

July 19

ITEM # 127-19 VICTUALER LICENSES



**TOWN OF FREEPORT
Office of the Town Clerk
Municipal Offices
30 Main Street
Freeport ME 04032
(207) 865-4743 Ext 123 FAX (207) 865-0929**

**The following Victualer Licenses will be reviewed by the Town Council at its meeting on
Tuesday, July 16, 2019.**

**Freeport Donuts, LLC d/b/a Dunkin Donuts
200 Lower Main Street**

**Frozen Custard Treats, Inc. d/b/a Mainely Custard
150 Route #1**

**FP Café, Inc. d/b/a Freeport Café
31 U. S. Route #1**

**The Orchard House & Café, LLC d/b/a The Orchard House & Café
1 Grey Barn Way**

**William & Mary Ann Hinko d/b/a The James Place Inn
11 Holbrook Street**

**Jeffrey & Laurel Harris d/b/a Freeport Country Club
2 Old County Road**

July 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 - 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) Coffee/Hot Goods - Dunkin Donuts

NAME OF BUSINESS Freeport Donuts LLC ^{DPA} Dunkin Donuts TELEPHONE _____

FREEPORT PHYSICAL ADDRESS 200 Lower Main St. BUSINESS MAILING ADDRESS 104 Pleasant St. Suite 1 Brunswick, ME 04011

PRINCIPAL OWNER LEGAL NAME Joseph H. Dabosa DATE OF BIRTH 1/8/47

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

HOME ADDRESS 8 Jewell St TOWN/STATE Brunswick ZIP CODE 04011 EMAIL: _____

ADDITIONAL OWNER LEGAL NAME Mary C. Dabosa DATE OF BIRTH 5/4/47

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

HOME ADDRESS 8 Jewell St. TOWN/STATE Brunswick, ME ZIP CODE 04011 EMAIL: _____

ADDITIONAL OWNER LEGAL NAME David Dabosa DATE OF BIRTH 11/5/70

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

HOME ADDRESS 26 Tamarack Dr. TOWN/STATE Brunswick, ME ZIP CODE 04011 EMAIL: _____

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) Michael Dabosa - owner

TELEPHONE 207-725-0066 EMAIL: mdaros@100@gmail.com

MAILING ADDRESS 104 Pleasant St. Suite 1 TOWN/STATE Brunswick ME ZIP CODE 04011

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 5/21/19

PRINT NAME/TITLE Michael J. Dabosa

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/29/19 FEE PAID \$135

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: 18225

EATING PLACE TIER 1 24 Seats (in)

EXPIRES: 12/31/2019

DUNKIN DONUTS
205 LOWER MAIN ST
FREEPORT ME 04831-3200

FEE: \$150.00

DAROSA, JOSEPH & MARY
DUNKIN DONUTS
104 PLEASANT ST STE 1
BRUNSWICK ME 04011



Bethany L. Ha
Bethany.L.Ha@maine.gov

NON-TRANSFERABLE

From: Lynn Horr lhorr@freeportmaine.com
Subject: Victualer's Application
Date: July 9, 2019 at 9:33 AM
To: rebecca.gagnon1@gmail.com



Here you go!

Lynn Horr
Deputy Town Clerk
Town of Freeport
(207)865-4743 x122



FREEPORT VICTUALER LICENSE APPLICATION

RENEWAL NEW DATE OF OPENING _____

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED
FEES: NEW OR RENEWAL - \$125.00 - VICTUALER LICENSE - \$450.00

CHECK ONE

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

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

RESTAURANT 29 (NUMBER OF SEATS)

BED AND BREAKFAST _____ (NUMBER OF ROOMS)

OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS Frozen Custard Treats Inc. TELEPHONE 207 865-4417
Mainely Custard
FREEPORT PHYSICAL ADDRESS USRT 1 Freeport BUSINESS MAILING ADDRESS Same

PRINCIPAL OWNER LEGAL NAME Rebecca E. Gagnon DATE OF BIRTH 7-7-95
(PERSONAL STOCKHOLDERS OF OWNERS IS A CORPORATION)

HOME ADDRESS 9 Juniper Ln TOWN/STATE Oray ZIP CODE 04039 EMAIL rebecca.gagnon1@gmail.com

ADDITIONAL OWNER LEGAL NAME James Gagnon DATE OF BIRTH 1-18-59
(ADDITIONAL STOCKHOLDERS OF OWNERS IS A CORPORATION)

HOME ADDRESS 5 Kenny Ln TOWN/STATE Kennebunk ZIP CODE 04043 EMAIL jjgagnon8@maine.rr.com

