

STATE OF MAINE HEALTH INSPECTION PROGRAM LICENSE APPLICATION FOR **EATING & 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 E-mail: _____ **THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED FOR COMPLETION. IT IS ILLEGAL 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 (HIP). If so, provide HIP License ESTID# _____
 is presently was previously licensed by the Department of Agriculture, Conservation & Forestry DACF. If so, provide Department of 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) Contact Phone and Email: _____

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.)

3. Former Owner's Information, if applicable:

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

4. Business Proposal:

A. Please Check all that apply: Remodel Change of Ownership Change of Use Increase Use

Other- Specify: _____

B. Describe the Business: _____

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

| EATING | CHECK HERE | FEES |
|---|---------------|-----------|
| Business Enterprise PR (Division of the Blind) | | No Charge |
| Catering | | \$270.00 |
| Correctional Facility | | \$270.00 |
| Eating Place - Takeout | | \$220.00 |
| Eating Place, Tier 1: 1-29 seats | | \$220.00 |
| Eating Place, Tier 2: 30-75 seats | | \$265.00 |
| Eating Place, Tier 3: More Than 75 Seats | | \$300.00 |
| Eating Place - Limited Menu A bar where food is served but has no kitchen, serves only pre-packaged foods or pre-packaged, precooked food to be heated prior to service. | | \$205.00 |
| Eating - School | | \$100.00 |
| Eating - School Catering | | \$100.00 |
| Eating - School Satellite | | \$100.00 |
| Eating Place - Commissary | | \$300.00 |
| Vending Company | | \$105.00 |
| Senior Citizen Meal Site | | \$30.00 |
| BASE KITCHEN (FOR MOBILE UNITS ONLY) | | |
| Eating Place – Mobile Base Kitchen Requires a SEPARATE Mobile Unit License see Mobile and Temporary Application HHE642. | | \$100 |
| LODGING | | |
| Bed and Breakfast – 5-Rooms or Less | | \$135.00 |
| Bed and Breakfast – 6-Rooms or More | | \$205.00 |
| Lodging Place, Tier 1: 4 -15 Rooms | | \$205.00 |
| Lodging Place, Tier 2: 16 -75 Rooms | | \$240.00 |
| Lodging Place, Tier 3: More Than 75 Rooms | | \$270.00 |
| COMBINATION | | |
| Food Service At Youth Camps (Eating and Catering) | | \$300.00 |
| Eating and Catering | | \$300.00 |
| Eating and Lodging | | \$300.00 |
| CAMP | | |
| Sporting/Recreational Camp | | \$240.00 |

| MISCELLANEOUS FEES | |
|--|----------|
| Late Renewal within 30 days of license expiration date | \$25.00 |
| Late Renewal 30 days or more after expiration date | \$125.00 |
| Additional Inspection | \$100.00 |
| Insufficient Funds | \$25.00 |
| Nonprofit – No license required if 24 events/year or fewer | \$0.00 |

A separate State issued Liquor License is required if you plan to sell or serve alcoholic beverages. You must be in compliance with Health Inspection Program License requirements to obtain and retain a Liquor License. For more information, go to Liquor Licensing and Compliance at <https://www.maine.gov/dafs/bablo/liquor-licensing> 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:

Please note Sections 6 and 7 should be filled out completely as is relevant to your establishment. Incomplete applications will be returned to the sender.

A. Does your water come from a public city/town water supply?

Yes, provide the name of the city/town water supplier to which you pay your water bill.
 _____ . **Then, skip to #7 Wastewater Disposal.**

No, please indicate private source or potential source of water:
 Drilled Well
 Surface Water
 Dug Well

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

1. Yes, provide your Public Water System ID# _____, answer question 6C. and skip to #7 Wastewater Disposal.

2. If no or unsure, please contact the Maine Drinking Water Program at 207-287-2070 and continue:

C. Will your business serve tap water in any of the following forms? Check all which apply. If you checked “Yes” to any of the questions below, and are not served by public water, you will be regulated by the Maine Drinking Water Program and should contact them at 207-287-2070.

