Inspection Services Michael J. Nugent Manager



Department of Urban Development Joseph E. Gray, Jr. Director

CITY OF PORTLAND **BILLING NOTICE**

March 2, 2000

Malone's Steakhouse & Irish Pub 46 Market Street Portland, Maine 04101

RE: Malone's Steakhouse CBL: 032-E-010

Dear Sir/Madam:

The City Council passed the following amendment on May 17, 1999:

Sec 11-37. Inspection Performance Requirements. All licensed Food Service Establishments shall be inspected annually on forms approved by the State of

Maine Dept. of Health Engineering. Establishments which obtain a score between 79 and 84 may be inspected monthly until the establishment has achieved the score of 85 or above. Establishments with a score of 78 or less may be reinspected within 10 days of the original unsatisfactory score. Establishments that score below 78 on two consecutive inspections shall be referred to the City Clerk for action pursuant to Chapter 15; provided, however, the foregoing shell not be construed to be a limitation on the authority of the City to refer violations to the City Clerk for action pursuant to Chapter 15. Reinspection fee for FSE

Manager of Inspection Services

\$75.00 per Re-inspection

Since that date, the City of Portland Inspection Services Team has inspected the above Food Service Establishment on the following dates with the following results: 10/12/99-68 10/22/99-72 10/22/99-87

Based on this standard your establishment has been reinspected 2 times. You now owe the City of

Portland \$ 150.00 in reinspection fees. Failure to pay the reinspection fee will cause this office to notify the

389 Congress St Portland, Maine 04101 (207) 874-8700 FAX 874-8716 TTY 874-8936

City Clerk for action pursuant to Chapter 15. Please feel free to contact me at 874-8700, if you wish to discuss this.

Inspection Services Michael J. Nugent Manager



Department of Urban Development Joseph E. Gray, Jr. Director

CITY OF PORTLAND BILLING NOTICE

December 7, 2000

Malone's Steakhouse 46 Market Street Portland, Maine 04101

Certified Mail: 7099 3400 0019 5716 1790

Re: 032-E-010

Dear Sir or Madam:

The City Council passed the following amendment on May 17,1999: Sec 11-37. Inspection Performance Requirements.

All licensed Food Service Establishments shall be inspected annually on forms approved by the

State of Maine Dept. of Health Engineering. Establishments which obtain a score between 79 and 84 may be inspected monthly until the establishment has achieved the score of 85 or above. Establishments with a score of 78 on two consecutive inspections shall be referred to the City Clerk for action pursuant to Chapter 15; provided however, the foregoing shall not be construed to be a limitation on the authority of the City to refer violations to the City Clerk for action pursuant to Chapter 15.

Re-inspection fee for FSE \$75.00 per re-inspection

Since that date, the City of Portland Inspection Services Team has inspected the above Food Service Establishment on the following dates with the following results:

11/16/00 53 11/22/00 91

11/16/00 53 11/22/00 91
Based on this standard your establishment has been re-inspected 1 time. You now owe the City of

Portland 75.00 in re-inspection fees. This fee must be paid within 30 days. Failure to pay the re-inspection fee will cause this office to notify the City Clerk for action pursuant to Chapter 15, including withholding future License renewals. Please fee free to contact me at 874-8700, if you wish to discuss this.

Sincerely,
M. NYNH JA

Mike Nugent Manager of Inspection Services

389 Congress St Portland, Maine 04101 (207) 874-8700 FAX 874-8716 TTY 874-8936

Inspection Services Michael J. Nugent Manager



Department of Urban Development Joseph E. Gray, Jr. Director

CITY OF PORTLAND

January 24, 2001

Malone's Steakhouse 46 Market Street Portland, Maine 04101

RE: 032-E-010

Certified Mail #70001670000030717830

Dear Sir or Madame,

Please find attached a copy of a prior billing notice that was sent pursuant to our Food Service Inspection Program. Our records show that payment has not been received.

Pursuant to Section 15-8 of the City Licensing Ordinance, this office if referring a recommendation to the City Clerk that your license renewal be denied until all fees due to the City are paid.

Section 15-3 of the Ordinance disallows operation of the business without said license.

This constitutes an appealable decision pursuant to Section 15-9 of the Ordinance. Please feel free to contact me at 874-8700, if you wish to discuss the matter or have any questions.

Sincerely,

Mike Nugent
Manager of Inspec

Manager of Inspection Services

Cc: City Clerk

389 Congress St Portland, Maine 04101 (207) 874-8700 FAX 874-8716 TTY 874-8936

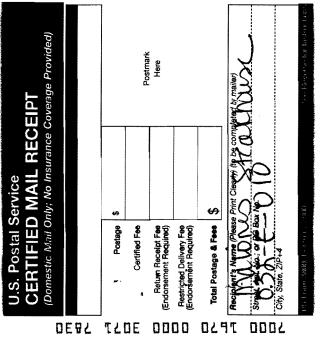
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AUT OF A NAME OF SIGNATURE SIGNATURE

		UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10
		• Sender: Please print your name, address, and ZIP+4 in this box •
		DEPT OF PLANNING & URBAN DEVELOPMENT PORTLAND CITY HALL ROOM 315 389 CONGRESS STREET PORTLAND, MAINE 04101
		•

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. A. Received by Alekse Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
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Yle market St
3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 783
'S Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

1. Article Advancesed to: NOT 10 NOV SHOULHOUND WE MANUAL ST PATTANA, NOV 10			SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
MY ON SHARMON SHARMON CONTROL OF THE STANDARD CONTROL			 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	C. Signature Agent Address
Notation Notation			Article Addressed to:	If YES, enter delivery address below:
2. Number (Copy from service label) 1049-400 0019-5716 1790			Portland, me 64101	3. Service Type ☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis
			2. Article Number (Copy from service label) 104340000145716179 PS Form 3811, July 1999 Dome	estic Return Receipt 102595-99-M-1789



U.S. Postal Service

CERTIFIED MAIL RECEIPT

Certified Fee

Postage \$ 340

Postage \$ 340

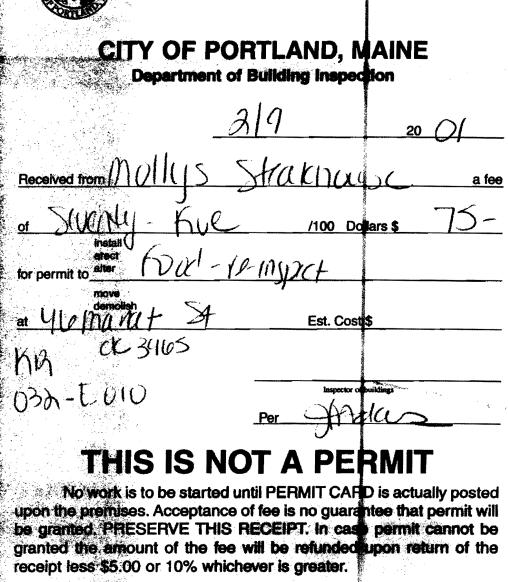
Restricted Delivery Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Recipient's Name Presse for Gear More of Tige Laby Called

For an 2800 February 2000

See Reverse for Instruction



WHITE - Applicant's Copy YELLOW - Office Copy PINK - Auditors Copy