\_\_ No X

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00 X \_\_\_\_\_
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature  Title owner Date 3.26.16



# 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

100407

1-3614

December 8, 2015

October 31, 2016

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Spring Brook Farm**  
**Gregory & Katherine Fowler**  
168 Greely RD  
  
Cumberland, ME 04021-

**FARM STORE**

Location: 168 Greely RD, Cumberland

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

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

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

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Mobile Vendor	0 to 10 Dairy Products Prepackaged Meat Prepackaged Food Produce (fresh) Seafood (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

*Walter E. Waterford*

Commissioner

Division of Quality Assurance

*A. S. Dyer*

Director

VOID



# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Jillson's farm  
Phone: 267-375-4486

Location Address: 143 Jordan Breez Rd

Mailing Address: same

Contact Person: Pat Jillson Phone: 375-4486

Contact Email: Info@Jillsonfarm.com

Manager of Establishment: Pat Jillson Phone: same

Owner of Premises (landlord): \_\_\_\_\_  
Address: \_\_\_\_\_

Business: Please select one

- Corporation/ LLC
- Partnership
- Other
- Individual
- Association

Corporation, LLC, Association, Partnership Name: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No ✓

Targeted Opening Date: May 18  Year Round  Seasonal  Temporary Event

Have you received State approval? Yes Please attach copy of license

Type of Food Served: Veg tables

Hours and Days of operation: Wednesday 12-4 AM.

Will you have entertainment on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will you permit dancing on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) ~~Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50.~~ \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00 \_\_\_\_\_
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature *Scott Johnson* Title *Market Person* Date *4-21-16*



# 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

94667

1-787

May 29, 2015

June 30, 2016

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 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 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 Produce (fresh)	20.0
Mobile Vendor	0 to 10	20.0
Maple Syrup	More than 15 gal. Fruits, Vegetables Maple Syrup	25.0
<b>TOTAL:</b>		<b>65.00</b>



Department of Agriculture

Division of Quality Assurance

EVERY LICENSE SHALL BE DISPLAYED ON THE LICENSED PREMISES IN A LOCATION EASILY SEEN BY THE GENERAL PUBLIC.

Commissioner

Director

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Pachanga, LLC DBA Tortilleria Pachanga  
Phone: 207-797-9700

Location Address: 1 Industrial Way, Suite 9 Portland, ME 04103

Mailing Address: Same

Contact Person: Lynne Rowe Phone: 207-232-8377

Contact Email: lynne.rowe@gmail.com

Manager of Establishment: Same Phone: \_\_\_\_\_

Owner of Premises (landlord): \_\_\_\_\_

Address: \_\_\_\_\_

Business: Please select one

Corporation/ LLC

Individual

Partnership

Association

Other

Corporation, LLC, Association, Partnership Name: N/A

Name of Owner(s): Lynne Rowe

Residence Address: 53 Monument St. Portland, ME 04101

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? No If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No

Targeted Opening Date: May-October  Year Round  Seasonal  Temporary Event

Have you received State approval? yes Please attach copy of license

Type of Food Served: packaged fresh corn tortillas

Hours and Days of operation: Wednesdays, 12-4 May-October

Will you have entertainment on the premises?	Yes _____	No <input checked="" type="checkbox"/>
Will you permit dancing on the premises?	Yes _____	No _____

(If yes, a separate Special Amusement application is required.)

**Check the proper category for the license requested:**

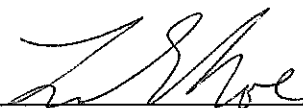
- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature  Title Owner Date 4-20-16



# 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

96596

2-28931

October 5, 2015

August 8, 2016

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, 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 Tortillas	50.00
<b>TOTAL:</b>		<b>70.00</b>



Department of Agriculture

Division of Quality Assurance

Commissioner

Director

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Valley View Farm

Phone: 207 320-1909

Location Address: 1200 Sopers Mill

Mailing Address: as above

Contact Person: Kathy Shaw Phone: \_\_\_\_\_

Contact Email: kathy@valleyviewfarmme.com

Manager of Establishment: same Phone: \_\_\_\_\_

Owner of Premises (landlord): same

Address: \_\_\_\_\_

Business: Please select one

Corporation/ LLC

Partnership

Other

Individual

Association

Corporation, LLC, Association, Partnership Name: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No X

Targeted Opening Date: May - Dec  Year Round  Seasonal  Temporary Event

Have you received State approval? yes Please attach copy of license mobile vendor

Type of Food Served: fresh veggies, some baked goods

Hours and Days of operation: Weds noon - 4 / Legion Parking Lot

Will you have entertainment on the premises?	Yes _____	No _____
Will you permit dancing on the premises?	Yes _____	No _____

(If yes, a separate Special Amusement application is required.)

