

TOWN OF WINCHENDON
OFFICE OF THE TOWN MANAGER

109 FRONT STREET, WINCHENDON, MASSACHUSETTS 01475-1758

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manager@town.winchendon.ma.us

LICENSE/PERMIT/RENEWAL APPLICATION

Date: 6/17/20
Name: Kim Capone Telephone: 978-407-8266
Address: 220 Blake Corner Rd Phillipston MA 01331

IF BUSINESS:
Business Name: Capone's Griller Telephone: SAME
Address: SAME

Social Security or Business ID number: _____
Assessor's Map _____ Parcel _____ (obtain from Assessor's Office)

MOBILE VENDOR

Type of License/Permit Requested: Food Trailer

Additional Information: Location of food trailer Request is on the Bike Path across from Golf Course. I. Yalied the Redevelopment Authority Zoning meeting on 6-15-20. I Have also been interact with Jim Abare.

Signature of Applicant: [Signature] Hours: 10:00 AM - 2:00/9:00 Friday, Sat, Sun.
Associated with orange kitchen in
See attached for more information ACTION MA

Non-Profit OFFICE USE ONLY

Fee: \$150.- Date: 6/23/2020

To: Police Department, Fire Department, Building Commissioner/Zoning Enforcement Officer, Conservation Commission, Board of Health, Tax Collector, Planning Director, Town Clerk
Please offer your comments regarding the above application. A hearing is scheduled before the Board of Selectmen on 7-13-2020. Your response is requested by July 8, 2020

~~WFD does not have an issue with the permit itself but in the letter attached Ms. Capone does not mention the hood system and the suppression system that Captain Vaine advised her about after conferring with the State Fire Marshal's Office. These are required for any cooking that produces grease laden vapors. My apologies for not following the lines but my computer only types straight lines not slanted.~~ 7/5

Signed: _____
Thomas Smith
Digitally signed by Thomas Smith
DN: cn=Thomas Smith, o=Winchendon Fire Department, ou=Fire Chief,
email=tsmith@townofwinchendon.com, c=US
Date: 2020.06.24 13:57:32 -0400