ADDITIONAL OWNER LEGAL NAME Lisa Gagnon DATE OF BIRTH 12-7-62
(ADDITIONAL STOCKHOLDERS OF OWNERS IS A CORPORATION)

HOME ADDRESS 5 Kenny Ln TOWN/STATE Kennebunk ZIP CODE 04043 EMAIL jjgagnon8@maine.rr.com

CONTACT PERSON/PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS Rebecca Gagnon

TELEPHONE 207-776-1389 EMAIL rebecca.gagnon1@gmail.com

MAILING ADDRESS 9 Juniper Ln TOWN/STATE Oray ZIP CODE 04039

BUSINESS MAPLOT # 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 Lisa M. Gagnon DATE 7/9/19

PRINT NAME/TITLE Lisa M. Gagnon Co-owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/9/19 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: 10833

EATING PLACE TIER 1 25 Seats (out)

MAINLY CUSTARD
50 US RTE 1
FREEPORT ME 04097

EXPIRES: 07/17/2020

FEE: \$160.00

ATTN REBECCA GAGNON
FROZEN CUSTARD TREATS INC
MAINLY CUSTARD
201 VERRILL RD
POWNALE ME 04069



Jeanne A. Lambros

Commissioner

NON-TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

Jul 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 80 (NUMBER OF SEATS)
BED AND BREAKFAST (NUMBER OF ROOMS)
OTHER FOOD BUSINESS (DESCRIBE)

NAME OF BUSINESS Freeport Cafe TELEPHONE 207-869-5113

FREEPORT PHYSICAL ADDRESS 329 US Route 1 BUSINESS MAILING ADDRESS same

PRINCIPAL OWNER LEGAL NAME Peter Mercier DATE OF BIRTH 1/22/44

HOME ADDRESS 33 Hillside TOWN/STATE Cumberland, Me ZIP CODE 04021 EMAIL: jack@winterpeople.com

ADDITIONAL OWNER LEGAL NAME Jeffrey Mercier DATE OF BIRTH 10/3/79

HOME ADDRESS 11 TOWN/STATE 11 ZIP CODE 11 EMAIL: jmercier2424@gmail.com

ADDITIONAL OWNER LEGAL NAME DATE OF BIRTH

HOME ADDRESS TOWN/STATE ZIP CODE EMAIL

CONTACT PERSON (PERSON PRIMARILY RESPONSIBLE FOR OPERATION OF THE BUSINESS) 207-749-8731 Jeff Mercier

TELEPHONE EMAIL: jmercier2424@gmail.com - use

MAILING ADDRESS 33 Hillside St. TOWN/STATE Cumberland, Me ZIP CODE 04021

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 6/18/19

PRINT NAME/TITLE Owner

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/18/19 FEE PAID \$150.00

REAL ESTATE TAXES over due PD '17/18-tien '19 outstanding

PERSONAL PROPERTY TAXES over due PD 19 due

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

EATING PLACE 30-75 SEATS 35 Seats (In)

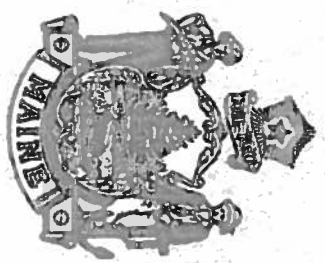
EST ID: 698

EXPIRES: 07/07/2019

FEE: \$195.00

FREEPORT CAFE
29 US RTE 1
FREEPORT ME 04032

ATTN JEFF MERCIER
FP CAFE INC
FREEPORT CAFE
33 HILLSIDE AVE
CUMBERLAND ME 04021



J. Van Stankle
COMMISSIONER

NON-TRANSFERABLE

FREEPORT VICTUALER LICENSE APPLICATION

July 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 5 (NUMBER OF ROOMS)
 OTHER FOOD BUSINESS (DESCRIBE) _____

NAME OF BUSINESS THE ORCHARD HOUSE & CAFE TELEPHONE 207 869 5195

FREEPORT PHYSICAL ADDRESS 1 GREY BARN WAY BUSINESS MAILING ADDRESS SAME

PRINCIPAL OWNER LEGAL NAME WILLIAM T. HAMLIN JR. DATE OF BIRTH 07 05 1978

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS 1 GREY BARN WAY TOWN/STATE FREEPORT/ME ZIP CODE 04032 EMAIL: INFO @ THEORCHARDHOUSEANDCAFE.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) WILLIAM HAMLIN JR.

