

**STATE OF MAINE HEALTH INSPECTION PROGRAM  
 LICENSE APPLICATION FOR - DELEGATED MUNICIPALITY EATING AND LODGING**

**Applicant Information**

Establishment Name: \_\_\_\_\_  
 Location of Business, E-911 Address: \_\_\_\_\_ Town/City, Zip Code: \_\_\_\_\_  
 Mailing Address; Town/City, Zip Code: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_  
 Contact Person's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Contact FAX #: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

**THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED FOR COMPLETION. IT'S ILEGAL TO OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.**

**1. Licensing Information:**

This business (check one):  
 is new and has never been licensed.  
 is presently  was previously licensed by the Health Inspection Program. If so, provide H.I.P. License EST ID# \_\_\_\_\_  
 is presently  was previously licensed by the Department of Agriculture, Conservation and Forestry (DACF). If so, provide DACF License ID# \_\_\_\_\_

**2. Business Information:**

Please check one:  Corporation/LLC  Individual  Partnership  Association  Other

**Corporation, Association, Partnership or LLC 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)

Duration of Operation:  Year-round  Seasonal: Opening Date \_\_\_\_\_ Closing Date \_\_\_\_\_

Name of Temporary Event \_\_\_\_\_ Temporary: Dates of event \_\_\_\_\_ to \_\_\_\_\_

If you have a mobile unit are you going to be attending fairs and festivals? Yes \_\_\_\_\_ No \_\_\_\_\_ (\*\*Please see page 2 for license types and fees\*\*)

**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: \_\_\_\_\_

C. If applicable, indicate the proposed number of:

**Seating:** Indoor Dining Seats: \_\_\_\_ \*\*Outdoor Dining Seats: \_\_\_\_ Vending Machines: \_\_\_\_

**Lodging:** Rooms: \_\_\_\_ Cottages: \_\_\_\_

**Pools/Spas: If you have a public pool or spa included in your establishment, please complete the License Application for Public Pools and Spas; HHE-640.**

**\*\*For Fees and Septic review purposes, outdoor seating is only counted in total number of seats if there is inside seating and there are 30 or more outdoor seats, or there is wait staff service to the outdoor seats regardless of number of seats.**

**5. License Type & Fees for Lewiston, Portland, and South Portland only:**

Check (✓) **ONLY ONE BOX** for your proposal:

| MUNICIPAL EATING PLACE                         | CHECK HERE | FEES     |
|--|------------|----------|
| Eating Place - Catering                        |            | \$60.00  |
| Eating Place - Mobile                          |            | \$60.00  |
| Eating Place - Mobile Stick-Built              |            | \$60.00  |
| Eating Place                                   |            | \$60.00  |
| Eating Place - Takeout                         |            | \$60.00  |
| <b>*Eating Place - Temporary</b>               |            | \$60.00  |
| Eating Place-Limited Menu                      |            | \$60.00  |
| Eating Place- School                           |            | \$60.00  |
| Eating Place- School Catering                  |            | \$60.00  |
| Eating Place- School Satellite                 |            | \$60.00  |
| Eating Place- Commissary                       |            | \$60.00  |
| Correctional Facility                          |            | \$60.00  |
| MUNICIPAL LODGING                              |            |          |
| Bed and Breakfast                              |            | \$60.00  |
| Lodging  |            | \$60.00  |
| MUNICIPAL COMBINATION                          |            |          |
| Eating & Catering                              |            | \$60.00  |
| Eating & Lodging                               |            | \$60.00  |
| MOBILE UNITS OPERATING OUTSIDE OF MUNICIPALITY |            |          |
| Eating Place - Mobile                          |            | \$270.00 |

| 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 <sup>st</sup> 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  |

**\*If operating an Eating Place – Temporary in the city of Portland: No State application for an Eating Place – Temporary is needed. Contact the City of Portland for a Temporary Food Service License application at 207-756-8365 or <http://www.portlandmaine.gov/594/Food-Service-Inspections>**

**A separate State issued Liquor License is required if you plan to sell or serve alcoholic beverages. You must follow Health Inspection Program License requirements to obtain and retain a Liquor License. For more information, go to Liquor Licensing and Compliance at [www.maine.gov/dps/liqr/applying.html](http://www.maine.gov/dps/liqr/applying.html) or at 207-624-7220. Additional licenses may also be required, including but not limited to a Municipal Victualer’s License. Please contact your Town or City for more information.**

**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.

**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.
- 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.
- 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.

