O RENEWAL

O NEW: DATE OF OPENING _

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$130.00 - WALKQUOR LICENSE - \$150.00

	CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
		(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
		O PEDDLER/TOWN PROPERTY (A COPY OF INSURANCE BOLICY MUST BE ATTACHED)
		(A COPY OF INSURANCE POLICY MUST BE ATTACHED) O RESTAURANT (NIMBER OF SEATO)
		BED AND BREAKFAST(NUMBER OF ROOMS)
		O OTHER FOOD BUSINESS (DESCRIBE)
	NAME OF BUSINESS	WHITE CEDAR INN TELEPHONE 207 865 9099
	FREEPORT PHYSICAL	170 00:16
	PRINCIPAL OWNER LE	EGAL NAME ROCK NAMEAN
	HOME ADDRESS 17	18 MADI ST TOWNERS) IS A CORPORATION
H	ADDITIONAL OWNER LE	
	HOME ADDRESS	A MY
		I CODEEMAIL: SPIIIIE
	ADDITIONAL OWNER LE	
1	HOME ADDRESS	TOWNISTATE
	THE REAL PROPERTY.	ZIP CODEEMAIL:
C	CONTACT PERSONIPERS	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) KOCK NANTSAM OR MONICA KISSANE
1	TELEPHONE 207	7865 9099 EMAIL INFO D. WHITE CEASELING, COM
N	MAILING ADDRESS	18 MAIN ST TOWNSTATE PRESENT ZIP CODE 04032
В	USINESS MAP/LOT # 0	OR BUILDING OWNER (Required for tax verification purposes) 013-005-000-000
a	OES THE OWNER OF T	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
T	O YOUR KNOWLEDGE.	IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO	O YOUR KNOWLEDGE.	IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
	PPLICANT SIGNATURE_	Val-al and
PR	RINT NAME/TITLE	POCK NASEAU (CO-OUDER)
		AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DA	ATE APPLICATION RECE	ENER 11/10/19 \$135 1 1 2019
		FEE PAID 135 W CK #8399
REA	AL ESTATE TAXES	PIE
PEF	RSONAL PROPERTY TA	AXES PIF
FIR	RE DEPARTMENT APPRO	ROVAL DIG POLICE CHIEF APPROVAL MILLA STANLE
cor	DE ENFORCEMENT APP	PPROVAL (NEW ESTABLISHMENTS ONLY)
	UNCIL APPROVAL DATE	E LICENSE MUNICO
-		EXPIRATION DATE

department of health and human services

EST 10: 712

BED AND BREAKFAST 6 ROOMS OR MORE 7 Rooms14 Seats (in) EXPIRES: 12/21/2019

WHITE CEDAR INN 178 MAIN ST

FREEPORT ME 04032-1407

SCRAM INC WHITE CEDAR INN 178 MAIN ST FREEPORT ME 04032-1407



FEE: \$150.00

Acting Commissioner

NON-TRANSFERABLE

HARRY TO BEEN

The Maine Public Smoking Act, 22 M.R.S.A. §1542, prohibits smoking in any enclosed public place, including eating establishments. Pursuant to 22 M.R.S.A. §1550, smoking is also prohibited in all outdoor eating areas which are available for dining or beverage service, including self-service. Smoking by employees of any eating establishment is governed by the Workplace Smoking Act, 22 M.R.S.A. §1580-A, which requires employers to establish and post written policies concerning smoking or non-smoking by employees. In the event workplace smoking is allowed, employees may only smoke in designated smoking areas at least 20 feet from any entryway, vent or doorway, and in no event may environmental tobacco smoke be permitted to circulate into enclosed areas of the eating establishment. For free guidance regarding smoking policy and to receive smoke-free signage, please contact the Maine Center for Disease Control and Prevention's Partnership For A Tobacco-Free Maine at www.tobaccofreemaine.org or call 207-287-4627.