TELEPHONE 207 869 5195 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? 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 29 MAY 2019

PRINT NAME/TITLE OWNER

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 5/29/19 FEE PAID \$ 135.00

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: 26768

BED AND BREAKFAST 6 ROOMS OR MORE 5 Seats (in)

THE ORCHARD HOUSE & CAFE
1159 US ROUTE ONE
FREEPORT ME 04032

EXPIRES: 10/10/2019

FEE: \$150.00

ATTN WILLIAM HAMLIN JR
THE ORCHARD HOUSE & CAFE
THE ORCHARD HOUSE & CAFE
1159 US ROUTE ONE
FREEPORT ME 04032



Robert L. Hamlen

Acting Commissioner

NON-TRANSFERABLE

FREEPORT VIRTUALER LICENSE APPLICATION

RENEWAL

NEW: DATE OF OPENING 6/17/2019

Jul 19

A COPY OF CURRENT STATE FOOD LICENSE MUST BE ATTACHED

FEE: NEW OR RENEWAL - \$135.00 - 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 James Place Inn TELEPHONE 207 865 4486

FREEPORT PHYSICAL ADDRESS 11 Holbrook Street BUSINESS MAILING ADDRESS 11 Holbrook Street

PRINCIPAL OWNER LEGAL NAME William Hinko DATE OF BIRTH 8/15/1964

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

HOME ADDRESS 11 Holbrook Street TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL: billandmaryann@AOL.com

ADDITIONAL OWNER LEGAL NAME Mary Ann Hinko DATE OF BIRTH 5/31/1962

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

HOME ADDRESS 11 Holbrook Street TOWN/STATE Freeport ME ZIP CODE 04032 EMAIL billandmaryanne@AOL.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) Bill or Mary Ann Hinko

TELEPHONE 703.927.4569 EMAIL: billandmaryann@AOL.com

MAILING ADDRESS 11 Holbrook Street TOWN/STATE Freeport ME ZIP CODE 04032

BUSINESS MAP/LOT # OR BUILDING OWNER (Required for tax verification purposes) Map 11 Lot 11

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 William Hinko DATE 5/13/2019

PRINT NAME/TITLE Owner & President Mar Bil Corporation

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 6/26/2019 FEE PAID \$135.00

REAL ESTATE TAXES RF

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: 7855

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

**JAMES PLACE INN
11 HOLBROOK ST
FREEPORT ME 04032-1204**

EXPIRES: 06/17/2020

FEE: \$150.00

**ATTN BILL HINKO
MARBIL CORPORATION
JAMES PLACE INN
11 HOLBROOK ST
FREEPORT ME 04032**



Jeanne M. Lamborn

Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

FREEPORT VICTUALER LICENSE APPLICATION

July '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) golf

NAME OF BUSINESS Freeport Country Club TELEPHONE 207-865-0711

FREEPORT PHYSICAL ADDRESS 2 Old County Rd BUSINESS MAILING ADDRESS " "

PRINCIPAL OWNER LEGAL NAME Laurel Harris DATE OF BIRTH 9/28/66

(PRINCIPAL STOCKHOLDER IF OWNER(S) IS A CORPORATION)
HOME ADDRESS P.O. Box 600 TOWN/STATE Bath ZIP CODE 04530 EMAIL: _____

ADDITIONAL OWNER LEGAL NAME Jeff Harris DATE OF BIRTH 5/25/65

(ADDITIONAL STOCKHOLDER(S) IF OWNER(S) IS A CORPORATION)
HOME ADDRESS P.O. Box 600 TOWN/STATE Bath ZIP CODE 04530 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) Jason Harris

TELEPHONE 805-2711 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 [Signature] DATE 7/8/19

PRINT NAME/TITLE Jason Harris

AUTHORIZED SIGNATURES - TOWN CLERK TO COMPLETE

DATE APPLICATION RECEIVED 7/8/19 FEE PAID \$150

REAL ESTATE TAXES PIF

PERSONAL PROPERTY TAXES Past Due

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 Health Inspection Report

Page 1 of 1

Establishment Name <u>Freeport CC</u>	As Authorized by 22 MRSA § 2496	Date <u>7-1-19</u>		
License/EST. ID # <u>678</u>	Address <u>Freeport</u>	City/State <u>Maine</u>	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

- Cold base floor to wall in kitchen
- cold hot water heater drain line out of the Jersey sink.

Freeport EP 7-1-19

Person in Charge (Signature) [Signature]

Date

Health Inspector (Signature)

Date