- 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 is used as an ingredient for uncooked foods made onsite. For example, instant gelatin desserts.
- Other, specify: _____

D. Are you applying for a change of ownership?

If **Yes**, please provide the following water test results from a certified Laboratory for the following tests:

| | |
|---|--|
| Nitrate, Nitrite, Total Coliform | Samples must be taken within the last 3 months before the date this application is received. |
|---|--|

If **No**, please provide the following water test results from a certified Laboratory for the following tests:

| | |
|--|--|
| Nitrate, Nitrite, Total Coliform | Samples must be taken within the last 3 months before the date this application is received. |
| Antimony, Arsenic, Chloride, Fluoride, Hardness, Iron, Manganese, pH, Uranium | Samples must be taken within one year before the date this application is received. |

For a list of Certified Laboratories, see www.medwp.com or call the Maine Drinking Water Program at 207-287-2070.

(Please ensure all tests are included on your water test report to ensure timely processing of your application.)

E. . If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524) must also be done.

F. 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.

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

H. . Drilled well construction information (if known):

Depth_____ft. Length of casing_____ft. Yield_____gal/min.

I. 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): _____

J. Distance from the well to the nearest point of all leach fields (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.***

K. 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.

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

M. 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 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: _____

If yes, you must complete the attached "Onsite Wastewater Disposal System – Local Review and Verification Form" on page 8 (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) you may search here:

<https://www.maine.gov/dhhs/mecdc/services/business-services/hydrology-and-wastewater/a-b-c-d-resources>

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

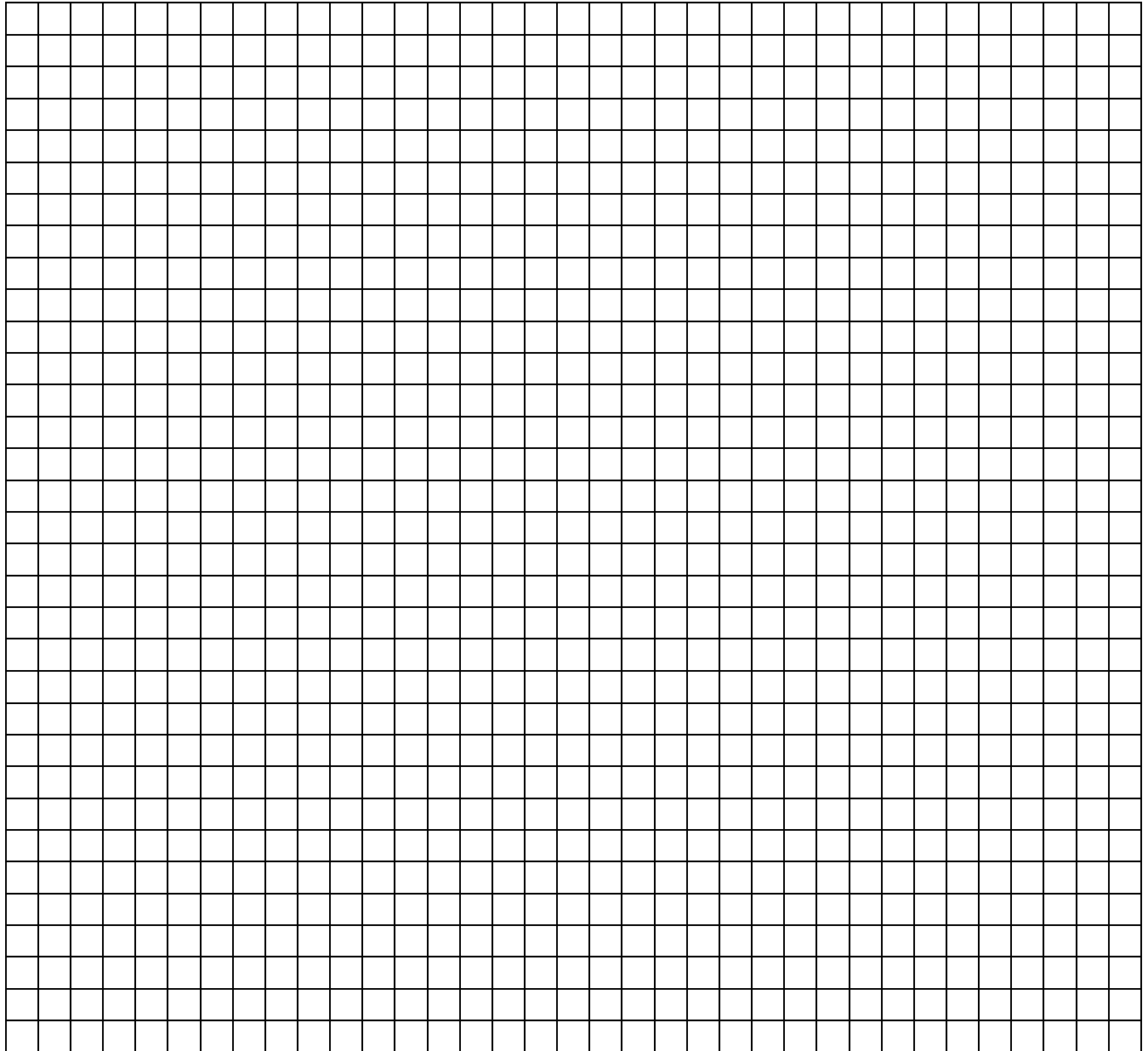
Please visit our website for more information regarding wastewater disposal systems at www.mainepublichealth.gov/septic-systems or call us at 207-287-5689 if you have any questions.