Dec 19

FREEPORT VICTUALER LICENSE APPLICATION

O RENEWAL

O NEW: DATE OF OPENING _

A COPY OF CURRENT STATE FOOD LICENSE MINET BE ATTACHED FEER: MEW OR RENEWAL - \$126.00 - WALDMADR LICENSE - \$150.00

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY	
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)	
	O PEDDLER/TOWN PROPERTY	
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED) RESTAURANT 45 (NUMBER OF SEATS)	
	(NUMBER OF SEATS)	
	O BED AND BREAKFAST (NUMBER OF ROOMS)	
	O OTHER FOOD BUSINESS (DESCRIBE)	
NAME OF BUSINESS	PETILLOS TELEPHONE 207 845, 6055	
FREEPORT PHYSICAL	LADDRESS 15 depot St BUSINESS MAILING ADDRESS SOME	
PRINCIPAL OWNER L	EGAL NAME DOMINIC PETVILLO	
HOME ADDRESS	AL STOCKHOLDER IF OWNIER(S) IS A CORPORATION DATE OF BIRTH WE ZIPCODE OUBZEMAIL: daugetrillo 740 mail.	ال
ADDITIONAL OWNER		
(ADDITION	IAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:	
ADDITIONAL OWNER L	LEGAL NAME	3
(ADDITIONAL	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)	
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:	
CONTACT PERSON/PER	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) DOM PETILO	
S	Santa	
TELEPHONE	EMAIL:	
MAILING ADDRESS	TOWNSTATE ZIP CODE	
BUSINESS MAPA OT # 0	ar cope	
	OR BUILDING OWNER (Required for tax verification purposes) (Navter Mainer Properties)	
DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?	
TO YOUR KNOWLEDGE.	. IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?	
TO YOUR KNOWLEDGE,	IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?	
APPLICANT SIGNATURE	1 / m # 1	
PRINT NAME/TITLE	Deminic Vetilla Orasilat	
	Servicial Freshaus	
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE	
	[HENDEN] 경기 경기 (1) [MENDEN] (MENDEN] (MENDEN] (MENDEN) (MENDEN) (MENDEN) (MENDEN) (MENDEN) (MENDEN) (MENDEN)	
DATE APPLICATION RECE	EIVED 10 24 10 FEE PAID \$ 150	
REAL ESTATE TAXES	PIF	
PERSONAL PROPERTY TA	AXES PIF	
IRE DEPARTMENT APPR	ROVAL DIA POLICE CHIEF APPROVAL ALVANDE AND	
ODE ENFORCEMENT AP	PROVAL (NEW ESTABLISHMENTS ONLY) NO	
OUNCIL APPROVAL DATE	ELICENSE NI IMPER	
The state of the s	LICENSE NUMBER EXPIRATION DATE	

ANNAMA ON ANNAMA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 5801

EATING PLACE TIER 2 34 Seats (in)

PETRILLOS 15 DEPOT ST FREEPORT ME 04032-1503

PETRILLO, DOMINIC PETRILLOS 15 DEPOT ST FREEPORT ME 04032-1503



EXPIRES: 02/15/2020

FEE: \$195.00

Jeanne 4 Lambon

Commissioner

MUNITANBPERABLE

O RENEWAL

M NEW: DATE OF OPENING _______

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE \$150.00

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT(NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	The Persect Spell TELEPHONE 207 550 7377
FREEPORT PHYSICAL	ADDRESS 9 Mechanic St. BUSINESS MAILING ADDRESS Bryangular New Glave
PRINCIPAL OWNER LE	EGAL NAME JOSEPH A. Richards DATE OF BIRTH 01-20-1989
HOME ADDRESS	L STOCKHOLDER IF OWNER(S) IS A CORPORATION)
ADDITIONAL OWNER	LEGAL NAMEDATE OF BIRTH
The state of the s	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION
HOME ADDRESS	ZIP CODEEMAIL:
ADDITIONAL OWNER L	EGAL NAME
	L STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(PEI	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS LESSED RICHARDS - OWNER WARTUS VERTIL
TELEPHONE 37	550 7377 EMAIL: A PERFORT SPELL Quail. Com Nanag
MAILING ADDRESS	8 Bryana way TOWNSTATE NOW Glorister ME 21P CODE 04060
BUSINESS MAP/LOT#	OR BUILDING OWNER (Required for tax verification purposes)
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DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOW EDGE	I IS THIS DISTRICTS IN VIOLATION OF ANY ANY VIOLATION OF ANY VIOLATION
TO YOUR KNOW EDGE	E. IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
- TOOK TATOMEEDOL	THE OR PEDERAL LAWY
APPLICANT SIGNATURE	DATE 10-8-19
/	1 1 1
PRINT NAME/TITLE	Joseph Ficharols - Owner
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RE	CEUTE 1019/19 FEE PAID \$ 150
REAL ESTATE TAXES	1 1 1 1 2
PERSONAL PROPERTY	TAKES WA
FIRE DEPARTMENT APP	The Market Barrier
CODE ENFORCEMENT	APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DA	ATELICENSE MUMBEREXPIRATION DATE
	CALIFORNIA DATE

