TENTATVIE AGENDA SPECIAL MEETING IN TOWN MANAGER'S OFFICE TUESDAY, JANUARY 15, 2019 2:30 P.M.

- 1. Roll Call
- 2. ORDER #8-2019 Approval of a Victualer's License Application (Maine Wools Resorts)
- 3. Adjournment

PROVIDING FOR: Approval of an Application for a Victualer's License for Maine Woods Resorts.
IT IS ORDERED that the attached application for a Victualer's License is hereby approved for:
Luisa Surprenant for Maine Woods Resorts, Chesuncook Twp ME 04462 d/b/a Chester Fried Chicken, 749 Central Street, Millinocket ME 04462
Passed by the Town Council

Attest:____



TOWN OF MILLINOCKT

APPLICATION FOR A VICTUALERS LICENSE

1.	NAME OF APPLICANT husa Surprenant
2.	PHONE NUMBER OF APPLICANT 207- 447-0197
3.	RESIDENCE OF APPLICANT Chisungook Two
4.	Maine Woods Bagsorts NAME OF BUSINESS Chesters Fried Chicken
5.	PHONE NUMBER OF BUSINESS 201-447-0197
6.	BUSINESS ADDRESS 749 CENTRAL St
7.	NATURE OF BUSINESS fred chicken, ice cream
8.	LOCATION TO BE USED 749 Central St
9.	RESIDENCE OF APPLICANT IN LAST FIVE YEARS
	Chesunook Tup
10	LIST OF PRINCIPAL OFFICERS, TITLES, AND ADDRESSES FOR THE PAST THREE YEARS
10.	uisa Surprenant Lake St Chesiancook
	David Surprenant Lake St Cheruncopk
	Sand Surprover Rave of Oreancorre
11.1	DESCRIPTION OF PREMISES TO BE LICENSED
	Former Dunken Donuts / Katahdin Gateway
79	EASE INCLUDE CURRENT COPY OF YOUR STATE OF MAINE DEPARTMENT OF HUMAN VICES FOOD VENDOR'S LICENSE)