**Check the proper category for the license requested:**

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00   A
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature Kathleen Mason Title owner Date 3/30/16





# 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

94628

2-20269

May 28, 2015

November 30, 2016

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

## MOBILE VENDOR

**Location: 1200 Sopers Mill RD, Auburn**

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Retail Meat	Prepackaged for Direct Sale	10.00
Mobile Vendor	0 to 10 Prepackaged Meat Prepackaged Food Produce (fresh)	20.00
Wholesale Distributor	Meat (raw)	50.00
<b>TOTAL:</b>		(2 years) 160.00



Department of Agriculture

Commissioner

EVERY LICENSE SHALL BE DISPLAYED ON THE  
LICENSED PREMISES IN A LOCATION  
EASILY SEEN BY THE GENERAL PUBLIC.

Division of Quality Assurance

Director

VOID

VOID

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Fresh Pickins Farm LLC  
Phone: 207.650.1168

Location Address: 29 Linnell Rd Wundham ME

Mailing Address: Same

Contact Person: Vicki Marion Phone: 207.650.1168

Contact Email: freshpickinsfarm@notmail.com

Manager of Establishment: Vicki Marion Phone: 650.1168

Owner of Premises (landlord): Vicki Marion / Dan maria / Peter Maria  
Address: 29 Linnell rd Wundham

Business: Please select one

- Corporation/ LLC  Individual  
 Partnership  Association  
 Other

Corporation, LLC, Association, Partnership Name: Fresh Pickins Farm LLC

Name of Owner(s): Vicki, Peter and Daniel Maria

Residence Address: 29 Linnell rd Wundham ME 04062

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes No

Targeted Opening Date: 5/18/16  Year Round  Seasonal  Temporary Event

Have you received State approval? yes Please attach copy of license

Type of Food Served: ⊕ Jared Honey

Hours and Days of operation:  
Wednesdays # noon - 4pm

Will you have entertainment on the premises? Yes  No   
Will you permit dancing on the premises? Yes  No

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- x (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature Walter J. Man Title Partner Date 4/19/16



**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:*

FRESH PICKINS FARM LLC  
29 LINNELL RD  
WINDHAM, ME 04062-5702

**Registration Number:** 1171732

**Date Issued:** AUGUST 10 2012

Business Code: 062  
Filing Frequency: QUARTERLY

**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.



### 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 7 colonies of bees on June 15, 2015 and has paid the required license fee of \$5.00.

Expires: 06/14/2016

Walter E. Whitcomb  
Commissioner

Peter and Vicki Marion  
29 Linnell Rd  
WINDHAM ME 04062



### 2016 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

E. Ann Gibbs,  
Director

THIS LICENSE EXPIRES DECEMBER 31, 2016 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**



# 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

99947

2-28391

January 25, 2016

February 17, 2017

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	Prepackaged Food	20.00
Home Food Processor	Other Type Honey	20.00
	<b>TOTAL:</b>	<b>40.00</b>



Department of Agriculture

Division of Quality Assurance

Commissioner

Director

March 28, 2016

Dear Members of the Town Council,

I am writing to voice my intent to operate my mobile food business, Café Crêpe in Falmouth Maine. I have been previously licensed in Falmouth but let my license expire while I opened a storefront in Freeport. I am hoping to be licensed again in Falmouth and to be a part of the farmer's market and other possible events in town. I look forward to doing business in the town I reside. Thank you for your consideration.

Sincerely,

Lauren Brinkann  
Owner, Café Crêpe

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Café Crêpe

Phone: 970-389-8677

Location Address: \_\_\_\_\_

Mailing Address: 10 Clifton Rd Falmouth, ME 04105

Contact Person: Lauren Brinkmann Phone: 970-389-8677

Contact Email: mainecrepes@yahoo.com

Manager of Establishment: Lauren Brinkmann Phone: 970-389-8677

Owner of Premises (landlord): \_\_\_\_\_

Address: \_\_\_\_\_

Business: Please select one

Corporation/ LLC

Individual

Partnership

Association

Other

Corporation, LLC, Association, Partnership Name: Café Crêpe LLC

Name of Owner(s): Lauren Brinkmann

Residence Address: 10 Clifton Rd Falmouth ME 04105

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No X

Targeted Opening Date: May 10, 2016  Year Round  Seasonal  Temporary Event

Have you received State approval? yes Please attach copy of license (HHE-602)

Type of Food Served: Sweet & savory crêpes

Hours and Days of operation:  
varying depending on event.  
ie - Falmouth farmers market 12-4 pm



Will you have entertainment on the premises?	Yes _____	No <u>X</u>
Will you permit dancing on the premises?	Yes _____	No <u>X</u>

(If yes, a separate Special Amusement application is required.)