	St	ate of Main	e Health II	nspection	Report	Page of	
1	ment Name	1- Snow	As Authorized	by 22 MRSA § 2498		10-28-19	1
License/E	4 4402	Address	City/8	total agent. A	Zip Code	Telephone	
Item Number	Violations cited in thi	OBSERV/ is report must be corrected		RRECTIVE ACTION below, or as stated in se		and 8-406.11 of the Food	d Code.
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	Charge (Signature)	11/	and the same of th			Date 12 - 234 - 1	
Health Ins	pector (Signature)	1.71				Date 17 3 5 - 1.	4

Dec'19

O RENEWAL

O NEW: DATE OF OPENING

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$135.00 - WILIDION LICENSE - \$159.69

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	O RESTAURANT(NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	KELLEY HUT DUGS TELEPHONE 415 2579
FREEPORT PHYSICAL	LADDRESS 76 MAIN ST BUSINESS MAILING ADDRESS
PRINCIPAL OWNER LI	DATE OF HIDTH
HOME ADDRESS	TOWNISTATE BUNGWICK ZIPCODE DYCK MAIL:
	congotte (litera
ADDITIONAL OWNER	DAIF OF BIRTH
HOME ADDRESS	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION TOWN/STATE ZIP CODE FMAIL
	TOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNER I	LEGAL NAMEDATE OF BIRTH
	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(PE	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) JAY YILMA
141	5 2579
TELEPHONE	EMAIL: Sola
MAILING ADDRESS	GOZIEMMENEMENT PO ISCHOOLING CHOLE
MAILING AUDRESS	TOWNSTATE TOWNSTATE TO THE CODE
BUSINESS MAP/LOT #	OR BUILDING OWNER (Required for tax verification purposes)
	and the second purposes,
DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDGE	MUNICIPAL ORDINANCE?
10 TOOK KNOWLEDGE	1600-160110
APPLICANT SIGNATURE	E 1001 100100 DATE 1115/17
	VENALUE: GO JEI
PRINT NAME/TITLE	Kind and the
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RE	CEIVED 11/19 FEE PAID 135
REAL ESTATE TAXES _	PIF
PERSONAL PROPERTY	TAXES PF
FIRE DEPARTMENT APP	PROVAL NIG PRINCE CHIEF ADDRESS MARIAN DILANO
	APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DA	TE LICENSE NUMBER EXPIDATION DATE