	ailed	Closed IHH	State of Maine	Hea	lth	Ins	pection	on Report	t		Page 1	of 4
		-				lations				1	Date	1/10/2019
Estal	olishment Na	ame	As Authorized by 22 MRSA 2 2496	Non-C	ritica	l Violat	ions			1		11:00 AM
CHE	STERS FR	IED CHICKEN	,	Certifi	ed Fo	ood Pro	tection Man	ager		Y	Time Out	12:45 PM
Licer	se Expiry D	ate/EST. ID#	Address		City	y			Zip Code		Telephone	
		/ 27864	749 CENTRAL ST		MI	LLINC	CKET		04462		207-447-01	197
Licer	ізе Туре	72100-1	Owner Name		Pur	pose o	f Inspection	n	License Pos	ted	Risk Cate	gory
CEOCI	130 1300		MAINE WOODS RESORTS	LLC	No	w Fel	ahlishme	ent Report	No		Medium	1
			ODBORNE ILLNESS RISK FA						VENITIONS			
	N≕in complia	nated compliance statence OUT=not in com	us (IN, OUT, N/O, N/A) for each numb	1000	em licable	- 112 B	. · ·	Mark"X" in appropriate on-site	riate box for C	OS an	d/or R R=repeat vio	olation cos R
Com	oliance Statu	!\$	Supervision	-	-			entially Hazardou	s Food Time/	Tempe	reture	
T	0.1	PIC present, demon	strates knowledge, and	Т		16	IN	Proper cooking				
1	IN .	performs duties				17	IN	Proper reheati	ng procedure	s for h	ot holding	
		E	mployee Health	-		18	IN	Proper cooling				
2	iN		ness; policy present			19	IN	Proper hot hok				
3	IN	Proper use of repor	ling, restriction & exclusion	(1)		20	£N.	Proper cold ho	lding tempera	itures		
	IB1			T	3.52	21	(N	Proper date ma				
5	IN		ng, drinking, or tobacco use eyes, nose, and mouth	_	\forall	22	IN	Time as a publi	c health cont	rol: pr	ocedures & re	cord
1	11.4		ontamination by Hands					Consta	more Advisory			HAWA =
6	IN	Hands clean & prop	The same of the sa			-		Consumer advi	isory provide	d for ra	aw or	
			ct with RTE foods or approved	1	П	23	iN	undercooked fe				
7	IN	alternate method pr			ļ	0.0		Highly Sisce	pilble Paput	alions		
8	IN		ning facilities supplied & accessible			24	IN	Pasteurized for				
-	1 1 1 1 1		nove Sauce	· 1				offered	Tree Age South Street			
9	IN	Food obtained from							Chemical U			13 Televier
		Food received at pro		+	Н	25	IN	Food additives:				
10	IN			+	Н	26	IN	Toxic substanc				sed
11	IN		ion, safe, & unadulterated vailable: shellstock tags		Н	7 . 1		Conformance with	Approved P	roced	urde	
12	IN	parasite destruction)			27	IN	Compliance wit	th variance, s	pecial	ized process,	
			n from Contamination	1								
13	IN	Food separated & p		-	Н	1	sk Factors	are improper prac				ī
14	IN Food-contact surfaces: cleaned and sanitized Proper disposition of returned, previously served,				H			ributing factors of f are control measure				
15	IN	reconditioned, & un	safe food					16 COURS (Heast)	A A A A			
- 1	1. 1. 1. 1. 1. 1.	Good Retail Practices	GOOD are preventative measures to control the	additio	n of p	athoge	ns, chemical	s, and physical obje	cts into foods.			
Mark	"X" in box if n	umbered item is not in	compliance Mark "X" in appropriat	e box fo	or CO	S and/o	rR CO	S=corrected on-site	during inspec	tion	R=repeat viola	1 7
				cos	R							COS R
==					-17-74				e of Chinalle	in the	1	
28 IN	Pasteurize	ed eggs used where re	Parties a Despending of Temporal Parties of Te	1		41 IN	1 2 9 E 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nsils: properly sto	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A service of the serv		
29 IN	_	e from approved sour		+-		42 IN		equipment, & liner		tored.	dried, & handi	led
30 IN	-		ed processing methods	+	Н	43 IN	+	e & single-service				
au i na	100000000000000000000000000000000000000		ra Control			44 IN		ed properly				
1	A I V			1		3 3 3	Oloves de	Utanglia Equip	ment and Ver	seliner		14 2 1 2 2
31 IN			dequate equipment for				I Food & no	on-food contact su				
20 11	temperatu		ant hadeline	+	H	45 IN		esigned, constru				
32 IN		properly cooked for h		-		40 151	1			sod o	uppelr tout obe	ine
33 IN		thawing methods use			\vdash	46 IN		hing facilities: inst		ereti, d	uscu; test str	ibo edi
34 IN	Thermome	eters provided and ac		1 7 7 7	4	47 IN	rion-tood	contact surfaces	clean alfacilities			1 20
		Food Identific		1 1 1 1 2		aclini	lu es					111
35 IN	Food prop	erly labeled; original o				48 IN		i water available;				
		Prevention of Food	ontamenation			49 X		installed; proper l				
36 IN	· ·	dents, & animals not				50 IN		waste water prop				
37 IN		ation prevented during	food preparation, storage & display		Ш	51 IN		lities: properly co				
38 IN Personal cleanliness					Ш	52 IN	-	& refuse properly	·			
	Wiping clo	ths: properly used & s	tored		Ш	53 X	 	acilities installed,				
39 IN	144	ruits & vegetables				54 IN	Adequate	ventilation & light	ing; designat	ed are	as used	
_	wasning n											
39 IN 40 IN			Leusa Surmon	ind	_				Date-	4/40/2		
40 IN	n in Charge	Signature)	Lyusa Surprens N. J. S. S. S.	ind	_		· · · · · · · · · · · · · · · · · · ·		Date:	1/10/2		1.1

	State of Main	e Health Inspection Report	Page 2 of 4
Establishment Name CHESTERS FRIED CHICKEN	CM	As Authorized by 22 MRSA § 2496	Date 1/10/201
icense Expiry Date/EST. ID# / 27864	Address 749 CENTRAL ST	City / State Zip C MILLINOCKET / ME 0446	
and the second s	i dini	rature Observations	The state of the s
Location	Temperature	Notes	
3 Bay Sink	130		
Hand Wash Sinks	121, 102, 105		
	17		
Walk-in Cooler	36		
2 Door Prep Cooler	34		

Person in Charge (Signature)

Health Inspector (Signature) JENNIFER SPRINGER Leusa Surpronand MJ-8 J. Springs

Date: 1/10/2019