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. **(Please ensure all tests are included on your water test report to ensure timely processing of your application.)**
- If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524).
- Additional sampling may be required if known contamination has occurred near the well.

**For a list of Certified Laboratories, see [www.medwp.com](http://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 regulated by the Maine Drinking Water Program.

## 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) which requires your Local Plumbing Inspector to 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 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 DWP 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](http://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.

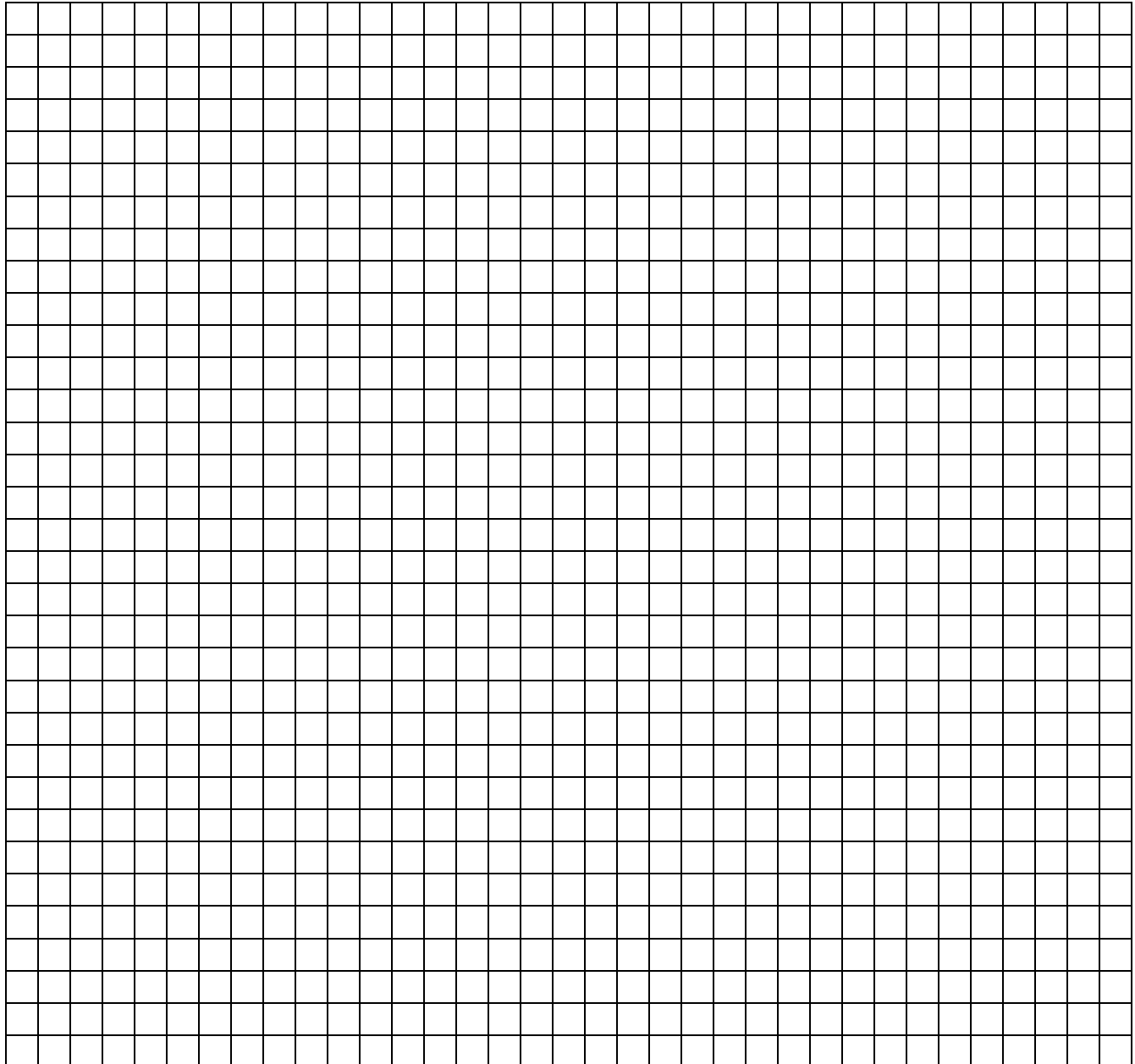
Public Sewer Entity: \_\_\_\_\_

## 8. Menu:

Attach a copy of your menu, or a draft menu.