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 | |
| Rapid Pull-down Refrigerator | | | | | Tableware | |
| 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: Please check all that apply | | | Toilets | |
| Bulk | | Breakfast | Lunch | Supper | Urinals | |
| Pallets | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sinks | |
| Other | | | | | | |
| | | | | | Other (describe) | |
| | | | | | | |
| CERTIFIED FOOD PROTECTION MANAGER(S) See below. | | | | | | |
| Name: | | Certificate Date: | | | | |
| Name: | | Certificate Date: | | | | |
| 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 HealthInspection 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 acknowledge 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.

22 MRS §2497. Right of entry, inspection and determination of compliance

The department and any duly designated officer or employee of the department have the right, without an administrative inspection warrant, to enter upon and into the premises of any establishment licensed pursuant to this chapter at any reasonable time in order to determine the state of compliance with this chapter and any rules in force pursuant to this chapter. Such right of entry and inspection extends to any premises that the department has reason to believe is being operated or maintained without a license but no such entry and inspection of any premises may be made without the permission of the owner or person in charge unless a search warrant is obtained authorizing entry and inspection.

Applicant's Signature _____ Date of Signature _____

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PLEASE MAIL TO:

**HEALTH INSPECTION PROGRAM
286 WATER STREET 3rd FLOOR
AUGUSTA ME 04330**



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

<https://www.maine.gov/dhhs/mecdc/services/business-services/health-inspections>

Ch. 200: Maine Food Code, Ch. 206: Rules Relating to Lodging Establishments

If you have questions, please email the Health Inspection Program at Hiplicensing.DHHS@maine.gov.

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 takeout with no seats", "a 40-site campground" or "not previously licensed").
 - b. Proposed use: _____ (List number of units for example, "40seat 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, installed and inspected 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

_____ OBD COMPLIANT (Y/N?) (If has an Overboard Discharge System for wastewater disposal, contact DEP

Compliance staff: <https://www.maine.gov/dep/water/wd/OBD/index.html>) _____ # Gallons Licensed to Discharge

(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 _____