

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL  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:  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)  
 BED AND BREAKFAST 7 (NUMBER OF ROOMS)  
 OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS WHITE CEDAR INN TELEPHONE 207 865-9099

FREEPORT PHYSICAL ADDRESS 178 MAIN ST BUSINESS MAILING ADDRESS 178 MAIN ST

PRINCIPAL OWNER LEGAL NAME ROCK NADEAN DATE OF BIRTH 10-11-54  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 178 MAIN ST TOWN/STATE FREEPORT ME ZIP CODE 04032 EMAIL: INFO@WHITECEDARINN.COM

ADDITIONAL OWNER LEGAL NAME MONICA KISSANE DATE OF BIRTH 11-28-55  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS SAME TOWN/STATE SAME ZIP CODE \_\_\_\_\_ EMAIL: SAME

ADDITIONAL OWNER LEGAL NAME N/A DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) ROCK NADEAN OR MONICA KISSANE

TELEPHONE 207 865 9099 EMAIL INFO@WHITECEDARINN.COM

MAILING ADDRESS 178 MAIN ST TOWN/STATE FREEPORT ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) 013-005-000-000

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE Rock Nadean DATE 11/3/19

PRINT NAME/TITLE ROCK NADEAN (CO-OWNER)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/16/19 FEE PAID \$135 w/ ck #3349

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 713

BED AND BREAKFAST 6 ROOMS OR MORE 7 Rooms 14 Seats (in)

WHITE CEDAR INN  
178 MAIN ST.  
FREEPORT ME 04032-1407

EXPIRES: 12/21/2019

FEE: \$150.00

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



*Bethany L. Ha...*  
Acting Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

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](http://www.tobaccofreemaine.org) or call 207-287-4627.

FREEPORT VICTUALER LICENSE APPLICATION

Dec 19

RENEWAL  NEW: DATE OF OPENING \_\_\_\_\_

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED  
FEE: NEW OR RENEWAL - \$135.00 - WALKMAN LICENSE - \$150.00

CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT 45 (NUMBER OF SEATS)

BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Petillos TELEPHONE 207 865.6055

FREEPORT PHYSICAL ADDRESS 15 depot st BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Dominic Pettillo DATE OF BIRTH 10.24.71

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS Supermarket Land TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: dompettillo74@gmail.com

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Dom Pettillo

TELEPHONE Same EMAIL: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Charter Marine 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? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE [Signature] DATE 10.24.19

PRINT NAME/TITLE Dominic Pettillo President

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 10/24/19 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

State of Maine  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 5801

EATING PLACE TIER 2 34 Seats (In)

PETRILLOS  
15 DEPOT ST  
FREEPORT ME 04032-1503

EXPIRES: 02/15/2020

FEE: \$195.00

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



*Jeanne A. Leonard*  
Commissioner

NOT TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

Dec '19

RENEWAL  NEW: DATE OF OPENING ASAP

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEE: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE \$150.00

CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)

BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS The Perfect Spell TELEPHONE 207 550 7377

FREEPORT PHYSICAL ADDRESS 9 Mechanic St. BUSINESS MAILING ADDRESS 28 Bryana way New Gloucester ME 04260

PRINCIPAL OWNER LEGAL NAME Joseph A. Richards DATE OF BIRTH 01-22-1989

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 28 Bryana way TOWN/STATE New Gloucester, ME ZIP CODE 04260 EMAIL: Aperfectspell@gmail.com

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Joseph Richards - owner / Marcus verrill - Manager

TELEPHONE 207 550 7377 EMAIL: Aperfectspell@gmail.com

MAILING ADDRESS 28 Bryana way TOWN/STATE New Gloucester ME ZIP CODE 04260

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? No

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? No

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? No

APPLICANT SIGNATURE [Signature] DATE 10-8-19

PRINT NAME/TITLE Joseph Richards - owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 10/9/19 FEE PAID \$ 150

REAL ESTATE TAXES N/A

PERSONAL PROPERTY TAXES N/A

FIRE DEPARTMENT APPROVAL [Signature] POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) \_\_\_\_\_