**9. Kitchen or Food Preparation Area 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:          | Toilet Facilities: | Refrigeration:           | Facilities:                        |
|-----------------|--------------------|--------------------------|------------------------------------|
| 1. Hand Washing | 1. Toilets         | 1. Walk-in Coolers       | 1. Food Preparation Areas          |
| 2. Ware Washing | 2. Sinks           | 2. Walk-in Freezers      | 2. Food Storage Areas              |
| 3. Utility      | 3. Urinals         | 3. Freestanding Coolers  | 3. Trash/Refuse/Redemption Areas   |
| 4. Food Prep    | 4. Other           | 4. Freestanding Freezers | 4. Dining Areas                    |
| 5. Dipper Wells |                    | 5. Ice Maker             | 5. Equipment/Counters/Seats/Tables |

|          |  |          |                                  |
|----------|--|----------|----------------------------------|
| 6. Other |  | 6. Other | 6. Dry Storage/All Other Storage |
|----------|--|----------|----------------------------------|

**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  |  | PROPOSED OPERATING HOURS  |       |       | SERVICE PROVIDED         |  |
|---|--|---|-------|-------|--------------------------|--|
| Walk-in Cooler  |  | Sunday:   | AM/PM | AM/PM | Take-out                 |  |
| Reach-in Refrigerator   |  | Monday:   | AM/PM | AM/PM | Buffet                   |  |
| Closed Display Refrigerator   |  | Tuesday:  | AM/PM | AM/PM | Sit-Down                 |  |
| Open Display Refrigerator   |  | Wednesday:  | AM/PM | AM/PM | Delivery                 |  |
| Refrigerated Buffet Unit  |  | Thursday:   | AM/PM | AM/PM | Window                   |  |
| Beverage Cooler   |  | Friday:   | AM/PM | AM/PM | Catering                 |  |
| Refrigerated Food Prep. Unit  |  | Saturday:   | AM/PM | AM/PM | Single Service Tableware |  |
| Rapid Pull-down Refrigerator  |  |   |       |       |                          |  |
| Walk-in Freezer   |  | KITCHEN EQUIPMENT & SINKS (Numbers)   |       |       | TOILET FACILITIES        |  |
| Reach-in Freezer  |  | Ice Machine(s)  |       |       | Number of Fixtures:      |  |
| Closed Display Freezer  |  | Ware washing Sink(s) with 3 basins  |       |       | Men's Bathroom           |  |
| Open Display Freezer  |  | Ware washing Sink(s) with 2 basins  |       |       | Toilets                  |  |
| Freezer Buffet Unit   |  | Hand washing Sink(s)  |       |       | Urinals                  |  |
| Other   |  | Utility Sink(s)   |       |       | Sinks                    |  |
|   |  | Food Prep Sink(s)   |       |       |                          |  |
|   |  | Ware washing Machine(s)   |       |       | Women's Bathroom         |  |
| Metal Shelves   |  | Microwave(s)  |       |       | Toilets                  |  |
| Wooden Shelves  |  | Hot Holding   |       |       |                          |  |
| Plastic Shelves   |  | Oven(s)   |       |       | Sinks                    |  |
| Cabinets  |  | Other   |       |       |                          |  |
| Bins (food grade)   |  |   |       |       | Employee Bathroom        |  |
| Barrels (food grade)  |  | MEALS BEING SERVED  |       |       | Toilets                  |  |
| Bulk  |  | <p>Please check all that apply</p> <p><input type="checkbox"/> Breakfast      <input type="checkbox"/> Lunch</p> <p><input type="checkbox"/> Supper</p> |       |       | Urinals                  |  |
| Pallets   |  |   |       |       | Sinks                    |  |
| Other   |  |   |       |       |                          |  |
|   |  |   |       |       | Other (describe)         |  |
|   |  |   |       |       |                          |  |
| <b>CERTIFIED FOOD PROTECTION MANAGER(S) See below.</b>  |  |   |       |       |                          |  |
| Name:   |  | Certificate Date:   |       |       |                          |  |
| Name:   |  | Certificate Date:   |       |       |                          |  |
| Name:   |  | Certificate Date:   |       |       |                          |  |
| Name:   |  | Certificate Date:   |       |       |                          |  |
| <p><b>IMPORTANT:</b> In order to complete your application, you <b>MUST</b> submit a valid copy of your Certified Food Protection Manager with your application for new establishments, or change of ownership. Contact the Health Inspection Program at 207-287-5671 for more information. Go to <a href="http://www.maine.gov/healthinspection">www.maine.gov/healthinspection</a> 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 3<sup>rd</sup> 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  
(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

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: \_\_\_\_\_ (List number of units 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](http://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**

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