

City of Portland
Office of the City Clerk
389 Congress Street
Portland, ME 04101
(207) 874-8557

Temporary Food Service Establishment License Application

Instructions for Applicants

All vendors must prepare food in one of three ways:

- On site at the festival/event;
- In a State or City-licensed kitchen;
- By some other approved source (ex: pre-packaged food)

Fee:

- If applicant is licensed in the City of Portland - \$20/event
- If applicant is not licensed in the City of Portland - \$85/event
- If applicant is a 501(c)(3) non-profit & 100% of the proceeds of the sale of food are going to support the non-profit - \$20/event. Please provide a copy of documentation showing 501(c)(3) status.

Additional Permits/Info:

- Health Inspections: For questions about food preparation requirements, call 756-8365.
- You may be required to obtain a Dept. of Health & Human Services (DHHS) Temporary Food Service license. For more information, contact the City's Health Inspections Hotline at 756-8365 or DHHS at 287-3707.
- Recreation & Facilities Management: Contact for use of public space or street closings at 874-8826.
- Building Inspections: Contact for use of tents or stages at 874-8703.

Festival/Event Information

Name of Festival/Event: Twilight in the Park

Location of Festival/Event: Deering Oaks Park

Date(s) & Time(s): 9/26/14

Time of Set-Up: 1:30 pm

Applicant Information

Individual's Name: _____

or

Business Name: Hospice of Southern Maine

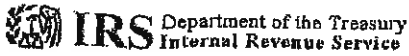
Mailing Address: 180 US ROUTE ONE Scarborough, ME 04074

Business Address: _____

Applicant's Name: Nichole Greaves, Development Asst.

Daytime/Cell Phone Number: 207-289-3643 / (c) 207-669-5953

Phone number on day of the event: 207-669-5953




Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222119
Mar. 22, 2010 LTR 4168C E0
01-0540180 000000 00

00020098
BODC: TE



HOSPICE OF SOUTHERN MAINE
% KATHERINE STODDARD POPE
180 US ROUTE ONE 1
SCARBOROUGH ME 04074

064442

Employer Identification Number: **-***0180
Person to Contact: Kaye Keyes
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 11, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June, 2001.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

0248222119
Mar. 22, 2010 LTR 4168C E0
01-0540180 000000 00
00020099

HOSPICE OF SOUTHERN MAINE
% KATHERINE STODDARD POPE
180 US ROUTE ONE I
SCARBOROUGH ME 04074

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

HOSPICE OF SOUTHERN MAINE
180 US ROUTE 1 #1
SCARBOROUGH, ME 04074

TD BANK NORTH, NA
Portland, ME 04101
52-74452112

CHECK NO
018832
18832

PAY * TWENTY AND XX / 100 *

DATE 01/26/2015
AMOUNT \$ 20.00

TO THE
ORDER
OF
City of Portland

M. P. ...

⑆018832⑆ ⑆21274450⑆ 0241015280⑆

HOSPICE OF SOUTHERN MAINE
01/25/15 012515-CITYOFFPORT Invoice Description Food Permit for TIP 2015
Invoice Amount \$20.00
Discount Taken \$0.00
Amount Paid \$20.00

Vendor: CITYPO City of Portland
Check #: 18832
Check Date: 01/26/15