

Office Use Only: ID #	Date Issued	Exp. Date	Ck #	Amount Rec.
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**STATE OF MAINE HEALTH INSPECTION PROGRAM
 LICENSE APPLICATION FOR EP-MOBILE, EP-MOBILE STICK BUILT AND EP-TEMPORARY**

Applicant Information

Establishment Name : _____

Operating Location(s), in descending order by frequency of use, not including fairs, festivals or temporary events:

_____ Town/City, Zip Code: _____
 _____ Town/City, Zip Code: _____
 _____ Town/City, Zip Code: _____

Attach a list, with dates, of fairs, festivals, or temporary events at which you intend to operate.

Mailing Address; Town/City, Zip Code: _____

Establishment Telephone: _____ E-mail: _____

Contact Person's Name: _____ Contact Phone #: _____

Commissary Kitchen Used? Yes* No

If Yes, Commissary Kitchen Name: _____ ID# _____

* If you do not hold a license for the commissary kitchen, you will need your own commissary license for its use. Complete the Eating and Lodging Application (HHE-602) for an inspection and approval of the commissary kitchen.

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1. Licensing Information:

This business (check one):

- is new and has never been licensed.
- is presently was previously licensed by the Health Inspection Program (HIP). If so, provide HIP License EST ID# _____
- is presently was previously licensed by the Department of Agriculture, Conservation & Forestry (DACF). If so, provide DACF ID# _____

2. Business Information:

Please check one: Corporation/LLC Individual Partnership Association Other

Corporation/LLC, Individual, Partnership, Association or Other Name: _____

Owner(s) Name: _____

Owner(s) Mailing Address: _____

My business corporation is in good standing with the Secretary of State and all State Licensing Boards.

Yes No

Planned Opening Date: _____ (Allow at least 30 days following your submission of a **completed** application before planning to open.)

Duration of Operation: Year-round Seasonal: Opening Date: _____ Closing Date: _____

3. Former Owner's Information, if applicable:

Former Owner's Name: _____ Former Business Name: _____

4. Business Proposal:

A. Check all boxes that apply: Are you proposing to remodel change ownership change use increase use or other? Specify: _____

B. Describe the business: _____

5. License Type & Fees:

Refer to the following explanations when selecting a license type from the table below:

Eating Place – Mobile means a mobile vehicle designed and constructed to transport, prepare, sell, or serve food at several sites and is capable of being moved from its serving site at any time. This type of establishment is a self-contained food service operation, located in a vehicle or a movable stand on wheels.

If a mobile unit is not capable of supporting the preparation of all food items and/or proper warewashing, the unit is not self-sufficient, and the operator will be required to conduct these operations in their own licensed commercial kitchen. If you do not hold a license for the commissary kitchen, you will need your own commissary license for such use. In addition to this application, you will need to complete and submit the Eating and Lodging Application (HHE-602) for an inspection and approval of the commissary kitchen.

Eating Place – Mobile Stick Built means food service equipment that may be assembled and disassembled for storage or transportation and may only operate at a fixed location for the duration of an approved community event (e.g. fairs, festivals, farm markets, etc.).

Eating Place – Temporary means an eating place or establishment that operates at a fixed location, for a period not exceeding 14 consecutive days, in conjunction with a single community event.

Check (✓) the appropriate box for your proposal:

EATING		CHECK HERE	FEES
Eating Place - Mobile			\$270.00
Eating Place - Mobile Stick Built			\$270.00
Eating Place - Temporary 1 - 4 Days			\$130.00
Eating Place - Temporary 5 -14 Days			\$205.00
MISCELLANEOUS FEES			
Reprint License			\$25.00
Late Renewal within 30 days of license expiration date			\$25.00
Late Renewal more than 30 days after expiration date			\$100.00 for 1 st offense + \$25 for first 30 days \$200.00 for 2 nd consecutive offense + \$25 for first 30 days
Additional Inspection			\$100.00
Insufficient Funds			\$25.00
Nonprofit – No license required if fewer than 12 events/year			\$0.00

6. Drinking Water:

A. Does your water come from a city/town water supply? Yes No

If yes, provide the name of the city/town water supplier to which you pay your water bill _____ and **skip to Item 7**, Wastewater Disposal, on the following page.