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

# State of Maine Health Inspection Report

Page 1 of 1

Establishment Name  
*The White Spell*

As Authorized by 22 MRSA § 2498

Date  
*10-28-19*

License/EST. ID #  
*27130*

Address  
*[illegible]*

City/State  
*[illegible]*

Zip Code

Telephone

## 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.

Item Number

*OK to Issue a Regular License*

Person in Charge (Signature) *[Signature]*

Date *10-28-19*

Health Inspector (Signature) *[Signature]*

Date *10-29-19*

FREEPORT VICTUALER LICENSE APPLICATION

Dec '19

RENEWAL  NEW: DATE OF OPENING \_\_\_\_\_

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

- CHECK ONE:
- PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
  - PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
  - RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)
  - BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)
  - OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS KEILEY HOT DOGS TELEPHONE 415 2579

FREEPORT PHYSICAL ADDRESS 76 MAIN ST BUSINESS MAILING ADDRESS \_\_\_\_\_

PRINCIPAL OWNER LEGAL NAME Paul & Kevin Kelley / R.E. Management Inc DATE OF BIRTH 9/18/44 / 9/24/48

HOME ADDRESS PO Box 189 TOWN/STATE Brunswick ZIP CODE 02401 EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME Paul DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS same TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Jay Yilmaz

TELEPHONE 415 2579 EMAIL: \_\_\_\_\_

MAILING ADDRESS c/o R.E. Management, PO Box 189 TOWN/STATE Brunswick ZIP CODE 02401

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? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE Kevin Kelley DATE 11/5/19

PRINT NAME/TITLE KEVIN KELLEY, CFO

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/7/19 FEE PAID  BS

REAL ESTATE TAXES PF

PERSONAL PROPERTY TAXES PF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION 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

EXPIRES: 01/31/2020

FEE: \$200.00

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



*Bethany L. Ha*  
Acting Commissioner

NON-TRANSFERABLE



Dec '19

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL  NEW: DATE OF OPENING \_\_\_\_\_

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

- CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
- PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
- RESTAURANT 35 (NUMBER OF SEATS)
- BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)
- OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS 1912 Cafe TELEPHONE 207-865-6660

FREEPORT PHYSICAL ADDRESS 95 Main Street Suite 10 BUSINESS MAILING ADDRESS 12 Fieldstone Lane

PRINCIPAL OWNER LEGAL NAME Renee Roy DATE OF BIRTH 03/03/1977  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 12 Fieldstone Lane TOWN/STATE Falmouth, ME ZIP CODE 04105 EMAIL: imelroy6@gmail.com

ADDITIONAL OWNER LEGAL NAME Mark P. Roy DATE OF BIRTH 06/09/1969  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 12 Fieldstone Lane TOWN/STATE Falmouth, ME ZIP CODE 04105 EMAIL: markp.roy@gmail.com

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Renee Roy

TELEPHONE 207-210-5176 EMAIL: imelroy6@gmail.com

MAILING ADDRESS 12 Fieldstone Lane TOWN/STATE Falmouth, ME ZIP CODE 04105

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? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE Mark P. Roy DATE 10/21/19

PRINT NAME/TITLE OWNER - Advisor

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/19/19 FEE PAID \$135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL \_\_\_\_\_ POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) \_\_\_\_\_

