

RECEIVED

JUL 16 2020

TOWN OF SEABROOK, NH
HAWKERS, PEDDLERS AND SOLICITORS ORDINANCE

TOWN OF SEABROOK, NH
TOWN MANAGER'S OFFICE

APPENDIX A
LICENSE APPLICATION

DATE:

July 8, 2020

TYPE OF LICENSE (ATTACH COPY OF STATE LICENSE)

[] HAWKERS & PEDDLERS (FEE = \$50.00)

[] ITINERANT VENDOR (FEE = \$250.00)

APPLICANTS NAME

Shirl Ross

ADDRESS

286 South Main St. Seabrook NH

HOME TELEPHONE

()

03874

BUSINESS PHONE

(603) 674-3093

EMERGENCY PHONE

()

E-MAIL ADDRESS

chubbanubhas@yahoo.com

TYPE OF BUSINESS

Food Truck, ice cream, sweets, snacks & refreshments

FOOD SALES:

YES (ATTACH SEABROOK HEALTH OFFICE LICENSE)

[] NO

SALES LOCATION

270 Lafayette Rd

SALES AREA SIZE

TYPE OF VEHICLE/EQUIP. (LIMIT 1 CART/STAND AND 1 VEHICLE PER LICENSE)
(MAKE & MODEL)

VEHICLE REGISTRATION (ATTACH PHOTOGRAPH OF VEHICLE AND SALES EQUIP.)
(STATE & NUMBER)

EMPLOYEE IDENTIFICATION: (LIST THE NAMES OF ALL EMPLOYEES INCLUDING THE APPLICANT) (ATTACH A COPY OF DRIVER'S LICENSE FOR EACH NAME)

Shirl Ross

William Shaheen

 Shirl Ross

I, Shirl Ross, do hereby certify that I have read and understand the Town of Seabrook Hawkers, Peddlers and Solicitors Ordinance. I am aware that a license issued under this Ordinance applies only to the vehicle and employees listed herein. I promise that my employees and I will comply with the terms of the Ordinance at all times and I understand that this license may be revoked as provided in the Ordinance. Furthermore, I certify that my employees and I are legally qualified to work in the United States.

SIGNATURE OF LICENSEE/APPLICANT



TOWN OF SEABROOK, NH
HAWKERS, PEDDLERS AND SOLICITORS ORDINANCE
APPENDIX A
LICENSE APPLICATION
PAGE 2

↓FOR TOWN USE ONLY↓

- Copy of State License Attached
- Photograph of Vehicle and Sales Equipment Attached
- Copy of Drivers License for all Employees Attached
- Copy of Insurance Certificate Attached

RECOMMENDATION OF ^{Health Officer} ~~POLICE CHIEF~~: APPROVE DENY
SPECIAL CONDITIONS (IF ANY): _____
INITIALS: _____

- Criminal Background Check/Copy Attached
- Motor Vehicle Background Check/Copy Attached

RECOMMENDATION OF ^{Police Chief} ~~HEALTH OFFICER~~: APPROVE DENY
SPECIAL CONDITIONS (IF ANY): _____
INITIALS: 700 7/14/20

- Copy of Town Health Office License Attached NOT APPLICABLE

BY ACTION OF THE SEABROOK BOARD OF SELECTMEN ON THE _____ DAY OF _____, 20____; THIS LICENSE IS APPROVED DENIED

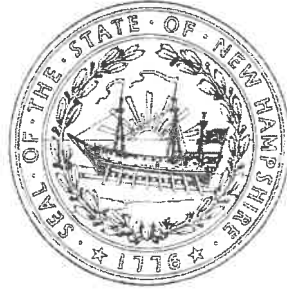
SPECIAL CONDITIONS (IF ANY): _____


SIGNATURES OF THE BOARD OF SELECTMEN (The Issuing Authority)

DATE OF ISSUE _____
(License expires one year from the date of issue unless revoked sooner.)

THIS LICENSE MUST BE POSTED AT ALL TIMES

The State of New Hampshire
Hawker & Peddler State License
Department of State




(not valid unless signed by Applicant)

Date June 19, 2020

This certifies that in accordance with RSA Chapter 320

Shirl Ross of 286 S. Main Street, Seabrook, NH 03874
has filed in this office an application in proper form for a Hawker & Peddler's
State License.

A license is hereby granted to the said Shirl Ross to sell, throughout the state, any goods, wares and
merchandise, the sale of which is not prohibited by the laws of this state.