If no, continue:

B. Is or was your business regulated by the State Drinking Water Program as a public water system?

Yes No Don't Know (**If your business uses city/town water you are not a regulated public water system.**)

- **If yes**, provide your Public Water System ID # _____, check the boxes that apply in section "C." below and **skip** to Item 7, Wastewater Disposal, on the following page.
- **If you checked Don't know**, contact the Drinking Water Program at 207-287-2070 for assistance. If the Drinking Water Program provides you with PWSID #, enter it here: _____, check the boxes that apply in section "C." below and skip to Item 7, Wastewater Disposal, on the following page
- **If no**, continue:

C. Will your business serve tap water in any of the following forms? Check all which apply.

- Cups/glasses of water.
- Drinks made on site (soda, lemonade, slush drinks, iced tea, juices, etc.).
- Ice made onsite.
- Drinking water fountain.
- Cups in the restroom or near any sink available to the public.
- Water used as an ingredient for uncooked foods made onsite. For example, instant gelatin desserts.
- Other, specify: _____

- If you **did not** check any boxes above and your business was not a regulated public water system in the past, complete the water tests listed in E.1.a & b below and submit water test results with this application. **Skip** to Item 7, Wastewater Disposal, on the following page.
- If you **did** check any boxes above, continue.

D. Indicate source, or potential source, of water **Drilled Well** **Dug Well** **Surface Water**.

If you checked "Dug Well" or "Surface Water" call the Drinking Water Program at 207-287-2070 and **skip** to Item 7, Wastewater Disposal, on the following page.

E. Is the drinking water well an existing well (already drilled?) Yes No

If No, please **STOP**. Contact the Maine Drinking Water Program at 207-287-2070 for further instructions before drilling the well.

If Yes, please provide the following:

E.1 Water Test Results from a Certified Laboratory for the following tests:

- Total Coliform bacteria, nitrate, and nitrite: samples must be taken within three months before the date this application is received.
- Fluoride, chloride, hardness, antimony, iron, pH, manganese, uranium, arsenic: samples must be taken within one year before the date this application is received.
- If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524) must also be done.
- Additional sampling may be required if known contamination has occurred near the well. For a list of Certified Laboratories, see www.medwp.com or call the Maine Drinking Water Program at 207-287-2070.

E.2 A site plan (more detailed map of the well site)

E.3. Drilled well construction information (if known):

Depth _____ ft. Length of casing _____ ft. Yield _____ gal/min.

E.4 A description of the major components in the water system:

Storage (type of tank and size): _____

Treatment (type, manufacturer): _____

Piping (type, above or below ground): _____

E.5 Distance from the well to the nearest point of all leachfields (septic systems) within 300 feet?
_____ (feet). **If less than 300 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.**

E.6 Distance from the well to all underground storage tanks within 1000 feet? _____ (feet).
If less than 1000 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.

E.7 Distance from the well to the nearest property line? _____ (feet)

E.8 How much land is controlled and/or owned around the well? _____ (acres)

If you qualify as a public water system (PWS), you will be assessed a fee by the Maine Drinking Water Program on July 1st of each year.

7. Wastewater Disposal:

Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing? Yes No

If yes, you must complete the attached "Onsite Wastewater Disposal System – Local Review and Verification Form" (Appendix C) and have your Local Plumbing Inspector verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). The Local Plumbing Inspector must verify that either the existing subsurface wastewater disposal system has the capacity to accept the wastewater to be generated as required by the Rules or that an expanded system has been designed and approved that meets applicable design requirements found in the Rules. Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) please contact the Department at 207-287-7690 to request a search of the State database of disposal system records.

Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.

Please visit our website for more information regarding wastewater disposal systems at www.mainepublichealth.gov/septic-systems or call us at 207-287-5689 if you have any questions.

If no, please provide the name of the city, town or utility district to which you pay your sewer bill, or a copy of an overboard discharge license issued by the Maine Department of Environmental Protection.