**Check the proper category for the license requested:**

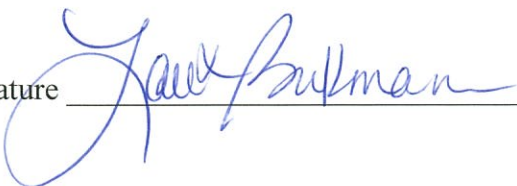
- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00 \_\_\_\_\_
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 X

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature  Title owner/operator Date 3/28/16

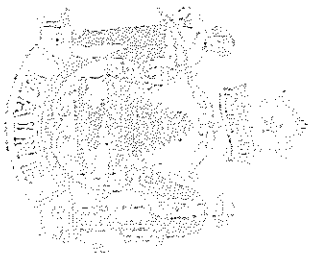
*State of Maine*  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EST ID: 23190**  
EATING PLACE - MOBILE

EXPIRES: 05/21/2017

CAFE CREPE  
25 PRITHAM  
GREENVILLE ME 04441

FEE: \$200.00



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

Mary C. Mayhew  
COMMISSIONER

NON-TRANSFERABLE

Town of Falmouth

Application for a New Food Service Establishment

Business Name (d/b/a): Cranberry Rock Farm (as part of Cumberland Farmers Market Assn.)  
Phone: 207-778-1556

Location Address: 427 Mt. Pisgah Rd. Winthrop, ME 04364

Mailing Address: same as above

Contact Person: Ron DiGravio Phone: 207-778-1556

Contact Email: cranberryrockfarm@gmail.com

Manager of Establishment: Ron DiGravio & Cindy Townsend Phone:

Owner of Premises (landlord): SAME AS ABOVE  
Address:

Business: Please select one

- Corporation/ LLC
 Partnership
 Other
 Individual
 Association

(Cumberland Farmers Market Assn.)

Corporation, LLC, Association, Partnership Name: Cranberry Rock Farm LLC

Name of Owner(s): Ron DiGravio & Cindy Townsend

Residence Address: 427 Mt. Pisgah Rd. Winthrop, ME 04364

Have applicant, partners, associates, or corporate officers ever been arrested, indicted, or convicted for any violation of law? NO If yes, please explain:

Is alcohol served? Yes No

Targeted Opening Date: May 18
Year Round Seasonal Temporary Event

Have you received State approval? yes Please attach copy of license

Type of Food Served: sold fresh produce, prepackaged meat, baked goods

Hours and Days of operation: Farmers Market
Wednesdays, 12-4 PM

Will you have entertainment on the premises?	Yes _____	No _____
Will you permit dancing on the premises?	Yes _____	No _____

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00  \_\_\_\_\_
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH")

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature Cindy Townsend Title owner Date 3/25/16

For Town use only

(a) Code Enforcement Approval: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Wastewater Approval: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Fire Chief Approval: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Police Chief Approval: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Tax Collector Approval: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Approved by Municipal Officers: \_\_\_\_\_



# 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

99662

2-30156

January 11, 2016

November 23, 2016

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 Meat	Prepackaged for Direct Sale	10.00
Retail Food Establishment	0 to 10 Coffee/Tea(prepared on site) Prepackaged Meat Prepackaged Food Produce (fresh)	20.00
Mobile Vendor	0 to 10	20.00
Home Food Processor	Breads, Rolls Cakes, Pies	20.00
<b>TOTAL:</b>		<b>70.00</b>



Department of Agriculture

Commissioner

Division of Quality Assurance

Director

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Maine Saltwater Creations, LLC.  
Phone: 207 650-8075

Location Address: 2 Main St Biddeford, Maine Bldg 15 suite 202

Mailing Address: 141 Veranda Street Portland, Maine 04103 (apt 2)

Contact Person: Laura Fillinger Phone: 207 650-8075

Contact Email: maivesaltwater@gmail.com

Manager of Establishment: Laura Fillinger Phone: 207 650-8075

Owner of Premises (landlord): Doug e Pepperell campus Biddeford, Maine  
Address: 2 Main St Biddeford, Maine • North Dam, LLC.