Date of Birth 5/4/1974 Height 5'4" Weight 130

Color of Hair Blonde Color of Eyes **Green/Gray**

Distinguishing Characteristics **Left Elbow Tattoo**

License Number **2020/135**

This License Expires June 19, 2021



Deputy Secretary of State

This license may be laminated

BRIXMOR®

July 15, 2020

Dear Sir/Madam:

Shirl Ross, doing business as Chubba Wubbas, has permission to host a food truck sale event at Seacoast Shopping Center, located at 270 Lafayette Road, in the city of Seabrook, state of New Hampshire starting after July 15, 2020. We believe food truck activations still provides a need for the communities during this troubling time

Please contact me with any questions at 215-292-0447 as we look forward to having this wonderful event at our property.

Best regards,

A handwritten signature in black ink, appearing to read 'E. V. Weert', with a long horizontal line extending to the right.

Eric VanDeWeert
Specialty Leasing Representative

New Hampshire DRIVER LICENSE
NOT FOR FEDERAL IDENTIFICATION

10 EXPIRATION DATE **05/04/2022** 40 CREDENTIAL IDENTIFIER **05RSS74041**

1 FAMILY NAME **ROSS**
2 GIVEN NAMES **SHIRL G**



6 PO BOX 4301
MANCHESTER, NH 03108

15 SEX **F** 16 HGT **5'-04"** 17 WGT **125 lb** 18 EYES **GRN** 19 HAIR **BRO**

4a ISSUE DATE **05/19/2017** 3 DATE OF BIRTH **05/04/1974**

9 CLASS **D** 9a ENDORSEMENTS **NONE**

12 RESTRICTIONS **NONE**



Shirl G

881101188

NEW HAMPSHIRE NH USA

OPR OPR-MC



4d. **07SNW90081**

3.DOB: **07/08/1990**

4b.Exp: **07/08/2021**

16 Hgt: 72 in
17 Wt: 210
18 Eye: BRO
19 Hair: BRO
15 Sex: M

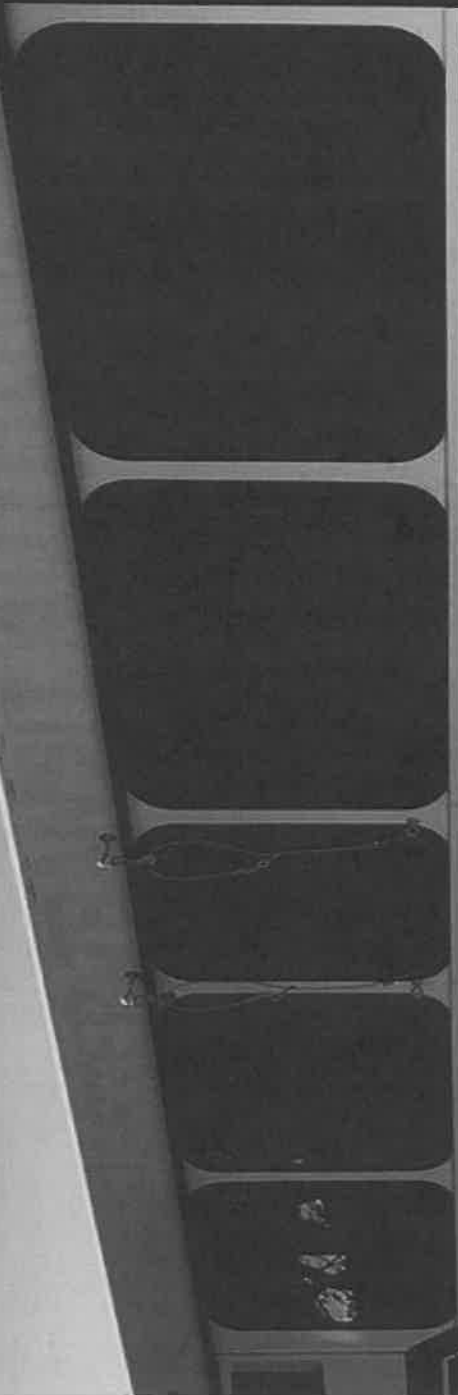
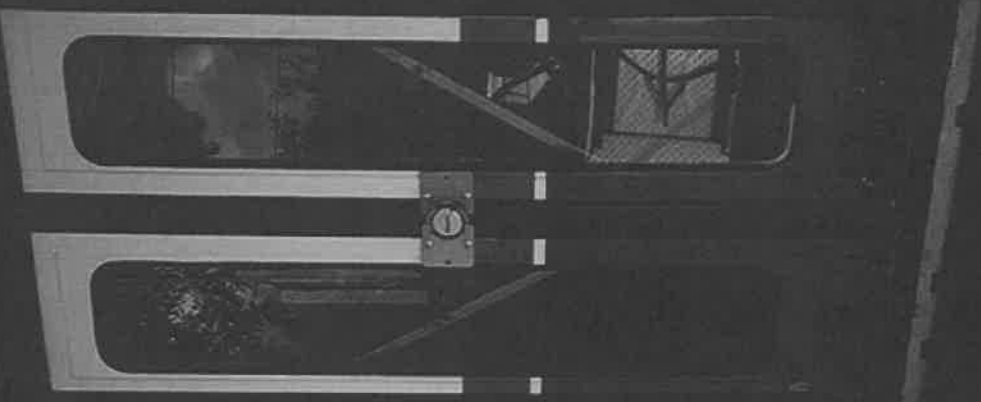
12. WILLIAM C SHAHEEN
3. PO BOX 362
TWIN MOUNTAIN NH 035950362



