

Anita / S-curve

Office Use Only: ID # Date Issued Exp. Date Ck# 1010 Amount Rec. 45

207-287-5671

STATE OF MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES HEALTH INSPECTION PROGRAM LICENSE APPLICATION

RECEIVED

1. License Category (Check one):

- ( ) New Establishment (X) Change of Ownership ( ) Remodeling ( ) Converting ( ) Expanding: ( ) seating ( ) sites ( ) rooms

023 A003

MAR 10 2008

2. Establishment Information:

Establishment Name World Gym Location: (street, road) 265 Marginal Way City/Town Portland Phone # 207 828-9900 FAX # 207 774-1940 E-mail bwhitmore@whitcogroup.com

HEALTH INSPECTION PROGRAM

3. License Type: [Check the one(s) that fit the best.]

- ( ) Adult Recreational Camp ( ) Bed & Breakfast ( ) Bottle Club ( ) Campground ( ) Catering Establishment ( ) Cottages ( ) Day Youth Camp ( ) Eating Place ( ) Eating Place and Caterer ( ) Eating Place plus Lodging ( ) Eating Place Mobile ( ) Eating Place Takeout ( ) Eating Place / Vending Machine ( ) Jails (Correctional Facilities) ( ) Lodging Place ( ) Residential Youth Camp ( ) School Feeding Satellite ( ) School Feeding ( ) School Feeding / Catering ( ) Sr. Citizen Meal Satellite ( ) Sr. Citizen Meal Commissary ( ) Soup Kitchen ( ) Temporary Food Service ( ) Trip & Travel Youth Camp (X) Vending Machine Closest ( ) Vending Machine Commissary ( ) Vending Machine Location

Fitness Center selling drinks + bars.

Number: Seats Camping Sites Rooms Cottages Campers: Boys Girls Staff

NOTE: Eating Places located in Portland, South Portland, Lewiston, and Auburn only pay a flat fee of \$60.00.

4. Business Owner Information: Please print clearly:

- ( ) Association (X) Corporation, LLC ( ) Individual ( ) Partnership

Name WhitCo World Portland, LLC Contact Person's Name Bill Whitmore Contact Phone # 207-408-2810

Employer Identification Number (EIN) 26-1580907 Social Security Number (SS#) 005-52-8014

(SS # not required, collected on a voluntary basis)

5. Mailing Address for License & Renewal Notices:

Street 190 Riverside St. Unit 10 City Portland State ME ZIP 04103

6. Previous Owner's Information:

Former Owner's Name Bally's Total Fitness of the Mid Atlantic Former Business Name Bally's Total Fitness

7. Signatures:

Applicant's Signature [Signature] Print William H Whitmore

Date of Application 2/27/08 Planned Opening Date 2/29/08

8. Does water come from an on site source: (Well, spring, surface water) ( ) Yes (X) No

If yes, please contact the Drinking Water Program at: 207-287-7690, for further information and requirements, and refer to the form titled "Water Testing Requirements for Licensed Establishments"

9. Is Wastewater disposal to a private system: (Not maintained by a municipality) ( ) Yes (X) No

If yes, please contact the Subsurface Wastewater Program at: 207-287-5672, for further information and requirements, and refer to the form entitled "Septic Review Requirements for an Eating and Lodging License"

PLEASE ALLOW 30 DAYS FOR PROCESSING. MAKE CHECKS PAYABLE TO TREASURER, STATE OF MAINE, AND REFER TO FEE SCHEDULE ON PAGE 4.

Sent Copy to Anita 3/10/08 lower for her cc.

### Eating Place Business Plan for Review

Please complete the table below by filling in the blanks, and placing a check mark where applicable to your business plan.

## Please provide a menu or draft menu

COLD STORAGE		PROPOSED OPERATING HOURS			SERVICE PROVIDED	
Walk-in Cooler		Monday:	5 <del>AM</del> /PM	10 <del>AM</del> /PM	Take-out	
Reach-in Refrigerator	✓	Tuesday:	5 <del>AM</del> /PM	10 <del>AM</del> /PM	Buffet	
Closed Display Refrigerator		Wednesday:	5 <del>AM</del> /PM	10 <del>AM</del> /PM	Sit-Down	
Open Display Refrigerator		Thursday:	5 <del>AM</del> /PM	10 <del>AM</del> /PM	Delivery	
Refrigerated Buffet Unit		Friday:	5 <del>AM</del> /PM	10 <del>AM</del> /PM	Window	
Beverage Cooler		Saturday:	6 <del>AM</del> /PM	8 <del>AM</del> /PM	Catering	
Refrigerated Food Prep. Unit		Sunday:	6 <del>AM</del> /PM	8 <del>AM</del> /PM	Other	
Rapid Pull-down Refrigerator		<b>KITCHEN EQUIPMENT &amp; SINKS</b>			<b>TOILET FACILITIES</b>	
Walk-in Freezer		Ice Machine(s)			Number of Fixtures:	
Reach-in Freezer		Warewashing Sink(s) with 3 basins			<b>Men's Bathroom</b>	
Closed Display Freezer		Warewashing Sink(s) with 2 basins			Water Closets	2
Open Display Freezer		Hand washing Sink(s)			Urinals	2
Freezer Buffet Unit		Utility Sink(s)			Lavatories	4
Other		Food Prep Sink(s)				
<b>DRY STORAGE</b>		Warewashing Machine(s)			<b>Women's Bathroom</b>	
Metal Shelves	✓	Microwave(s)			Water Closets	3
Wooden Shelves		Hot Holding				
Plastic Shelves		Oven(s)			Lavatories	4
Cabinets		Other				
Bins (food grade)		<b>LIQUOR SERVICE</b>			<b>Employee Bathroom</b>	
Barrels (food grade)		Beer			Water Closets	
Bulk		Wine			Urinals	
Pallets		Mixed Drinks			Lavatories	
Other		Other				
					<b>Other (describe)</b>	

CERTIFIED FOOD HANDLERS	
Name:	Certificate Date:
Name:	Certificate Date:
Name:	Certificate Date:
Name:	Certificate Date:
Name:	Certificate Date:
Additional Information:	