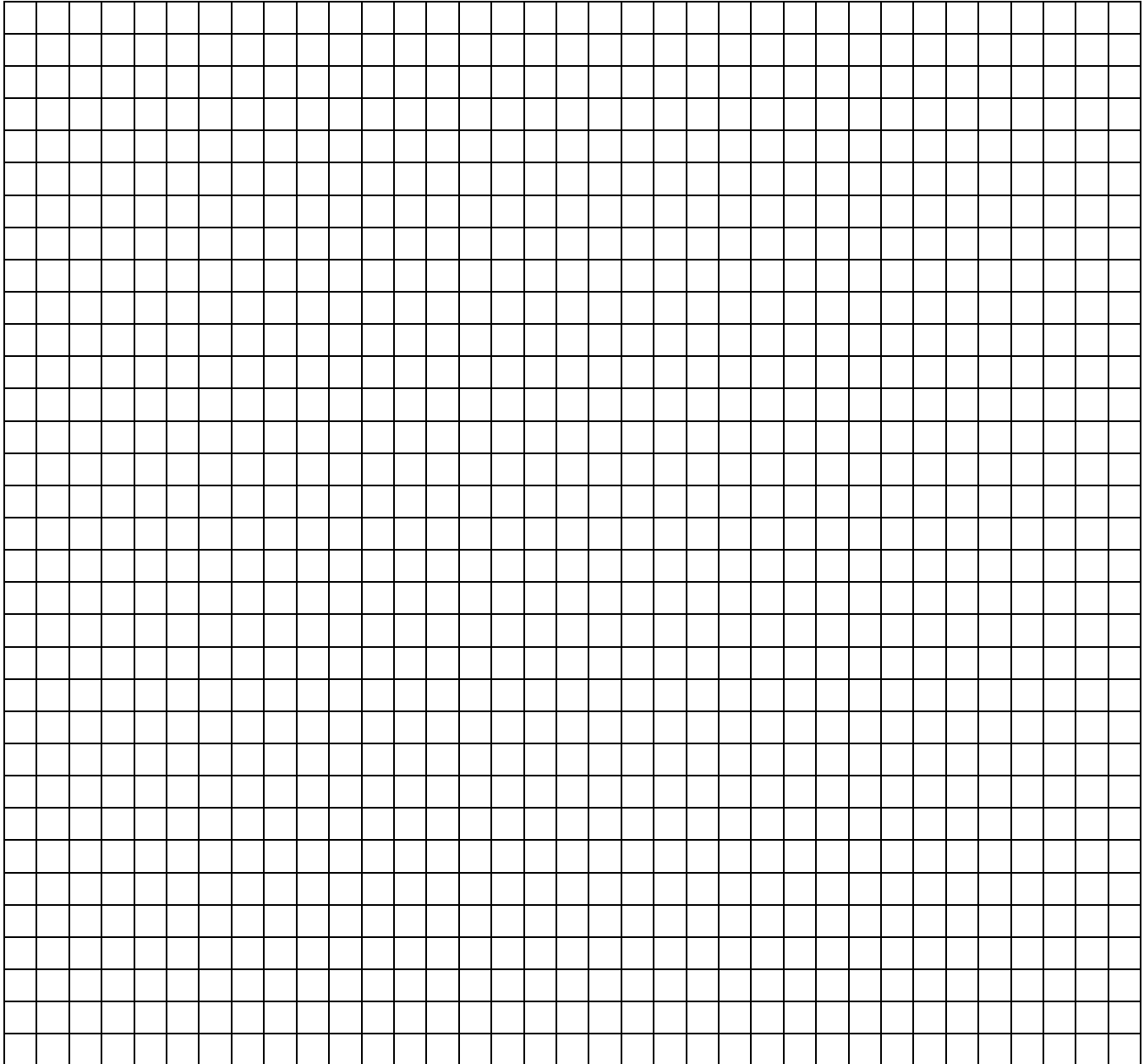
Public Sewer Entity: _____

8. Menu:

Attach a copy of your menu, or a draft menu

9: Mobile Unit or Temporary Establishment Floor Plan:

Use this grid, or a separate sheet of graph paper, to draw a floor plan or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled.



