



# MOBILE VENDOR APPLICATION TOWN OF GRAY MAINE

For Office Use Only  
Date Received: 3/17/21  
Received by: KET

FEE OF \$25.00 FOR RESIDENTS / \$50.00 FOR NON-RESIDENTS PLUS  
\$100.00 ADVERTISEMENT FEE  
EXPIRES ON DECEMBER 31<sup>ST</sup>

Business Name

New  Renewal

### CONTACT INFORMATION

#### OWNER

#### OPERATOR (IF DIFFERENT)

Name

*Louise Humphrey*

Name

Address

*185 Weymouth Rd  
New Gloucester*

Address

Phone Number

*207 837 5493*

Phone Number

Site(s) where vendor will operate

Description of item(s) to be sold

### DOCUMENTATION

Please include the following information/documents with this application



Certificate of Insurance  
(Mobile Vendor Ordinance, Section 212.9)



Plot plan depicting location of unit on said premises.



Maine Department of Human Services  
"Certificate of Approval"



Statement from Applicant stating he/she has no criminal convictions



Description of vehicle and copy of registration.



Written permission to use the land by the property owner

### SIGNATURES

I hereby give my permission the Town of Gray to release any information pertaining to this application.

Applicant Name (please print)

*Louise Humphrey*

Applicant Signature/Date

*3-16-21*

I certify the mobile vendor unit is allowed in the zoning (s) district proposed.

*[Signature]*

*X 5-4-21*

Code Enforcement Officer

Date

# State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EST ID: 748

EATING PLACE - MOBILE

LONNIES HOT DOGS  
GRAY CENTER  
GRAY ME 04039

EXPIRES: 01/31/2022

FEE: \$200.00

HUMPHREY, LONNIE  
LONNIES HOT DOGS  
185 WEYMOUTH RD  
NEW GLOUCESTER ME 04260-4056



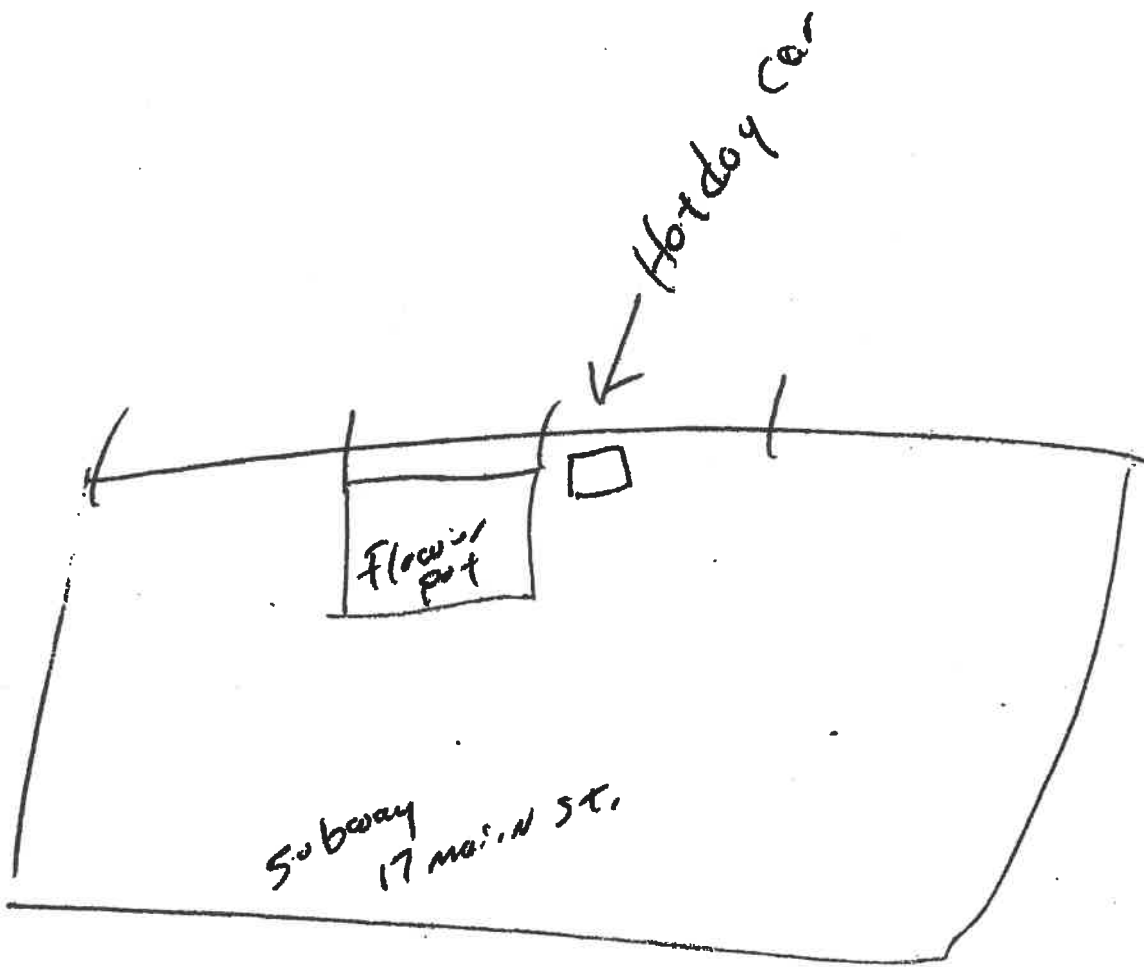
*Jeanne A. Lombard*

Commissioner

NON-TRANSFERABLE

3-16-21

Description -  
Push style hot dog cart.



3-16-21

I Lonnie Humphrey have no criminal convictions,

Z. Humphrey

## Kailey Hanley

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**From:** William Boyle <will@loonislandproperties.com>  
**Sent:** Tuesday, May 4, 2021 10:36 AM  
**To:** Kailey Hanley  
**Subject:** Lonnie Dogs

Hi Kailey,

Lonnie has permission to occupy the front parking area of 13-17 Main St., Gray for the 2021 season.

Thank you,

Will Boyle

This electronic mail message and any attachments hereto, as well as any electronic mail message(s) that may be sent in response to it, may be considered public records, and may therefore be subject to public record requests for review and copying under Maine's Right to Know Law (Title 1, 401-521 of the Maine Revised Statutes).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/17/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Maine Insurance Agency 1250 Congress Street Portland, Maine 04102	Phone: (207)774-9811 Fax:	CONTACT NAME: Dobra Barter PHONE (A/C No, Ext): (207)657-4938 E-MAIL ADDRESS: dbarter@meinsurance.com FAX (A/C, No): (207)657-4966
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Frankennuth Mutual Insurance Company NAIC #: 13986 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> Lawrence Humphrey 185 Weymouth Road New Gloucester, ME 04260		

**COVERAGES**                      **CERTIFICATE NUMBER: 687**                      **REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		6653657	2/24/2021	2/24/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> Holder's Nature of Interest : Certificate Holder  Town of Gray 24 Main Street Gray, ME 04039	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Dobra Barter</i>
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# TOWN OF GRAY

24 Main Street  
Gray, Maine 04039  
admin@graymaine.org  
http://www.graymaine.org

1738  
First Settled

## FOR MUNICIPAL USE ONLY - CODE ENFORCEMENT INSPECTION -

Establishment – **Lonnie Dogs**

Approved       Not Approved       Approved with Corrections

Item #	Violation	Corrected/Date

DATE: 5-4-21

INSPECTED BY: [Signature]