State of Maine DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 6711

EATING PLACE - MOBILE

FOOD STAND POLO 76 MAIN ST FREEPORT ME 04032

ATTN R E MANANGEMENT KELLEY HOT DOGS INC FOOD STAND FOLO PO BOX 189 BRUNSWICK ME 04011



EXPIRES: 01/31/2020

FEE: \$200.00

Acting Commissioner

O RENEWAL

O NEW: DATE OF OPENING_

A COPY OF CURRENT STATE FOOD LICENSE INUST BE ATTACHED FEES: NEW OR REMEWAL - \$138.00 WALJOUOR LICENSE - \$150.09

CHECK ONE:	O PENNI EPIPPINATE OPOSCOTA
THE STATE OF THE S	O PEDDLER/PRIVATE PROPERTY (PERMIT FROM CODES ENFORCEMENT)
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	19/2 Cafe TELEPHONE 207-865-6660
	TELEPHONE 201-003-600
FREEPORT PHYSICA	LADDRESS 95 Main Street Business Mailing ADDRESS 12 Fieldstone Lane
PRINCIPAL OWNER L	EGAL MANE PROME OURSE
(PRINCIP)	DATE OF RIDTH
HOME ADDRESS /	2 Fields for Lambounistate Falmon to MEZIPCODE O 40 FEMAIL: incloy 6 eg mail com
	m 1 0 1
ADDITIONAL OWNER	LEGAL NAME Mark P. Roy DATE OF BIRTH 06/29/1969
HOME ADDRESS 1	MAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) DATE OF BIRTH 06/09/1969
TOTAL ADDRESS_12	Gilds tone land TOWN/STATE Felmonth, ME ZIP CODE DECS EMAIL: Markpray & Egmail. com
ADDITIONAL OWNER	
	IAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	
	ZIP CODE EMAIL:
CONTACT PERSONIPE	ERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) REVGE ROY
TELEPHONE ZD	1-210-5176 EMAIL: imelroy 6 & gmail. com
MAN ING ADDRESS /	12 Fields fore line TOWNSTATE Februith ME ZIP CODE 04105
WAILING ADDRESS	TOWNSTATE TELRONTH ME ZIP CODE 04/05
	OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER OF	THE BUSINESS OWE ANY CUTSTANDING FINES OF THE STANDING FINES OF TH
	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDGE	E. IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDGE	E. IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
	BA 100
APPLICANT SIGNATURE	OWNER-Advisor
	DATE 1919
PRINT NAME/TITLE	OWNER-Advisor
	AUTHORIZED SIGNATURES, TOWN OF SOURCE
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
ATE APPLICATION REC	CEIVED \$135
EAL ESTATE TAXES	A A
	Mars & Voice
ERSONAL PROPERTY	TAKES IN THE PROPERTY OF THE PARTY OF THE PA
RE DEPARTMENT APP	BOILE TO THE POPULATION OF THE
	TOLICE CHIEF APPROVAL TITUDOST PLUTATION
DDE ENFORCEMENT A	PPROVAL (NEW ESTABLISHMENTS ONLY)
OUNCIL APPROVAL DA	TELICENSE-NUMBER
	LIGHTOP NUMBER

