

STATE OF MAINE HEALTH INSPECTION PROGRAM

LICENSE APPLICATION FOR **EP-MOBILE, EP-MOBILE STICK BUILT AND EP-TEMPORARY**

Applicant Information

Establishment Name: _____

Establishment Mailing Address; Town/City, Zip Code: _____

Establishment Telephone: _____ Contact E-mail: _____

Establishment Contact Name: _____ Contact Phone #: _____

Mobile Base Kitchen Used? Yes No *A Mobile Base Kitchen license is required in addition to your mobile unit license if you cannot prepare and store all food in your mobile unit. If you do not hold a license for the Mobile Base kitchen, you will need your own license for its use. Please complete the Eating and Lodging Application (HHE-602) for an inspection and approval of the mobile base kitchen.

If Yes, Mobile Base Kitchen Name: _____ ID# _____

Temporary Application: Applicant must provide name and location of fair, festival, or temporary event.

Name of Event: _____ Physical Address: _____

Mobile Application: Please provide your primary location or the first event with location you plan to operate. If applicable, please attach a list with the secondary locations where you plan to operate.

Primary Location Address: _____ or
First Event with Address: _____

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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) Contact Phone & 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.)

Duration of Operation: Temporary 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 increased use or other?

Specify: _____

B. Describe the business: _____

5. License Type & Fees:

Refer to the following explanations when selecting a license type(s) 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 ware washing, the unit is not self-sufficient, and the operator will be required to conduct these operations in their own licensed mobile base kitchen. In addition to this application.

Eating Place- Mobile Base Kitchen –means a commercial kitchen licensed by the owner of an eating place-mobile or eating place-mobile stick built (i.e., mobile units) for food preparation, storage and/or ware-washing that cannot be conducted within the mobile unit due to insufficient equipment and/or space. **Please complete application form HHE-602 if you need to license a Mobile Base 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.

For more information please refer to our Mobile Guidance Document:

<https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/forms/Mobile%20Guidance%20Document.pdf>

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 24 events/year | | \$0.00 |

6. Drinking Water:

1. 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:

Where do you plan to dispose of your wastewater? _____

If wastewater is disposed to a private on-site wastewater disposal system 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 <https://www.maine.gov/dhhs/mecdc/services/business-services/hydrology-and-wastewater/a-b-c-d-resources> or call us at 207-287-5689 if you have any questions.

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

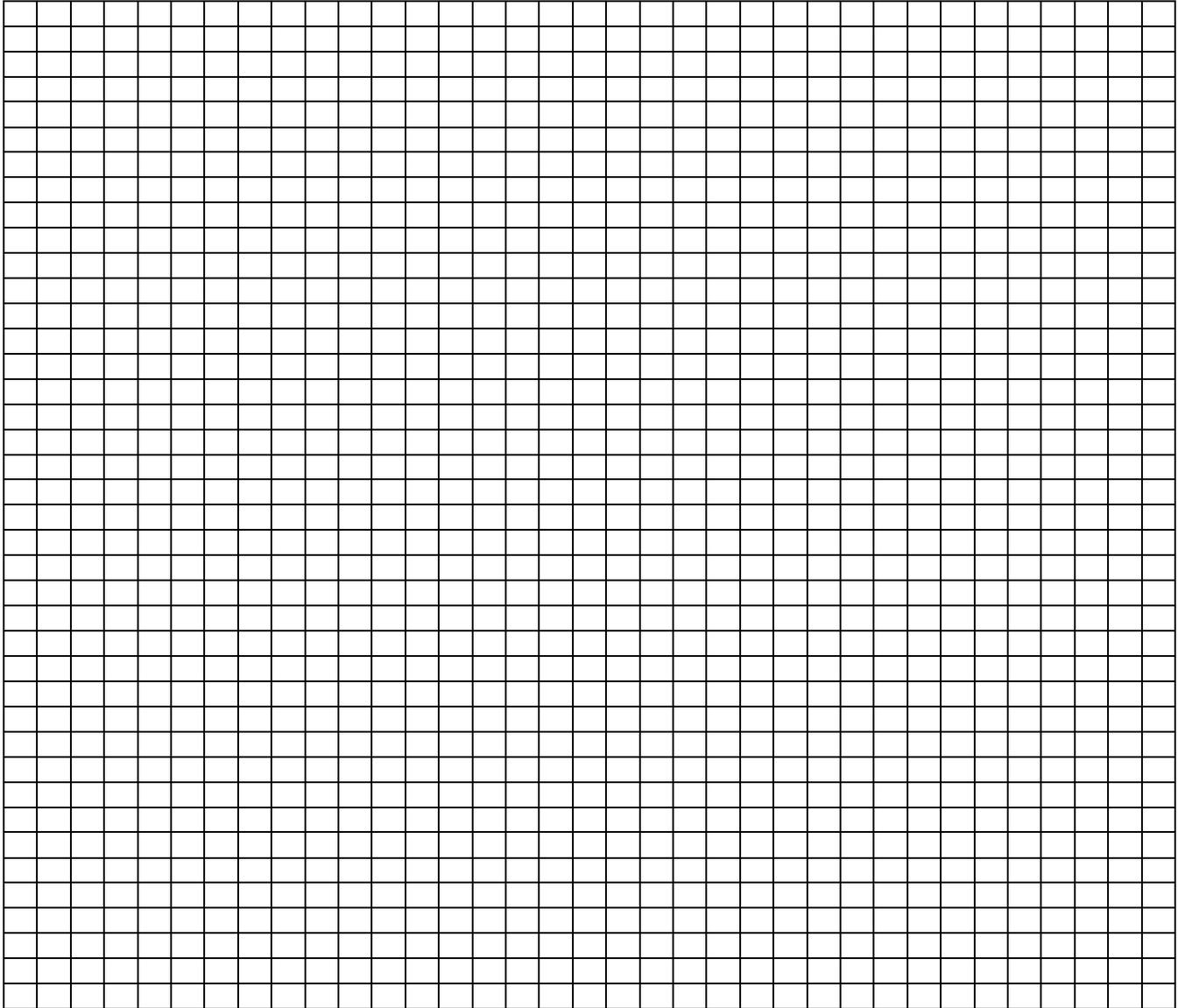
Please visit our website for more information regarding wastewater disposal systems at www.mainepublichealth.gov/septic-systems or call us at 207-287-5689 if you have any questions.

8. Menu:

Attach a copy of your menu, or a draft menu

9: 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) | |
| Meals Served (please select all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper | | | |

| | |
|--|-------------------|
| CERTIFIED FOOD PROTECTION MANAGER(S) See below. | |
| Name: | Certificate Date: |
| Name: | Certificate Date: |
| <p>IMPORTANT: In order to complete your application, you MUST 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.

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 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
<https://www.maine.gov/dhhs/mecdc/services/business-services/health-inspections>
Ch. 200: Maine Food Code**

If you have questions, please email us 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-637
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: (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, 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