

Inspection Services
Michael J. Nugent
Manager



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

CITY OF PORTLAND

January 24, 2001

Mr. Potato
1 City Center
Portland, Maine 04101

RE:032-L-002

Certified Mail # 70001670000030717861

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 is 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,

A handwritten signature in black ink that reads "M. Nugent".

Mike Nugent
Manager of Inspection Services

Cc: City Clerk

Inspection Services
Michael J. Nugent
Manager



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

**CITY OF PORTLAND
BILLING NOTICE**

December 7, 2000

Mr. Potato/Muffin N More
One City Center
Portland, Maine 04101

Certified Mail: 7099 3400 0019 5716 1851

Re: 032-L-002

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:

10/16/00 78 10/30/00 87

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 feel free to contact me at 874-8700, if you wish to discuss this.

Sincerely,

Mike Nugent
Manager of Inspection Services

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



CITY OF PORTLAND, MAINE
 Department of Building Inspection

2/27 20 01

Received from Linda MacConison a fee

of Seventy-five /100 Dollars \$ 75-

for permit to ^{install}
^{erect}
^{alter} Food-re inspect

at ^{move}
^{demolish} Murphy's n more Est. Cost \$

KR
032-L-002 Per J Adams
Inspector of buildings

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$5.00 or 10% whichever is greater.

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

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
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery DEC 12 2006</p> <p>C. Signature X <i>Patricia M...</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Mr. Potato/Muffin man</i> <i>1 City Center</i> <i>Portland, ME 04101</i></p> <p style="text-align: right; font-size: small;">\$ 1.00</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p>70993400195716-1851</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 4400 0014 6700 5275 1451

032-1-00

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box

City, State, ZIP+4

City Center

U.S. Form 3800, February 2011 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0000
0000 3071 2861

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

NY 10120

Street, Apt. No., or PO Box No.
030-L-008

City, State, ZIP+4