Entr		Closed IHH	State of Maine I	_		_		pectio	n Report	<u>t</u>		Page	1 of 4
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Uoc	nee Explry (Date/EST. ID#	Address		_	iby			- California			Time Out	3:00 PM
11/	29/2019	/20678	95 MAIN ST STE 10		- 1	_	EPO	RT		Zip Godo 04032	- 1	Telephone 207-885	
Ues	тое Туре		Owner Name	_	-	-		Inspection		License Post		-	Magory
EA	TING PLA	CE TIER 2	KAIYA DOG LLC		lc	ha	nge	of Owner	ship	Yes		1	and and a
		FOO	DEORNE ILLNESS RISK FA	CTO									
	Circle desi		s (IN, OUT, N/O, N/A) for each numb								-		E SHEET
	IN=in complia								Wark"X" In approp S=corrected on-site				d . dolodo -
Con	pliance Stat	are .				П	Cor	npliance Sta		during mapoci	JOI1	r-repea	t violation
			Juperviolen			İ			nilelly Hexerdoys	Food Time/To	mper	duro	cos
1	OUT	PIC present, demonst performs duties	rates knowledge, and			<u> </u>	6	IN	Proper cooking	time & temps	rature	18	
		Lag.	dayee Health			- H-	7	IN	Proper reheatin				
끍	IN	Management awarens	ss; policy present	T	\Box	_	9	IN	Proper cooling Proper hot hold			<u> </u>	
+	<u>IN</u>	Good Hy	g, restriction & exclusion gionic Practices	1	Ц	2		IN	Proper cold hol				
4	IN	Proper eating, testing	drinking, or tobecco use	T	T	2	1	IN	Proper date ma				
8	IN	No discharge from eye	s, nose, and mouth	I	П	[2	2_	IN	Time as a public			cedures &	record
6	IN		amination by Handa			-				ner Advisory			
_		Hands clean & proper	ly washed with RTE foods or approved	+-	H	2	3	IN	Consumer advice	sory provided	for rav	N OF	
7	IN	alternate method prop				F		60	Highly Susces		0.00		
8	IN		g facilities supplied & accessible	十	Н	12	1	IN	Pasteurized foo			foods not	
			red Source			Ľ	1	117	offered				3 - 535-
9	IN	Food obtained from ap		T	П			E ANDEST	The second second second	hemical			
10	IN	Food received at prop		Ι	\Box	2		IN	Food additives:				
11	IN		, safe, & unadulterated	\perp	\Box	É	1	IN	Toxic substance				used
12	IN	Required records avail parasite destruction	lable: shellstock tags	1		F	T	Co	informance with	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN			
			rem Gentermination	١.,	Ц	27	1	IN	Compliance with & HACCP plan	h variance, sp	ecializ	ed proces	•,]
13	IN	Food separated & prot		T	П	-	=			N-1-1			
14	IN		: cleaned and sanitized	1	Н			Fectors	are improper pract				
15	IN	Proper disposition of m	sturned, previously served,		П		bries	valent contrib rventions are	outing factors of fo	odborne ilinesa	or inju	ry. Public H	ealth
		reconditioned, & unset	e 100d	1		- 1			COLIC OF THECOSON	to prevent 1000	POTTE		QUIY. 1
						_							
	- Charles	Good Retail Practices are	GOOD R	ETA	IL P	·R/	CTI	CES					
Mark	"X" in box if n	Good Retail Practices are	preventative measures to control the	additi	on of	pat	hogen	s, chemicals,					
Mark	"X" in box if n	Good Retail Practices are sumbered item is not in con	preventative measures to control the	box	on of for Co	pat	hogen	s, chemicals,	and physical obje			R=repeat v	
Mark	"X" in box if n	umbered item is not in con	preventative measures to control the appliance Mark "X" in appropriate	additi	on of for Co	pat	hogen	s, chemicals,	S=corrected on-site	during inspect			
		umbered item is not in con	preventative measures to control the appliance Mark "X" in appropriate	box	on of for Co	pat os	nogen and/or	s, chemicals, R COS	Proper Use	during inspect			riolation
8 IN	Pasteurize	umbered item is not in con Safe Food and ed eggs used where requ	preventative measures to control the appliance Mark "X" in appropriate Water	box	on of for Co	pat os 41	nogen and/or	s, chemicals, R COS	Proper Use	of Utanella	ion	R=repeat \	riolation
8 IN	Pasteurize Water & ic	Bafe Food and od oggs used where request from approved source	preventative measures to control the appliance Mark "X" in appropriate Water lired	box	on of for Co	pat 0\$ 41 42	in In	s, chemicals, R COS In-use utens Utensils, eq	Proper Use Bills: property storupment, & linens	of Utanella ed	ion	R=repeat v	riolation cos
8 IN	Pasteurize Water & ic	umbered item is not in con Safe Food and ed eggs used where requ	preventative measures to control the appliance Mark "X" in appropriate Water ired processing methods	box	on of for Co	9at 0S 41 42 43	in in in	s, chemicals. R COS In-use utens Utensils, eq	Proper Use sils: properly stor ulpment, & linens à single-service s	of Utanella ed	ion	R=repeat v	riolation cos
NI 8:	Pasteurize Water & ic Variance o	Bafe Food and ad eggs used where requestrance from approved source obtained for specialized	preventative measures to control the appliance Mark "X" in appropriate Water ired processing methods	box	on of for Co	9at 0S 41 42 43	in in in	s, chemicals, R COS In-use utens Utensils, eq Single-use & Gloves used	Proper Use Proper Use sils: property stor ulpment, & linens & single-service at	of Utanella ed :: properly sto rticles: prope	red, di	R=repeat v	riolation cos
8 IN 9 IN 0 IN	Pasteurize Water & ic Variance of	Bafe Food and ad eggs used where requestrated for specialized prost Temperature Colling methods used; adecre control	preventative measures to control the appliance Mark "X" in appropriate Water ired processing methods Control quate equipment for	box	on of for Co	98t OS 41 44 44 44	in in in	s, chemicals, R COS In-use utens Utensils, eq Single-use 8 Gloves used	Proper Use Proper Use sils: property stor uipment, & linens & single-service s I property Utensils, Equipme	of Utanella ed a: properly sto- articles: proper	red, di	R=repeat v	riolation cos
28 IN 19 IN 10 IN 11 IN	Pasteurize Water & ic Variance of Proper cootemperatus Plant food	Bafe Food and ad eggs used where request from approved source obtained for specialized project temperature colling methods used; adecre control property cooked for hot	preventative measures to control the appliance Mark "X" in appropriate Water ired processing methods Control quate equipment for	box	on of for Co	98t OS 41 44 44 44	in in in	R COS In-use utens Utensils, eq Single-use 8 Gloves used	Proper Use Proper Use sils: property stor ulpment, & linens & single-service at	of Utanella ed a: properly sto- irticles: proper ent and Vendir faces cleanable	red, di	R=repeat v	riolation cos
8 IN 9 IN 0 IN 1 IN 2 IN 3 IN	Pasteurize Water & ic Variance of Proper cool temperature Plant food Approved	Bafe Food and ad eggs used where requestration approved source obtained for specialized prost Temperature Colling methods used; adeing control properly cooked for hot thawing methods used	preventative measures to control the appliance Mark "X" in appropriate Water ired processing methods control quate equipment for holding	box	on of for Co	98t OS 41 44 44 44	in in in in	In-use utens Utensils, eq Single-use 8 Gloves used t Food & non-property des	Proper Use sils: properly stor uipment, & linens & single-service a I properly Utensils, Equipme food contact surisigned, construct	of Utansils ed :: properly sto prticles: proper	red, di	R=repeat v	riolation cos
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State of Maine Health Inspection Report