Business: Please select one

- Corporation/ LLC  Individual  
 Partnership  Association  
 Other

Corporation, LLC, Association, Partnership Name: Maine Saltwater Creations, LLC,

Name of Owner(s): Laura fillinger

Residence Address: 141 Veranda Street Portland, Maine 04103

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No NO

Targeted Opening Date: \_\_\_\_\_  Year Round  Seasonal  Temporary Event

Have you received State approval? yes Please attach copy of license

Type of Food Served: I do not serve food, I do samples sometimes of my seafood cakes that I sell frozen, I also sell frozen small meals, fresh  
Hours and Days of operation:

July Wednesdays Setup up @ 11:00am until 5:00.

This is for the Cumberland Farmers' Market Assn. market held at 65 Depot Rd in Falmouth, American Legion.

Revised October 2015 Market is ~~held~~ open to public every Wednesday 12:00 to 4pm for 20 weeks. Starting 5/18

+ frozen soups  
+ Fresh wild caught  
in per weighted leak proof container

Will you have entertainment on the premises?	Yes _____	No _____	I'm sure there will be some music, but I'm sorry I don't know when or who.
Will you permit dancing on the premises?	Yes _____	No _____	

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00 \_\_\_\_\_
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00  \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature [Handwritten Signature] Title Owner Date 3/25/2016





# 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

97246

2-29163

November 5, 2015

November 16, 2016

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

**Maine Saltwater Creations LLC**

**Laura Fillinger**

**141 Veranda ST**

**Portland, ME 04103-**

## MOBILE VENDOR

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

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

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

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

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Mobile Vendor	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

Commissioner

Division of Quality Assurance

Director

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Flower Shop at Winslow Farm LLC  
Phone: 207-878-8787

Location Address: 291 Gray rd, Falmouth, ME

Mailing Address: or

Contact Person: Max Boudreau Phone: 207-807-0000

Contact Email: max@winslow-farm.com

Manager of Establishment: Sarah Boudreau Phone: 207-807-7272

Owner of Premises (landlord): Sarah Boudreau  
Address: 291 Gray rd, Falmouth, ME

Business: Please select one

- Corporation/ LLC  Individual  
 Partnership  Association  
 Other

Corporation, LLC, Association, Partnership Name: Flower Shop at Winslow Farm LLC

Name of Owner(s): Sarah Boudreau

Residence Address: 291 Gray rd Falmouth,

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No

Targeted Opening Date: May 22  Year Round  Seasonal  Temporary Event

Have you received State approval? NA Please attach copy of license

Type of Food Served: raw vegetables

Hours and Days of operation:

\_\_\_\_\_

Will you have entertainment on the premises? Yes  No   
Will you permit dancing on the premises? Yes  No

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

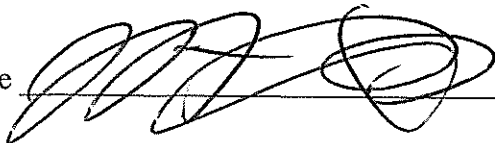
**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature



Title

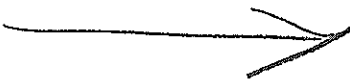
manager

Date

4-11-16

Department of Agriculture, Food and Rural Resources  
Division of Quality Assurance and Regulations

**FARM STANDS & FARMER'S MARKETS MOBILE**  
**VENDOR GUIDELINES**

- A. **DEFINITIONS.** For purposes of these guidelines and unless the context otherwise indicates the following words shall have the following meanings.
1. "Approved source" means inspected and/or licensed by a state or federal regulatory authority.
  2. "Department" means the Maine Department of Agriculture, Food and Rural Resources.
  3. "Easily cleanable" means that surfaces are readily accessible and made of such materials and finish and so fabricated that residue may be effectively removed by normal cleaning methods.
  4. "Equipment" means grill, stoves, utensils, worktables, storage containers, apparatus and cleaning tools such as brooms and mops.
  5. "Food" means any article used or intended to be used by human beings for food, drink, confection or condiment, whether simple or compound or any part or ingredient thereof or the preparation thereof.
  6. "Food contact surfaces" means those surfaces of equipment and utensils with which food comes in contact and those surfaces from which food may drain, drip or splash back onto surfaces normally in contact with food.
  7. "Legal For Trade Scales for Use at Farm Stands and Farmer's Markets" means labeled as Class II or Class III, National Type Evaluation (NTEP) certified, small division size, operates at a higher level of accuracy than a non-legal for trade device.
  8. "Mobile Vendor" means:
    - a) a mobile vehicle capable of moving or being moved from its site from which food is sold or offered for sale, that is not packaged or served to the customer in a manner intended for immediate consumption (for example, a bulk package of ice cream or a bag of raw clams)
    - b) a mobile vehicle capable of moving or being moved from its site from which food is sold or offered for sale in a form requiring further preparation or cooking by the customer before being suitable to eat.
    - c) mobile vendor does not include a mobile eating place which serves food for immediate consumption  
(license for this type of vending is obtained from the Department of Health and Human Services, 287-5671).
    - d) mobile vendor does not include fresh, raw unprocessed fruits and vegetables (ie: if only selling fresh, raw, unprocessed fruits and vegetables then the vendor does not need a mobile vendor license).
- 

