

**TOWN OF FALMOUTH, MAINE**  
**APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE**  
**as amended 4-22-2010**

**Business or Trade Name:** Weenie Wagon II  
**Business Address:** 3 Woodland Ave. Saco me. 04072  
**Business Location (Street Address):** Same  
**Name of Owner of Business:** Kevin Strout  
**Address of Owner of Business:** Same  
**Manager at Establishment:** Kevin Strout      **Manager's Phone:** 205-0957  
**Contact Person:** Kevin Strout      **Phone #** 205-0957  
**Business Phone:** 205-0957      **Email address:** MStrout3@maine.RR.com

Check the proper category for the license requested:

- |  |                  |
|--|------------------|
| (a) Restaurant or victualer <u>NOT</u> serving malt beverages on the premises and seating capacity of less than 50.  | \$25.00 _____    |
| (b) Same as (a) except where the total seating capacity is more than 50.   | \$50.00 _____    |
| (c) Restaurant or victualer serving malt beverages on the premises and seating capacity is less than 50.   | \$25.00 _____    |
| (d) Same as (c) except where the total seating capacity is more than 50.   | \$50.00 _____    |
| (e) Class A Restaurant, as defined by the Revised Statutes of Maine, serving both malt liquor and spirituous and vinous liquor.  | \$50.00 _____    |
| (f) Any business establishment such as, but not limited to, retail grocery stores, food storage warehouses, bakeries, delicatessen stores and dairy product stores where food is stored and kept for sale and where the total area of the establishment is less than 10,000 square feet. | \$25.00 _____    |
| (g) Same as (f) except where the total area of the establishment is more than 10,000 square feet.  | \$50.00 _____    |
| (h) Establishments operated by non-profit organizations.   | \$25.00 _____    |
| (i) Vendor/Cart  | \$10.00 _____    |
| (j) Mobile food service unit   | \$25.00 <u>X</u> |

**CHECKS PAYABLE TO THE "TOWN OF FALMOUTH"**

**Brief Description of Business:** Lunch truck selling Hot & cold Sandwiches & Beverages

**Have you received State approval?**  Yes  No  
(Attach a copy)

**Inspection by Health Officer under Town of Falmouth Code of Ordinances, Section 8-158**  
(Attach copy of inspection report)

**Signature of Applicant:** [Signature] **Date:** 4-26-10  
**Signature of Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Property Owner Name (printed)** \_\_\_\_\_

**ADMINISTRATION:**

Approval granted by the Town Council of Falmouth, Maine at on \_\_\_\_\_.

Councilor Signatures

Printed Name

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

**Process for completing application is as follows:**

- **Advertisement must be at least seven days before the public hearing.**
- **The Council requests the applicant attend the 1<sup>st</sup> public hearing meeting.**
- **Town Council may approve after a public hearing is held.**
- **Code Enforcement Officer notified of approval.**