Page 3 of 4 Date 11/15/2019

Establishment Name

/20678

1912 CAFE

11/29/2019

License Expiry Date/EST. ID# **Address** 95 MAIN ST STE 10

City / State **FRÉEPORT**

ME

Zip Code 04032

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

1: 2-103.11.(H): N: Person in Charge did not ensure that employees are cooling food properly.

INSPECTOR NOTES: pasta being taken out of a hotel pan in walk-in and put in snap top container without checking the cooling process by temping

Person in Charge (Signature)

Health Inspector (Signature)

JOEL DEMERS

Date: 11/15/2019

O RENEWAL

O NEW: DATE OF OPENING __

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	O RESTAURANT (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	Jeffs Januarcan Cursing TELEPHONE_
FREEPORT PHYSICAL	LADDRESS ZO Sow St. BUSINESS MAILING ADDRESS TO BOX B ALLDUAN MAD
PRINCIPAL OWNER L	
HOME ADDRESS	A STOCKHOLDER IF OWNER(S) IS A CORPORATION
	> SECTOR OF TOWNISTATE Lewiston ZIPCODE 424DEMAIL: JECANJamancarkusine
ADDITIONAL OWNER	
HOME ADDRESS	SA THE VAS ADDITIONISTATE ZIP CODE SALE
TOME ADDRESS	ZIP CODE EMAIL:
ADDITIONAL OWNER	DATE OF BIDTI
HOME ADDRESS	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) DATE OF BIRTH
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(PE	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
(3-	a value of the same of the sam
TELEPHONE	2)SIB-4263 EMAIL Philowoff Cyahoo.com
MAILING ADDRESS	3 Box 13 Aubuin TOWNSTATE WE PROOF OUT IL
	TOWNISTATE WILE ZIP CODE 04240
BUSINESS MAPILOT #	OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER OF	THE BUSINESS OWS AND SUPERIOR
SOLO MIL OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDGE	E. IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDGE	S THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
	nrall,
APPLICANT SIGNATURE	DATE 1/20/19
PRINT NAME/TITLE	Sophia Bailey Owner/Manager
	(see as / manage

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
	1 8001 0
DATE APPLICATION REC	CEIVED 11 30 10 FEE PAID \$ 13.5
REAL ESTATE TAXES	na L. s.
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CODE ENFORCEMENT A	PPROVAL (NEW ESTABLISHMENTS ONLY) 10 0
COUNCIL APPROVAL DA	TE LICENCE AND MOCE
	LICENSE NUMBEREXPIRATION DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 27813

EATING PLACE - TAKEOUT

JEFFS JAMAICAN CUISINE 20 BOW ST FREEPORT ME 04032

ATTN SOPHIA BAILEY BAILEY, JEFFERYTON JEFFS JAMAICAN CUISINE PO BOX 13 AUBURN ME 04212



EXPIRES: 12/11/2019

FEE: \$160.00

Bottomy I the

Acting Commissioner

Dec 19

FREEPORT VICTUALER LICENSE APPLICATION

ORENEWAL.