0601



INTERNATIONAL
TRUCKS





**FOOD
LIABILITY
INSURANCE
PROGRAM**

<http://www.fliprogram.com>
844-520-6992
Powered by Veracity Insurance
Solutions, LLC



Great American Alliance Insurance Company
301 E. Fourth Street, 25 S
Cincinnati, OH 45202-4201

**COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY	POLICY NUMBER: PL2664771
NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE	
CERTIFICATE HOLDER: Shirl Ross, DBA Chubba Wubba's Sweet's and Refreshment's	CERTIFICATE NUMBER: F097647
ADDRESS: 286 South Main Street, Seabrook, New Hampshire 03874	
POLICY PERIOD: 07/15/2020 to 07/15/2021 12:01 A.M. Standard Time at the Address of The Certificate Holder	

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
General Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You Limit	\$	300,000 Any One Premises
Medical Expense Limit	\$	5,000 Any One Person
Professional Coverage Extension	\$	Not Purchased Each Claim
	\$	Not Purchased Aggregate
Professional Coverage Deductible	\$	Not Purchased Each Claim
Liability Deductible		None

FORM OF BUSINESS: Sole Proprietor/Individual

PREMIUM:	\$	79
BHTA Fee:	\$	166
TOTAL ANNUAL COST:	\$	245 (The cost is 100% earned/non refundable)

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000
BUSINESS DESCRIPTION: Food Truck , Farmers Market Vendor , Other (State and local Fairs and event's, Festivals, Private events)

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO CLAIMS@VOPINS.COM OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATED BY



Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
888-568-0548
info@fliprogram.com

ADMINISTRATOR'S SIGNATURE:



State of New Hampshire
 Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME Ross Hodges Shirl G
 LAST (MAIDEN/ALIAS) FIRST MI
 ADDRESS 286 S. Main St. Seabrook NH 03874
 STREET CITY STATE ZIP CODE
 DATE OF BIRTH 5-4-74 HAIR COLOR Blonde EYE COLOR green/grey SEX F
 DRIVER LICENSE NUMBER 05R SS74041 STATE NH
 PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: Business

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: [Signature] DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Shirl Ross
 NAME OF PERSON/FIRM TO RECEIVE RECORD
 ADDRESS 286 S. Main St Seabrook NH 03874
 STREET CITY STATE ZIP CODE
 YOUR SIGNATURE [Signature] DATE 6.17.2020
 NOTARY'S SIGNATURE [Signature] DATE 04/17/24
 (Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD _____

NO RECORD DATE
 NH STATE POLICE CRIMINAL RECORDS UNIT
 JUN 8 2020
 BY BLC
 OFFICIAL USE ONLY

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH - Criminal Records



State of New Hampshire
 Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME Shaheen William C
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS 286 South Main Seabrook NH 03874
STREET CITY STATE ZIP CODE

DATE OF BIRTH 07/08/1990 HAIR COLOR brown EYE COLOR brown SEX M

DRIVER LICENSE NUMBER 075NW90081 STATE NH

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: [Signature] DATE 6/17/2020
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