H. LICENSE REQUIREMENTS AT FARM STANDS AND FARMER'S MARKETS – possible scenarios

1. Sales of *fresh, raw, unprocessed fruits and vegetables only*
  - exempt from licensing requirements
2. Sales of *fruits and vegetables that have been peeled, sliced, husked, canned, baked, dehydrated, refrigerated, frozen, ground, cured, smoked, shelled, or otherwise prepared and packaged for human consumption at farm stands and farmer's markets*
  - Mobile Vendor License
3. Sales of *ME or USDA inspected meat and poultry products at farm stands and farmer's markets*
  - Retail Meat Sales License
  - Mobile Vendor License
4. Sales of *poultry products at farm stands and farmer's markets raised, processed and packaged with a Grower/Producer Exemption in a commercial food processing facility*
  - Commercial Food Processor License
  - Retail Meat Sales License
  - Mobile Vendor License
5. Sales of *poultry products at farm stands and farmer's markets raised, processed and packaged with 1,000 birds or less Exemption in a commercial food processing facility*
  - Commercial Food Processor License
  - Retail Meat Sales License
  - Mobile Vendor License
6. Sales of *butter at farm stands and farmer's markets manufactured in a commercial food processing facility, and sold by the commercial processor*
  - Commercial Food Processor License
  - Mobile Vendor License
7. Re-sales of *butter at farm stands and farmer's markets*
  - Mobile Vendor License
8. Sales of *dairy products (except for butter) at farm stands and farmer's markets*
  - Mobile Vendor License
  - Milk Distributor License from the Division of Animal Health & Industry (287-7610)

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): The Farmers & Daughters

Phone: 209 233 2915

Location Address: 2 Robins way New Gloucester Me 04260

Mailing Address: same

Contact Person: NANCY Di MAURO Phone: 233 2915

Contact Email: NDiMAURO@maine.RR.com

Manager of Establishment: NANCY Di MAURO Phone: \_\_\_\_\_

Owner of Premises (landlord): NANCY Di MAURO  
Address: \_\_\_\_\_

Business: Please select one

Corporation/ LLC

Individual

Partnership

Association

Other

Corporation, LLC, Association, Partnership Name: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? \_\_\_\_\_ If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No \_\_\_\_\_

Targeted Opening Date: \_\_\_\_\_  Year Round  Seasonal  Temporary Event

Have you received State approval? \_\_\_\_\_ Please attach copy of license

Type of Food Served: \_\_\_\_\_

Hours and Days of operation: \_\_\_\_\_

Will you have entertainment on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will you permit dancing on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature Nancy D. Mauro Title owner Date 3-26-16



# 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

96604

2-29841

August 10, 2015

July 16, 2016

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

*This certifies that*

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

**New Gloucester, ME 04210-**

## MOBILE VENDOR

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

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

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

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

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

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

*Walter E. Whitcomb*

Commissioner

Division of Quality Assurance

*A. S. Dyer*

Director



# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Spun Bakery LLC d/b/a SPUN  
Phone: 207-417-7097

Location Address: 87 Dune Drive Freeport ME 04032

Mailing Address: 87 Dune Drive Freeport ME 04032

Contact Person: Don Gaile Phone: 207-417-7097

Contact Email: don@spunbakery.com

Manager of Establishment: Don Gaile Phone: 207-417-7097

Owner of Premises (landlord): Don Gaile  
Address: 87 Dune Drive Freeport ME 04032

Business: Please select one

- Corporation/ LLC  Individual  
 Partnership  Association  
 Other

Corporation, LLC, Association, Partnership Name: Spun Bakery LLC

Name of Owner(s): Don Gaile

Residence Address: 87 Dune Drive Freeport ME 04032

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? No If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No