O NEW: DATE OF OPENING

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEISE: MEM OR RENEWAL. - \$136.09 - WALQUOR LICENSE - \$150.00

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	RESTAURANT 15 (NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS	Clasma D
	TELEPHONE 207-865-6886
FREEPORT PHYSICAL	ADDRESS 23 Main St BUSINESS MAILING ADDRESS 23 Main St
PRINCIPAL OWNER LE	EGAL NAME TON LIC HUILIN X
HOME ADDRESS	Man St TOWNISTATE Brunswick ME ZIPCODE O 4011 EMAIL: Hanson 2 hong @ 12
ADDITIONAL OWNERS	
ADDITIONAL OWNER L	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) DATE OF BIRTH
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
ADDITIONAL OWNER LI	· 公司的一个人,我们们的一个人的,这个人的一个人的,他们们就是一个人的人的人的,他们们的一个人的人的人的人,他们们们们的一个人的人的人。
	L STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSON(PER	ISON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
TELEPHONE 201	-680-6198 EMAIL Homsonzheng @ 126, Com
MAILING ADDRESS	23 man st Freepor TOWNISTATE MZ ZIP CODE 04032
	OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER OF T	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
	IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDGE,	IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
	A NOTATE OR FEDERAL LAWY 140
APPLICANT SIGNATURE_	DATE 10/11/19
PRINT NAME/TITLE	tui Lin Xu Cowner)
	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RECE	IVED 0 21 19
REAL ESTATE TAXES	PIF FEE PAID 150
PERSONAL PROPERTY TA	XES PIF
FIRE DEPARTMENT APPRO	DVAL N/A POLICE CHIEF APPROVAL
CODE ENFORCEMENT APP	PROVAL (NEW ESTABLISHMENTS ONLY) NG
OUNCIL APPROVAL DATE	LICENICE NUMBER
	EXPIRATION DATE



EST ID: 697

EATING PLACE TIER 3 150 Seats (in)

CHINA ROSE RESTAURANT

EXPIRES: 11/27/2020

FEE: \$230.00

Commissioner

ATTN HUI LIN XU
HAN LLC
CHINA ROSE RESTAURANT
23 MAIN ST
FREEPORT ME 04032



O RENEWAL O NEW: DATE OF OPENING

A COPY OF CURRENT STATE FOOD LICENSE BUST BE ATTACHED FEER: NEW OR RENEWAL - \$135.00 - WALCHOR LICENSE - \$150.00

CHECK ONE:

O PEDDLER/PRIVATE PROPERTY

(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
O PEDDLER/TOWN PROPERTY
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
O RESTAURANT(NUMBER OF SEATS)
O BED AND BREAKFAST (NUMBER OF ROOMS)
O OTHER FOOD BUSINESS (DESCRIBE)
NAME OF BUSINESS Candlebay Hospitality, LLC TELEPHONE 207-865-1868
FREEPORT PHYSICAL ADDRESS 8 Maple Ave BUSINESS MAILING ADDRESS Same
PRINCIPAL OWNER LEGAL NAME LEGAL NAME Jay DATE OF BIRTH 8/4/1959
HOME ADDRESS 8 Maple Are TOWN/STATE Freeport ZIPCODE 04032 EMAIL: Connic CO
ADDITIONAL OWNER LEGAL NAME
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESSTOWN/STATEZIP CODEEMAIL:
ADDITIONAL OWNER LEGAL NAMEDATE OF BIRTHDATE OF BIRTH
HOME ADDRESS
CONTACT PERSON(PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
TELEPHONE EMAIL:
MAILING ADDRESSTOWNSTATEZIP CODE
BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes)
DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
TO YOUR KNOWLEDGE. IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATURE Comme Jay DATE NOV. 25 2019
PRINT NAMERTITLE Connie Lay Owner
AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION RECEIVED 11/25/19 FEE PAID # 135
REAL ESTATE TAXES PY
PERSONAL PROPERTY TAXES PIF
FIRE DEPARTMENT APPROVAL POLICE CHIEF APPROVAL
CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DATELICENSE NUMBEREXPIRATION DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 6828