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

*Mark P. Roy*  
*John D. [unclear]*  
New Owners

Failed  Closed  IHH

# State of Maine Health Inspection Report

Establishment Name  
1912 CAFE

As Authorized by 22 MRSA § 2496

Critical Violations

0

Date 11/15/2019

Non-Critical Violations

1

Time In 2:00 PM

Certified Food Protection Manager

Y

Time Out 3:00 PM

License Expiry Date/EST. ID#  
11/29/2019 / 20878

Address  
95 MAIN ST STE 10

City  
FREEPORT

Zip Code  
04032

Telephone  
207-885-6660

License Type  
EATING PLACE TIER 2

Owner Name  
KAIYA DOG LLC

Purpose of Inspection  
Change of Ownership

License Posted  
Yes

Risk Category

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R  
COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
<b>Supervision</b>				
1	OUT	PIC present, demonstrates knowledge, and performs duties		
<b>Employee Health</b>				
2	IN	Management awareness; policy present		
3	IN	Proper use of reporting, restriction & exclusion		
<b>Good Hygiene Practices</b>				
4	IN	Proper eating, testing, drinking, or tobacco use		
5	IN	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>				
6	IN	Hands clean & properly washed		
7	IN	No bare hand contact with RTE foods or approved alternate method properly followed		
8	IN	Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>				
9	IN	Food obtained from approved source		
10	IN	Food received at proper temperature		
11	IN	Food in good condition, safe, & unadulterated		
12	IN	Required records available: shellstock tags parasite destruction		
<b>Protection from Contamination</b>				
13	IN	Food separated & protected		
14	IN	Food-contact surfaces: cleaned and sanitized		
15	IN	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status			COS	R
<b>Potentially Hazardous Food Time/Temperature</b>				
16	IN	Proper cooking time & temperatures		
17	IN	Proper reheating procedures for hot holding		
18	IN	Proper cooling time & temperatures		
19	IN	Proper hot holding temperatures		
20	IN	Proper cold holding temperatures		
21	IN	Proper date marking & disposition		
22	IN	Time as a public health control: procedures & record		
<b>Consumer Advisory</b>				
23	IN	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>				
24	IN	Pasteurized foods used; prohibited foods not offered		
<b>Chemical</b>				
25	IN	Food additives: approved & properly used		
26	IN	Toxic substances properly identified, stored & used		
<b>Conformance with Approved Procedures</b>				
27	IN	Compliance with variance, specialized process, & HACCP plan		

Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
<b>Safe Food and Water</b>				
28	IN	Pasteurized eggs used where required		
29	IN	Water & ice from approved source		
30	IN	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>				
31	IN	Proper cooling methods used; adequate equipment for temperature control		
32	IN	Plant food properly cooked for hot holding		
33	IN	Approved thawing methods used		
34	IN	Thermometers provided and accurate		
<b>Food Identification</b>				
35	IN	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>				
36	IN	Insects, rodents, & animals not present		
37	IN	Contamination prevented during food preparation, storage & display		
38	IN	Personal cleanliness		
39	IN	Wiping cloths: properly used & stored		
40	IN	Washing fruits & vegetables		

Compliance Status			COS	R
<b>Proper Use of Utensils</b>				
41	IN	In-use utensils: properly stored		
42	IN	Utensils, equipment, & linens: properly stored, dried, & handled		
43	IN	Single-use & single-service articles: properly stored & used		
44	IN	Gloves used properly		
<b>Utensils, Equipment and Vending</b>				
45	IN	Food & non-food contact surfaces cleanable properly designed, constructed, & used		
46	IN	Warewashing facilities: installed, maintained, & used; test strips		
47	IN	Non-food contact surfaces clean		
<b>Physical Facilities</b>				
48	IN	Hot & cold water available; adequate pressure		
49	IN	Plumbing installed; proper backflow devices		
50	IN	Sewage & waste water properly disposed		
51	IN	Toilet facilities: properly constructed, supplied, & cleaned		
52	IN	Garbage & refuse properly disposed; facilities maintained		
53	IN	Physical facilities installed, maintained, & clean		
54	IN	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

*Carl M. S. A. R. B. W. M.*

Date: 11/15/2019

Health Inspector (Signature)

JOEL DEMERS

*Joel Demers*

Follow-up:  YES  NO

Date of Follow-up:

# State of Maine Health Inspection Report

Page 3 of 4

<b>Establishment Name</b> 1912 CAFE				<b>Date</b> 11/15/2019	
<b>License Expiry Date/EST. ID#</b> 11/29/2019 / 20678	<b>Address</b> 95 MAIN ST STE 10	<b>City / State</b> FREEPORT ME	<b>Zip Code</b> 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

