

### TOWN OF FREEPORT PUBLIC PEDDLER LICENSE APPLICATION

NAME OF APPLICANT Adam Morse

Applicant's Date of Birth 05/28/1975

Name of d/b/a or company Under Dogs on the Run

Residence address 20 Litchfield Rd Freeport, ME 04032

Mailing address Same

Telephone number(s) 207-751-9454

Description of foods to be sold Hot Dogs, Burgers, Lobster Roll, Sausage, Coriander Cheese

Description of & license plate number of vehicle used to transport food cart

2008 Corolla Sedan

Applicant's photograph – (2"x2" head/shoulder view – taken within 60 days of application)

Names, addresses and telephone numbers of two Freeport property owners for references

James Harriman 64 Litchfield Rd Freeport, ME 04032

Has applicant ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? No If yes, describe, including dates and penalties: \_\_\_\_\_

Sketch, drawn to scale, or photograph of cart to be used. (refer to Sec.43-202, h)

**I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE.**

12/12/2019  
DATE

[Signature]  
SIGNATURE

Adam Morse  
PRINT NAME

NON-REFUNDABLE FILING FEE: Residents - \$55; Non-Residents - \$110

Date received: \_\_\_\_\_

**Required for license issuance:**



Police Department investigation completed; endorsement received.

\_\_\_\_\_ Council approval. Meeting # \_\_\_\_\_

Copy of Certificate of Insurance received

Parking space agreement received

State Food license received

Freeport Victualer's license issued. Meeting # \_\_\_\_\_

\_\_\_\_\_ License fee received (Resident - \$500; Non-resident - \$750)

Date: 1/16/2020 \$ 55.00

Check #: \_\_\_\_\_

\_\_\_\_\_ Lottery date - \_\_\_\_\_

Applicant's location - \_\_\_\_\_

VICTUALER'S LICENSE CERTIFICATE

21-052019

DATE: MAY 23, 2019

*To all whom these presents may concern:*

ADAM MORSE D/B/A  
UNDER DOGS ON THE RUN

HAS BEEN DULY LICENSED AS A VICTUALER AT  
PUBLIC PEDDLER- NATHAN NYE  
IN THE MUNICIPALITY OF FREEPORT BY THE LICENSING BOARD OF  
SAID MUNICIPALITY UNTIL MAY 31, 2020  
AND HAS BEEN PAID TO THE MUNICIPAL TREASURER THE FEE OF  
ONE HUNDRED AND THIRTY FIVE DOLLARS.

THIS LICENSE MAY BE REVOKED BY THE BOARD IF IN THEIR  
OPINION THERE IS SUFFICIENT CAUSE.

  
AUTHORIZED MUNICIPAL OFFICER

Lynn Horr, Deputy Town Clerk



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/22/2019

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

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

<b>PRODUCER</b> CoverWallet, Inc. 100 Ave. of the Americas, Floor 16 New York, NY. 10013	<b>CONTACT NAME:</b> Sara Da Silva	
	<b>PHONE (AC. No. Ext.):</b> (646) 844-9933	<b>FAX (AC. No.):</b>
<b>E-MAIL ADDRESS:</b> customer.service@coverwallet.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Pacific Indemnity Company		20348
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SERMEF148478325	04/23/2019	04/23/2020	EACH OCCURRENCE	\$ 500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 500,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SERMEF148478325	04/23/2019	04/23/2020	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <b>RETENTION \$</b>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$

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

<b>CERTIFICATE HOLDER</b> Adam Morse 20 litchfield rd Freeport, ME, 04032	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 28105

EATING PLACE - MOBILE

UNDERDOG ON THE RUN  
20 LITCHFIELD RD  
FREEPORT ME 04632

EXPIRES: 05/23/2020

FEE: \$200.00

MORSE, ADAM  
UNDERDOG ON THE RUN  
20 LITCHFIELD RD  
FREEPORT ME 04632



*Jeanne A. Lambrew*  
Commissioner

NON-TRANSFERABLE

▽ DETACH HERE ▽

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at [tsup.dhhs@maine.gov](mailto:tsup.dhhs@maine.gov) or call 207-287-4627.