William Shaheen
 NAME OF PERSON/FIRM TO RECEIVE RECORD

ADDRESS 286 South Main Seabrook NH 03874
STREET CITY STATE ZIP CODE

YOUR SIGNATURE [Signature] DATE 06/17/2020

NOTARY'S SIGNATURE [Signature] DATE 06/17/20
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD _____ DATE _____

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH - Criminal Records

RECORD ATTACHED
 STATE POLICE CRIMINAL RECORDS UNIT
 JUN 23 2020
 BY BLC
 OFFICIAL USE ONLY



THE STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY, DIVISION OF STATE POLICE
 33 Hazen Dr, Concord NH 03305 (603) 223-3867



CRIMINAL HISTORY RECORD

**** CONVICTION ONLY RECORD ****

SID# NH766970

Name SHAHEEN, WILLIAM C

DOB 07/08/1990

POB	NH	Hair	Brown	Weight	190
Sex	M	Eye	Brown	Height	71
ADDR	15 TWIN VIEW DR TWIN MTN NH 03595	Race	White	Prints	Y
OLN		FPC		Photo Available	Y
				Palm Available	Y

Alias

Caution

Name

DOB

Code

Comments

Body Markings

Code

Description

Comments

Cycle 001

Arrest

Arresting Agency Case #	Agency	LOUDON PD
Tracking #		
Arrest Date	Violation Date	06/27/2010
Arrested on Warrant	Violation End Date	
Offense	Violation on Or About	N
Degree	Fingerprint Supported	N
Inchoate		
Special condition		
Comments		MARIJUANA

Court Disposition

Disposed Offense	318-B:2, POSSESSION C/DRUG	Docket	10-5784-397610C
Degree	MISDEMEANOR B	Charge Id	
Court	CONCORD-D	Indicted	
Court Date	10/07/2010	Appeal	
Violation Date	06/27/2010	Violation End Date	06/27/2010

Court Disposition

Disposed Offense	265-A:2, DRIVING OR OPERATING UNDER THE INFLUENCE OF DRUGS OR LIQUOR	Docket	10-157-314716C
Degree	MISDEMEANOR B	Charge Id	
Court	LANCASTER-D	Indicted	N
Court Date	06/02/2010	Appeal	N
Violation Date	02/20/2010	Violation End Date	02/20/2010

Findings

Plea Date		Plea	GUILTY
Finding Date	06/02/2010	Finding	GUILTY
Judge			

Comments

Amended Reason

Sentence

Date		Type	
Judge			

Amended Reason

Sentence Condition

Confinement

Effective		Credit Term Served		Agency
Mandatory Max		Mandatory Min		
Serve Consecutive Days				
Suspended Max Term			Suspended Min Term	
All Suspended			Suspended For	
Deferred Max Term			Deferred Min Term	
All Deferred			Deferred For	
Comments				

Fees

Fines	\$500.00	Suspended Fine	\$0.00	Deferred	\$0.00	Fine Due Date
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Comments

Community Services

Hours

Comments



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

**DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES**
STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki
Director of Motor Vehicles

Driver Record Report – Driver History

Date of Print: **06/19/2020**

Requestor:
WILLIAM C SHAHEEN
PO BOX 1642
HAMPTON NH - 038431642

Driving Record of: WILLIAM C SHAHEEN
PO BOX 1642
HAMPTON NH - 038431642
07/08/1990
NHI16110989

CERTIFIED COPY SHOWING CONVICTIONS, ACCIDENTS, HEARINGS, MAIL RETURN ADDRESS UPDATES AND SANCTIONS.
NO PROOF OF FINANCIAL RESPONSIBILITY (SR-22) IS REQUIRED
ADDRESS SHOWN REFLECTS MOST CURRENT ADDRESS APPEARING ON THE FILES OF THE DIVISION OF MOTOR VEHICLES.
NOT UNDER SUSPENSION OR REVOCATION AS OF THIS DATE

ID Number: 07SNW90081	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 7/14/2016	Expiration Date: 7/8/2021	
Endorsements: MOTORCYCLE		

Also Known As /Formerly Known As [AKA/FKA]				
Last Name	First Name	Middle Name	Suffix	Date of Birth
SHAHEEN	WILLIAM	C		07/08/1990

CONVICTION DATE: 06/17/2017	RSA/ACD: 265:60	DESCRIPTION: 6-10 MPH OVER SPEED LIMIT
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD: HAMPTON PD	VIOLATION DATE: 05/19/2017
CITATION NUMBER: D93170090686	PLEA: GUILTY	DISPOSITION: GUILTY
FINE: \$62.00	FEE:	
DEMERIT POINTS: 0	CONVICTION TYPE: PLEA BY MAIL	
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 265:60 65/55		