Targeted Opening Date: 5/1/16  Year Round  Seasonal  Temporary Event

Have you received State approval? Yes Please attach copy of license

Type of Food Served: baked goods

Hours and Days of operation:  
12:00pm - 4:00pm

Will you have entertainment on the premises? Yes \_\_\_\_\_ No ✓  
Will you permit dancing on the premises? Yes \_\_\_\_\_ No ✓

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 —
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 —
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 —
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00 —
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 —
- (f) Establishments operated by non-profit organizations. \$25.00 —
- (g) Cart or mobile establishment \$50.00 ✓

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature  Title President Date April 5, 2016



# 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

98141

2-31149

October 14, 2015

November 14, 2016

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

*Walter E. Whitcomb*

Commissioner

Division of Quality Assurance

*A. S. Dyer*

Director



Spun Bakery LLC  
87 Dune Drive  
Freeport Maine 04032

April 5, 2016

Ellen Planer  
Town Clerk  
Town of Falmouth  
271 Falmouth Road  
Falmouth, Maine 04105

Dear Ms. Planer:

Please accept my application as a vendor for this season's Falmouth Farmer's Market. As I understand it, Kathy Shaw, President of the Market will be writing an official letter of intent for all the applicants.

If you have any questions or need further clarification, please contact me at your earliest convenience at 207-417-7097 or via email at [don@spunbakery.com](mailto:don@spunbakery.com).

Sincerely,

Don Gaile

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): Crossroads Coffee Beans  
Phone: 440 3379

Location Address: 52 College Hill Rd Great Mt 04039

Mailing Address: \_\_\_\_\_

Contact Person: Steve Arsenault Phone: 440 3379

Contact Email: CrossroadsCoffeeBeans@gmail.com

Manager of Establishment: Jan Phone: \_\_\_\_\_

Owner of Premises (landlord): Jan  
Address: \_\_\_\_\_

Business: Please select one

- Corporation/ LLC
- Partnership
- Other
- Individual
- Association

Corporation, LLC, Association, Partnership Name: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? No If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No ✓

Targeted Opening Date: May 18  Year Round  Seasonal  Temporary Event

Have you received State approval? Yes Please attach copy of license

Type of Food Served: Coffee Beans, Pancakes, 1/2 Pastry

Hours and Days of operation:  
Wednesdays 11:00 To 4 PM

Will you have entertainment on the premises? Yes \_\_\_\_\_ No ✓  
Will you permit dancing on the premises? Yes \_\_\_\_\_ No ✓

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:


- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00 \_\_\_\_\_
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature  Title Dwight Date 4 19 16



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



THIS CERTIFICATE IS VALID  
MARCH 17 2014 THRU DECEMBER 31 2016

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

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

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

---



---



---

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

**DO NOT WRITE ON THIS ORIGINAL FORM**

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

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

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

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

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

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

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



Maine Dept of Agriculture, Conservation & Forestry  
 Division of Quality Assurance and Regulations  
 28 State House Station  
 Augusta, Maine 04333-0028  
 Phone: 207-287-3841 Fax: 207-287-5576  
 State Relay: 207-287-3871



**FOOD AND FUEL LICENSE APPLICATION**

<b>Check the TYPE of Request:</b>	<input checked="" type="checkbox"/> <b>New License</b>	<input type="checkbox"/> <b>License Renewal</b>	<input type="checkbox"/> <b>Change of Ownership</b>	<input type="checkbox"/> <b>Location Change</b>
<b>Section 1. Establishment Information</b>				
Establishment Name:	Crossroads Coffee Beans		License Number:	
Site Manager:	Stephen Arsenauff		New Business?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	52 Colley Hill Rd	Former Establishment:		
City:	Gray	Former Owner:		
State:	Maine	Seating Capacity:	<input checked="" type="checkbox"/> Full Time	<input type="checkbox"/> Seasonal
Zip:	04039	Typical Season:		
Telephone:	207-440-3379	Operating Hours:	Daily 8-5	
Cell/ Pager:		Operating Days:	Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	
Fax:		Type of Water:	Private Dug <input checked="" type="checkbox"/>	Private Drilled <input type="checkbox"/> Municipal <input type="checkbox"/>
Email:	crossroadscoffeebeans@gmail.com	Type of Septic:	Private <input checked="" type="checkbox"/>	Municipal <input type="checkbox"/>

<b>Section 2: Owner Information</b>				
Owner or Corporate Name:	Stephen J Arsenauff			
Mailing Address:	52 Colley Hill Rd	City:	Gray	
State:	Maine	Zip:	04039	Phone:
Fax:		Email:	Stevearsenauff56@gmail.com	