The floor plan should include the following items:

Sinks:	Refrigeration:	Facilities:
1. Hand Washing	1. Freestanding Coolers	1. Food Preparation Areas
2. Ware Washing	2. Freestanding Freezers	2. Storage Areas
3. Food Prep	3. Other	3. Equipment/Counters

10. Eating Place Business Review:

Complete the table below by filling in the blanks and placing a check mark or number where appropriate.

COLD STORAGE	#	KITCHEN EQUIPMENT & SINKS	#
Reach-in Refrigerator(s)		Ware washing sink with 3 basins	
Beverage Cooler (s)		Ware washing sink with 2 basins	
Prep Cooler(s)		Hand washing sink	
Reach-in Freezer(s)		Microwave(s)	
Other (specify)		Hot Holding Unit(s)	
		Oven(s)	
		Other (specify)	
<p>Meals Served (please select all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper</p>			

CERTIFIED FOOD PROTECTION MANAGER(S) See below.	
Name:	Certificate Date:
Name:	Certificate Date:
<p>IMPORTANT: In order to complete your application, you <u>MUST</u> submit a valid copy of your Certified Food Protection Manager certificate with your application for new establishments or change of ownership. Contact the Health Inspection Program at 207-287-5671 for more information. Go to www.maine.gov/healthinspection for a list of CFPM courses. Provide a <u>copy</u> of a CFPM certificate for each certified person.</p>	

11. Signature:

I, _____, Owner/Operator of the business, hereby state that this

PLEASE PRINT NAME CLEARLY

application is accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject the individual to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as the imposition of any other penalties, fines and sanctions provided by law.

Applicant's Signature _____ Date of Signature _____

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PLEASE MAIL TO:

**HEALTH INSPECTION PROGRAM
286 WATER STREET 3rd FLOOR
AUGUSTA ME 04333-0011**



Please refer to the License Type & Fees for specific fees for various licenses on page 2

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE
WALK-INS: WE DO ACCEPT CASH; CASH MUST BE IN THE EXACT AMOUNT ONLY.
(Fees are non-refundable.)**

For more information, please refer to our rules <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>
Ch. 200: Maine Food Code, Ch. 206: Rules Relating to Lodging Establishments and
Mobile Guidance Document: <https://www.maine.gov/dhhs/mecdc/environmental-health/el/site-files/forms/Mobile%20Guidance%20Document.pdf>

If you have questions, please call the Health Inspection Program at 207-287-5671.

We wish you remarkable success in your business!

Appendix C
Onsite Wastewater Disposal System - Local Review and Verification Form

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

Please include this completed form with your license application.

Health Inspection Program
Onsite Wastewater Disposal System Local Review and Approval Form HHE-602
Appendix C

To be completed by the Owner/Applicant

Date: _____

Facility Name: _____

Facility Physical Address: _____

Facility: [] Owner [] Operator: _____

Telephone: _____ E-Mail _____

Mailing Address if different from address above: _____

1. Check all boxes that apply: Are you proposing new construction remodeling ownership change change in use increased use or other? Specify: _____
2. Please describe the proposed use or proposed change in existing use for this property:
 - a. Prior use as licensed: _____ (for example, "a take out with no seats", "a 40 site camp ground" or "not previously licensed");
 - b. Proposed use: _____ (Include seat numbers. For example, "40 seat restaurant", "a 30-unit motel" or "no change in use").
 - c. Are you a new owner of the establishment (please circle)? Yes No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A)** the existing wastewater disposal system has the capacity required for your proposal; or, **B)** you have had a new or expanded wastewater disposal system designed that will meet the requirements for proper wastewater disposal. **Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

To be completed by the Local Plumbing Inspector:

MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites

_____ SEATS-IN _____ SEATS-OUT _____ ROOMS _____ COTTAGES
_____ CAMPGROUND SITES _____ YOUTH CAMP CAMPERS _____ YOUTH CAMP STAFF

(To request a record search for difficult to find permits please visit www.mainepublichealth.gov/septic-systems)

I, _____, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature _____ **Date** _____