HEARING DATE: 07/02/2010	HEARING TYPE: UNDER 20 HEARINGS	HEARING NUMBER: HEAR73287
RSA: 265-A:2	DISPOSITIONS: SUSPENSION/ WAIVER	

CONVICTION DATE: 06/02/2010	RSA/ACD: 265-A:2	DESCRIPTION: UNDERAGE DWI
COURT: LANCASTER DISTRICT - CIRCUIT	PD:	VIOLATION DATE: 02/20/2010
CITATION NUMBER: V50100314716	PLEA: GUILTY	DISPOSITION: GUILTY
FINE: \$500.00	FEE:	
DEMERIT POINTS: 0	CONVICTION TYPE: COURT ABSTRACT	
CHARGE ID: 0314716	DOCKET:	JURISDICTION CODE: NH
SENTENCE: MISD-B(157)IDIP/R12M/HRG		

SANCTION START DATE: 03/22/2010	PRIVILEGE TYPE: OPERATING PRIVILEGE	SANCTION TYPE: REVOCAION
RSA/ACD: 265-A:2	RSA/ACD DECSRIPTION: UNDERAGE DWI	DATE OF NOTICE: 6/15/2010
SUSPENSION DURATION: 12 MONTH(S)	JURISDICTION CODE: NH	
SOURCE OF SANCTION: CONVICTION		
RESTORED: 09/30/2011		

CONVICTION DATE: 08/09/2007	RSA/ACD: 265:107-A	DESCRIPTION: NO CHILD RESTRAINT
COURT: ADMINISTRATIVE-DEPARTMENT OF SAFETY	PD: STATE POLICE HDQTRS, CONCORD	VIOLATION DATE: 07/28/2007
CITATION NUMBER: D93070423775	PLEA: GUILTY	DISPOSITION: GUILTY
FINE: \$30.00	FEE:	
DEMERIT POINTS: 0		CONVICTION TYPE: PLEA BY MAIL
CHARGE ID:	DOCKET:	JURISDICTION CODE: NH
SENTENCE: 265:107A		

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT



Director of Motor Vehicles



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki
Director of Motor Vehicles

Driver Record Report – Driver History

Date of Print: **06/19/2020**

Requestor:

**SHIRL G ROSS
286 SOUTH MAIN ST
SEABROOK NH - 03874**

Driving Record of: SHIRL G ROSS

**286 SOUTH MAIN ST
SEABROOK NH - 03874
05/04/1974
NHI12858667**

CERTIFIED COPY SHOWING CONVICTIONS, ACCIDENTS, HEARINGS, MAIL RETURN ADDRESS UPDATES AND SANCTIONS.
NO PROOF OF FINANCIAL RESPONSIBILITY (SR-22) IS REQUIRED
ADDRESS SHOWN REFLECTS MOST CURRENT ADDRESS APPEARING ON THE FILES OF THE DIVISION OF MOTOR VEHICLES.
NOT UNDER SUSPENSION OR REVOCATION AS OF THIS DATE

ID Number: 05R5574041	Credential Type: DRIVER LICENSE	DL Class: D
Issue Date: 5/19/2017	Expiration Date: 5/4/2022	

Also Known As /Formerly Known As [AKA/FKA]				
Last Name	First Name	Middle Name	Suffix	Date of Birth
ROSS	SHIRL	G		05/04/1974
ROSS	SHIRI	G		05/04/1974

*** END OF DRIVER HISTORY ***

CERTIFIED - TRUE & CORRECT

Director of Motor Vehicles



Date	07/08/2020
Time In	1:20 pm
Time Out	2:15 pm
Inspector	RHONDA THOMAS

ISSUED PROVISIONAL

RETAIL FOOD INSPECTION REPORT

Facility ID FA0006946 Establishment Name CHUBBA WUBBA'S SWEET'S AND REFRESHMENT'S
 Address 286 MAIN ST, SEABROOK Licensee SHIRL ROSS
 Purpose LICENSING/CERTIFICATION INSPECTION Est. Type 16D3 Cook Unit

IN = In Compliance OUT = Out of Compliance COS = Corrected Onsite NA = Not Applicable NO = Not Observed R = Repeat Violation

Violation Summary

10 Adequate handwashing sinks, properly supplied and accessible Out of Compliance
Comments: 6-301.14 -C; [HAND WASHING SIGNAGE] A sign or a poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.