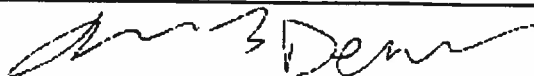
Person In Charge (Signature)



Date: 11/15/2019

Health Inspector (Signature)

JOEL DEMERS



Dec 19

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL  NEW: DATE OF OPENING \_\_\_\_\_

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FEES: NEW OR RENEWAL - \$135.00 - W/LIQUOR LICENSE - \$150.00

- CHECK ONE:
- PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)
  - PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)
  - RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)
  - BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)
  - OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS Jeff's Jamaican Cuisine TELEPHONE \_\_\_\_\_

FREEPORT PHYSICAL ADDRESS 20 Bow St. BUSINESS MAILING ADDRESS PO Box 13 Auburn ME

PRINCIPAL OWNER LEGAL NAME Sophia Bailey DATE OF BIRTH 10/26/1988  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 75 St. Croix St. TOWN/STATE Lewiston ZIP CODE 04240 EMAIL: jeffs.jamaican.cuisine@gmail.com

ADDITIONAL OWNER LEGAL NAME Jeffrey Bailey DATE OF BIRTH 6/25/1966  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS SAME AS ABOVE TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Sophia Bailey

TELEPHONE (22) 518-7263 EMAIL: plirawdt@yahoo.com

MAILING ADDRESS PO Box 13 Auburn TOWN/STATE ME ZIP CODE 04240

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? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE [Signature] DATE 11/20/19

PRINT NAME/TITLE Sophia Bailey owner/manager

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/20/19 FEE PAID \$135

REAL ESTATE TAXES n/a

PERSONAL PROPERTY TAXES n/a not owner of building

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL [Signature]

CODE ENFRCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 27813

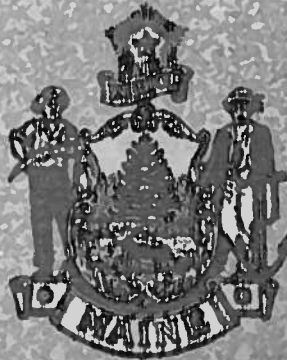
EATING PLACE - TAKEOUT

JEFFS JAMAICAN CUISINE  
20 BOW ST  
FREEPORT ME 04032

EXPIRES: 12/11/2019

FEE: \$160.00

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



*Bethany L. H.*  
Acting Commissioner

NON-TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

Dec 19

RENEWAL

NEW: DATE OF OPENING \_\_\_\_\_

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEE: NEW OR RENEWAL - \$150.00 - W/ALCOHOL LICENSE - \$150.00

CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT 75 (NUMBER OF SEATS)

BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS China Rose TELEPHONE 207-865-6886

FREEPORT PHYSICAL ADDRESS 23 main st BUSINESS MAILING ADDRESS 23 main st

PRINCIPAL OWNER LEGAL NAME ~~Han LLC~~ Hui Lin Xu DATE OF BIRTH 01/24/81  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS ~~44~~ main st TOWN/STATE Brunswick ME ZIP CODE 04011 EMAIL: Hansonzheng@126.com

ADDITIONAL OWNER LEGAL NAME ~~Han LLC~~ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Han Xu

TELEPHONE 207-680-0198 EMAIL: Hansonzheng@126.com

MAILING ADDRESS 23 main st Freeport TOWN/STATE ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Cuong Ly

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE [Signature] DATE 10/11/19

PRINT NAME/TITLE Hui Lin Xu (owner)

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 10/21/19 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**State of Maine**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 697

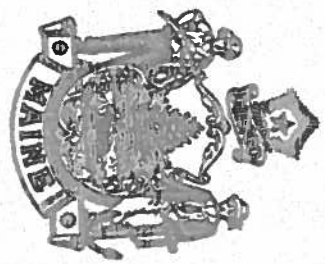
EATING PLACE TIER 3 150 Seats (in)

