

TOWN OF FREEPORT PUBLIC PEDDLER LICENSE APPLICATION

NAME OF APPLICANT Dale M. Baker

Applicant's Date of Birth 12/09/1959

Name of d/b/a or company Nik + Noahs

Residence address 17 Country Acres Park, Durham Nc. 04222

Mailing address "

Telephone number(s) (207) 522-3366

Description of foods to be sold Lobster rolls, Hot dogs, drinks

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

Maroon Chevy Silverado 416 XK Nc.

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

Doug Morse, Pleasant Hill rd. (207) 504-2871

Rodney Routhier, Pleasant Hill rd. (207) 841-4047

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.

1/9/24
DATE

Dale M. Baker
SIGNATURE

Dale M. Baker
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 # _____

need Copy of Certificate of Insurance received

need Parking space agreement received

State Food license received

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

Date: _____

Check #: _____

Lottery date - _____

Applicant's location - _____

**TOWN OF FREEPORT
PUBLIC PEDDLER LICENSE APPLICATION**

NAME OF APPLICANT Guiyu Perilla

Applicant's Date of Birth 6/17/1972

Name of d/b/a or company Lily's Food Cart LLC

Residence address 8 Porters Landing Road, Freeport ME 04032

Mailing address same as residence

Telephone number(s) 207 869 5942

Description of foods to be sold snow cones, dumplings, rice, noodles, soft drinks

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

N/A

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

Jennifer Melville, 1 Cove Rd. 207 415 1472

John Campbell, 22 Cove Rd. 207 650 2411

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.

1/2/2024
DATE

Guiyu Perilla
SIGNATURE

Guiyu Perilla
PRINT NAME

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

Date received: 1/2/24

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

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

Date: _____

Check #: _____

Lottery date - _____

Applicant's location - _____