Please Complete Each Section That Applies to Your Business

<b>Section 3. License Type Retail</b>	
Check <b>One</b> Block that Best Describes Your Operation	Check <b>All</b> Services Provided That Apply to Your Business
<input type="checkbox"/> Bakery	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Beverage Store	<input type="checkbox"/> Health Food Store
<input type="checkbox"/> Book Store	<input type="checkbox"/> Meat Market, Butcher
<input type="checkbox"/> Campground Store	<input checked="" type="checkbox"/> Mobile Vendor
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Salvage Foods
<input type="checkbox"/> Department Store	<input type="checkbox"/> Seafood Market
<input type="checkbox"/> Dollar Store	<input type="checkbox"/> Vegetable Stand
<input type="checkbox"/> Drug Store	<input type="checkbox"/> Video/ Music Store
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Other (Please Specify below)
<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Other:
	<input type="checkbox"/> *Baked Goods (produced on site)
	<input type="checkbox"/> Beverage Dispenser
	<input type="checkbox"/> Bulk Sales (candy, fruit, nuts, popcorn)
	<input type="checkbox"/> Coffee/Tea (prep on site)
	<input type="checkbox"/> *Cold Foods (prepared on site)
	<input type="checkbox"/> Dairy Products
	<input type="checkbox"/> Frozen Food
	<input type="checkbox"/> Fruit Juices
	<input type="checkbox"/> *Hot Foods (prepared on site)
	<input type="checkbox"/> Hotdog Steamer
	<input type="checkbox"/> Prepackaged Meat
	<input checked="" type="checkbox"/> *Processed Meat
	<input type="checkbox"/> Prepackaged Food
	<input type="checkbox"/> Produce (fresh)
	<input type="checkbox"/> Produce (processed)
	<input type="checkbox"/> *Ready to Eat Deli Items
	<input type="checkbox"/> Salad Bar
	<input type="checkbox"/> Seafood (fresh)
	<input type="checkbox"/> *Seafood (ready to eat)
	<input type="checkbox"/> Soft Serve Ice Cream
	<input type="checkbox"/> Vacuum Packing Food

**RETAIL FEES (Section 3 on License Application)**

<b>Retail Food Establishment (All Food or Beverage Sales):</b>		
<input type="checkbox"/> 0 to 10 employees:	\$20	
<input type="checkbox"/> 11 to 25 employees:	\$50	
<input type="checkbox"/> 26 or more employees:	\$150	Fee Enclosed:
<b>Bakery:</b>		
<input type="checkbox"/> 0 to 10 employees:	\$20	
<input type="checkbox"/> 11 to 25 employees:	\$50	
<input type="checkbox"/> 26 or more employees:	\$150	Fee Enclosed:
<b>Meat Sales:</b>		
<input type="checkbox"/> Required if any meat, poultry, meat food products including beef jerky and slim Jims and poultry food products are offered for sale to consumer:	\$10	
<input type="checkbox"/> Required if cutting, wrapping, or further processing and meat or poultry at a retail establishment:	\$50	Fee Enclosed:
<b>Mobile Vendor:</b>		
<input checked="" type="checkbox"/> 0 to 10 employees:	\$20	20.00
<input type="checkbox"/> 11 to 25 employees:	\$50	
<input type="checkbox"/> 26 or more employees:	\$150	Fee Enclosed:

**Subtotal Retail Section 3:** \$20.00

\* License fees based on the number of employees must include all full-time, part-time and intermittent employees.



Section 6. Retail Fuel Establishment		
Check <b>All</b> that apply to your operation		
Diesel (Includes Off Road)	Number of nozzles:	
Gas (regular unleaded)	Number of nozzles:	
Gas (mid-grade unleaded)	Number of nozzles:	
Gas (premium unleaded)	Number of nozzles:	
Kerosene	Number of nozzles:	
Propane (Motor Fuel)	Number of nozzles:	
Av Gas	Number of nozzles:	
Propane Fill Plant (No Fee) – Please check this box if propane tanks are filled on site!	Total nozzles:	

**RETAIL FUEL ESTABLISHMENT FEES (Section 6 of License Application)**

**Registration of Motor Fuel Dispensers:**

\$8 / nozzle / year    No. of nozzles =     X \$8 ea. =    Fee Enclosed:

*A dispensing nozzle is one that is capable of dispensing a single product. Each additional grade of product dispensed from a single nozzle shall constitute as an additional dispensing nozzle.*