BED AND BREAKFAST 6 ROOMS OR MORE 12 Seats (in)6 Rooms

CANDLEBAY HOSPITALITY 8 MAPLE AVE FREEPORT ME 04032

ATTN CONNIE LAY
LAY, CONNIE
CANDLEBAY HOSPITALITY
8 MAPLE AVE
FREEPORT ME 04032



EXPIRES: 12/01/2020

FEE: \$150.00

Jeanne A. Landon

Commissioner

NON-TRANSFERABLE

A CHARLES AND A

RENEWAL

O NEW: DATE OF OPENING

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

CHECK ONE:	O PEDDLER/PRIVATE PROPERTY
	(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
	O PEDDLER/TOWN PROPERTY
	(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
	O RESTAURANT(NUMBER OF SEATS)
	O BED AND BREAKFAST (NUMBER OF ROOMS)
	O OTHER FOOD BUSINESS (DESCRIBE)
9pc-	41 ICEC TACO DOO 2- CI = - 11
NAME OF BUSINESS	LL JE E TALO BAL TELEPHONE 207-265-0344
FREEPORT PHYSICAL	LADDRESS 117 V.S. BIE L BUSINESS MAILING ADDRESS 4 VID MAM W
PRINCIPAL OWNER LE	
	DATE OF BIRTH 3-4-74
HOME ADDRESS	TOWNISTATE PREPART ZIPCODE UYUS MAIL: VIVINIA 30 20L.
ADDITIONAL OWNER	LEGAL NAME MARGUER ITE MIGILIANCIA 51543
	AL STOCKHOLDER(S) IF OWNER(S) IS A CORRORATION)
HOME ADDRESS	STENDODOMOGRAPH TREED, ZIPCODE EMAIL:
ADDITIONAL OWNER L	EGAL NAME
HOME ADDRESS	AL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION) DATE OF BIRTH
HOME ADDRESS	TOWN/STATE ZIP CODE EMAIL:
CONTACT PERSONIPER	RSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS)
200	7 771 0811
TELEPHONE	1-176 OCTO EMAIL: VINING 3 COC CON
MAILING ADDRESS	VIN MOR ONL TOWNISTATE POT ZIP CODE 1032
BUSINESS MAP/LOT # (OR BUILDING OWNER (Required for tax verification purposes) 114260621721116LIACW
DOES THE OWNER OF	THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT?
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TO YOUR KNOWLEDGE	. IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE?
TO TOUR KNOWLEDGE	IS THIS BUSINESS IN VOLATION OF ANY STATE OR FEDERAL LAW?
APPLICANT SIGNATURE	Mar Dellacon DATE 10, 17, 19
PRINT NAME/TITLE	MARG MIBLIAMO

	AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE
DATE APPLICATION REC	SEIVED 10 17 10 FEE PAID \$ 50
REAL ESTATE TAXES	207
PERSONAL PROPERTY T	TAXES CONTRACTOR OF THE PROPERTY OF THE PROPER
FIRE DEPARTMENT APPR	MIN SAR
	FOLIGE CHIEF APPROVAL THE WAY ON THE WAY
	PPROVAL (NEW ESTABLISHMENTS ONLY)
COUNCIL APPROVAL DAT	EXPIRATION DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 18346

EATING PLACE TIER 3 99 Seats (in)42 Seats (out)

CONUNDRUM / EL JEFE 117 US RTE 1 FREEPORT ME 04032

ATTN VINCENT MIGLIACCIO CONUNDRUM LLC CONUNDRUM / EL JEFE 4 VIN MAR LN FREEPORT ME 04032



EXPIRES: 02/06/2020

FEE: \$230.00

Acting Commissioner