EXPIRES: 11/27/2020

CHINA ROSE RESTAURANT  
23 MAIN ST  
FREEPORT ME 04032-1208

FEE: \$230.00

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



NON-TRANSFERABLE

*James A. Lenihan*  
Commissioner

FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL

NEW: DATE OF OPENING \_\_\_\_\_

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEE: NEW OR RENEWAL - \$135.00 - W/ MAJOR LICENSE - \$150.00

CHECK ONE:  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)

BED AND BREAKFAST 10 (NUMBER OF ROOMS)

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 Connie Jay DATE OF BIRTH 8/4/1958  
(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)

HOME ADDRESS 8 Maple Ave TOWN/STATE Freeport ZIP CODE 04032 EMAIL: Connie@Candlebaymaine.com

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)

HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) above

TELEPHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP 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 Connie Jay DATE Nov. 25, 2019

PRINT NAME/TITLE Connie Jay Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 11/25/19 FEE PAID \$ 135

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES PIF

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL \_\_\_\_\_

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_



# State of Maine

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**

**EXPIRES: 12/01/2020**

**FEE: \$150.00**



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

*Jeanne A. Lambas*  
**Commissioner**

**NON-TRANSFERABLE**

FREEPORT VICTUALER LICENSE APPLICATION

Dec 19

RENEWAL  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:  PEDDLER/PRIVATE PROPERTY  
(PERMIT FROM CODES ENFORCEMENT MUST BE ATTACHED)

PEDDLER/TOWN PROPERTY  
(A COPY OF INSURANCE POLICY MUST BE ATTACHED)

RESTAURANT \_\_\_\_\_ (NUMBER OF SEATS)

BED AND BREAKFAST \_\_\_\_\_ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) \_\_\_\_\_

NAME OF BUSINESS <sup>dba</sup> EL JEFE TACO BAR TELEPHONE 207-865-0344

FREEPORT PHYSICAL ADDRESS 117 U.S. Rte 1 BUSINESS MAILING ADDRESS 4 Vinmar Ln

PRINCIPAL OWNER LEGAL NAME Vincent Migliaccio III DATE OF BIRTH 3-4-74

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 4 Vinmar TOWN/STATE Freeport ZIP CODE 04032 EMAIL: VinMig3@201.com

ADDITIONAL OWNER LEGAL NAME MARGUERITE MIGLIACCIO DATE OF BIRTH 5.15.43

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS 8 Starboard TOWN/STATE Freeport ZIP CODE 04032 EMAIL: mmigliaccio@201.com

ADDITIONAL OWNER LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)  
HOME ADDRESS \_\_\_\_\_ TOWN/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Vincent Migliaccio III

TELEPHONE 207-776 0816 EMAIL: VinMig3@201.com

MAILING ADDRESS 4 Vinmar Ln TOWN/STATE Frpt ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) MARGUERITE MIGLIACCIO

DOES THE OWNER OF THE BUSINESS OWE ANY OUTSTANDING FINES, PENALTIES OR TAXES TO THE TOWN OF FREEPORT? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY MUNICIPAL ORDINANCE? NO

TO YOUR KNOWLEDGE, IS THIS BUSINESS IN VIOLATION OF ANY STATE OR FEDERAL LAW? NO

APPLICANT SIGNATURE *Marg Migliaccio* DATE 10.17.19

PRINT NAME/TITLE MARG MIGLIACCIO

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 10/17/19 FEE PAID \$150

REAL ESTATE TAXES ~~XXXXXXXXXX~~ TPIF

PERSONAL PROPERTY TAXES ~~XXXXXXXXXX~~

FIRE DEPARTMENT APPROVAL n/a POLICE CHIEF APPROVAL *John B. House*

CODE ENFORCEMENT APPROVAL (NEW ESTABLISHMENTS ONLY) n/a

COUNCIL APPROVAL DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

# State of Maine

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

EXPIRES: 02/06/2020

FEE: \$230.00

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



*Bethany L. Ha*  
Acting Commissioner

NON-TRANSFERABLE