



Blue Hill Mobile Vending Permit Application

Applicant / Business Information

Business name (d/b/a): Stone Fox Farm Creamery

Mail Address: 398 E. Main Street

Contact Person: Kathy Chamberlain

Phone: 207-323-2850 Cell: Same

Email: Info@stonefoxfarmcreamery.com

Sole Proprietor / Partnership Information (If Corporation, leave blank)

Name of Owner(s)	Date of Birth	Residence

Corporate / LLC / Non-Profit Organization Applicants (If Sole Proprietor or Partnership, leave blank)

Corporate Name	Corporate Mailing Address
Stone Fox Farm, LLC	398 E. Main Street Searsport, Maine 04974

Principal Officers / Title Date of Birth Residence

Principal Officers / Title	Date of Birth	Residence
Kathy Chamberlain		
Bruce Chamberlain		

About Your Mobile Vending Unit

Type of Food / Items to be Sold:	6 x 12 concession trailer selling maine made ice cream.
Cart / Truck Storage Location at Night:	Searsport
Proposed Location:	Blue Hill Town Park for "Flash" Concerts. Fire Dept parking lot for Maritime Heritage
Dates of Operation:	5/27, 6/10, 6/17, 7/8, 7/22, 8/5, 8/19, 8/26, 9/2 Maritime Heritage 8/3
Month(s):	May-September
Day(s):	Some Mondays, one Saturday.
Time(s):	Mondays 6-9 Saturday 10-3
Description of Cart / Truck:	Trailer is 6x12 towed by Ford F150
Method of Refuse Disposal:	We take our trash back to our facility.

Documents / Exhibits

- ___ Photo of Unit from 2 Different Angles
- ___ Liability Insurance from (ACORD) \$500,000 minimum
- ___ Vehicle Registration for Cart or Truck
- ___ Copy of State Mobile Food License

Date of Public Hearing:	
Date of Approval:	
Select Board Signature / Date:	
Select Board Signature / Date:	
Select Board Signature / Date:	

Fee:	
Date Paid:	
Amount Paid:	
Date of Permit Expiration:	

Applicant, by signature below, agrees to abide by all laws, orders, ordinance, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/We hereby waive any rights to privacy with respect thereto.

Kathy Chambers
Signature

owner
Title

4/10/24
Date