Total License Fees Section 6:

**Section 7. Complete the following checklist, sign and date application prior to submittal. License issuance may be delayed and application returned if necessary materials are omitted.**

- All information requested in Sections 1 and 2 has been provided.
- Each section in which a license is wanted is complete.
- Private well please submit water test results from a certified laboratory for total coliform bacteria and nitrates. For new applications, water tests must be completed within the past 30 days. For renewal applications, water tests must be completed within the past 12 months. \*NOTE: If your private well is regulated as a Public Water System (PWS) by the Drinking Water Program (DWP) or you have municipal water you are not required to submit test results.
- Private well regulated as a Public Water System (PWS) please provide your Public Water System Identification Number PWSID # \_\_\_\_\_
- If a private septic system is used, enclose documentation of compliance with the "Maine Subsurface Waste Water Disposal Rules." This may be obtained from a Code Enforcement Officer or Plumbing Inspector.
- Seafood processors must complete a hazard analysis of each product and implement necessary HACCP Plan(s).
- Food processors must enclose a review from an accredited food processing authority for manufacturing acidified food; such as, but not limited to salsas, pickles, sauces, etc.
- Out-of-state beverage plants must enclose current sanitation inspection from the licensing authority.
- Out-of-state beverage plants must enclose copies of beverage labels – every kind, size and brand – to be sold in the State of Maine.
- Application must be submitted 30 days prior to opening date (Specified Below). If establishment is NOT prepared for inspection within 90 days of specified opening date, a new application and fee may be required.

Opening Date: April 20, 2016

Contact Name: Stephen J. Arsenaull

Contact Phone: 207-440-3379

\* Multi-year Licenses (up to 3 years) are available upon request for establishments that **DO NOT** produce potentially hazardous foods or are not required to submit an annual water test.

**TOTAL FEES (NON-REFUNDABLE) Section 3-6:**

**Total:** 20.00

License fees must accompany application. Checks must be made payable to: **TREASURER, STATE OF MAINE**

If you would like to pay by credit card (Visa or MasterCard Only!), please complete the following:			
Name on Card:			
Credit Card #:			
Expiration Date:	Card Type (Please Check One!):	<input type="checkbox"/> ←Visa	<input type="checkbox"/> ←MasterCard
Billing Address:			

**NOTICE:** Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).

PRINT NAME: Stephen J. Arsenaull SIGNATURE:  DATE: 3 30 16

Paid 1529  
0 30 16

# Town of Falmouth

## Application for a New Food Service Establishment

Business Name (d/b/a): TIR NA NOG FARM  
Phone: 688-4483

Location Address: 44 LEIGHTON RD., POWNAL 04069

Mailing Address: " "

Contact Person: SUE MACK Phone: 688-4483

Contact Email: SUEMACKERAL @ GMAIL. COM

Manager of Establishment: SUE MACK Phone: 688-4483

Owner of Premises (landlord): SUE MACK / HOLLY MORRISON  
Address: \_\_\_\_\_

Business: Please select one

- Corporation/ LLC  Individual  
 Partnership  Association  
 Other

Corporation, LLC, Association, Partnership Name: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Have applicant, partners, associates, or corporate officers ever been *arrested, indicted, or convicted* for any violation of law? NO If yes, please explain:

Is alcohol served? Yes \_\_\_\_\_ No

Targeted Opening Date: 15 MAY 2016  Year Round  Seasonal  Temporary Event

Have you received State approval? PENDING Please attach copy of license

Type of Food Served: FROZEN MEAT, FRESH VEGETABLES

Hours and Days of operation:  
WEDNESDAYS 11 - 3:00

Will you have entertainment on the premises? Yes  No   
Will you permit dancing on the premises? Yes  No

(If yes, a separate Special Amusement application is required.)

Check the proper category for the license requested:

- (a) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50. \$25.00 \_\_\_\_\_
- (b) Same as (c) except where the total seating capacity is more than 50. \$50.00 \_\_\_\_\_
- (c) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor. \$50.00 \_\_\_\_\_
- (d) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. \$25.00
- (e) Same as (f) except where the total area of the establishment is more than 10,000 square feet. \$50.00 \_\_\_\_\_
- (f) Establishments operated by non-profit organizations. \$25.00 \_\_\_\_\_
- (g) Cart or mobile establishment \$50.00 \_\_\_\_\_

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/We, hereby authorize the release of any criminal history record information to the Town of Falmouth, Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature Sam Mack Title OWNER Date 20 APRIL 16