38 Insects, rodents and animals not Present Out of Compliance
Comments: 6-202.15 -C; [OUTER OPENINGS-PROTECTED] Outer openings of a food establishment shall effectively protect the establishment from the weather and the entry of insects, rodents, and other animals.

Windows observed with no screens at the time of the inspection.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Supervision

- | | | |
|---|--|--|
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> R Person in charge present, demonstrates knowledge, and performs duties |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA | <input type="checkbox"/> R Certified Food Protection Manager |

Employee Health

- | | | |
|---|--|--|
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> R Management and food employee knowledge, and conditional employee; responsibilities and reporting. |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> R Proper use of restriction and exclusion |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> R Procedures for responding to vomiting and diarrheal events |
- Comments:*
Clean-Up Kit available.

Good Hygienic Practices

- | | | |
|---|--|---|
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> NO <input type="checkbox"/> R Proper eating, tasting, drinking, or tobacco use |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> NO <input type="checkbox"/> R No discharge from eyes, nose, and mouth |

Preventing Contamination by Hands

- | | | |
|----|--|---|
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> NO <input type="checkbox"/> R Hands clean and properly washed |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA | <input type="checkbox"/> NO <input type="checkbox"/> R No bare hand contact with RTE foods or a pre-approved alternate properly followed. |
| 10 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS | <input type="checkbox"/> R Adequate handwashing sinks, properly supplied and accessible |
- Comments:*
6-301.14 -C; [HAND WASHING SIGNAGE] A sign or a poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.

Approved Source

- | | | |
|----|--|--|
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA | <input type="checkbox"/> R Food obtained from approved source |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO | <input type="checkbox"/> R Food received at proper temperature |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA | <input type="checkbox"/> R Food in good condition, safe and unadulterated |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO | <input type="checkbox"/> R Required records available: shellstock tags, parasite destruction |

Protection from Contamination

- | | | |
|----|--|--|
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA | <input type="checkbox"/> R Food separated and protected |
| 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA | <input type="checkbox"/> R Food-contact surfaces: cleaned and sanitized |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA | <input type="checkbox"/> R Proper disposition of returned, previously served, reconditioned, and unsafe food |

Potentially hazardous Foods (TCS food)

- | | | |
|----|--|---|
| 18 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO | <input type="checkbox"/> R Proper cooking time and temperatures |
|----|--|---|



RETAIL FOOD INSPECTION REPORT

Facility ID: FA0006946 Establishment Name: CHUBBA WUBBA'S SWEET'S AND

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Proper reheating procedures for hot holding	
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Proper cooling time and temperatures	
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Proper hot holding temperatures	
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Proper cold holding temperatures	
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Proper date marking and disposition	
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Time as a Public Health Control: procedures and records	
Consumer Advisory			
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Consumer advisory provided for raw or undercooked food	
Highly Susceptible Populations			
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Pasteurized foods used; prohibited foods not offered	
Chemical			
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Food additives; approved and properly used	
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Toxic substances properly identified, stored, and used; held for retail sale, properly stored	
Conformance with Approved Procedures			
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	
GOOD RETAIL PRACTICES			
Safe Food and Water			
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Pasteurized eggs used where required	
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Water and ice from approved source	
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Variance obtained for specialized processing methods	
Food Temperature Control			
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Proper cooling methods used; adequate equipment for temperature control	
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Plant food properly cooked for hot holding	
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Approved thawing methods used	
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Thermometers provided and accurate	
Food Identification			
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Food properly labeled; original container	
Prevention of Food Contamination			
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Insects, rodents and animals not Present	
<p>Comments: 6-202.15 -C; [OUTER OPENINGS-PROTECTED] Outer openings of a food establishment shall effectively protect the establishment from the weather and the entry of insects, rodents, and other animals. Windows observed with no screens at the time of the inspection.</p>			
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Contamination prevented during food preparation, storage and display	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Personal cleanliness	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Wiping cloths; properly used and stored	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Washing fruits and vegetables	
Proper Use of Utensils			
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	In-use utensils; properly stored	
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Utensils, equipment and linens; properly stored, dried, handled	
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Single-use/single-service articles; properly stored, used	
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Gloves used properly	
Utensils, Equipment and Vending			
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Food/non-food-contact surfaces cleanable, properly designed, constructed, used	
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Warewashing facilities, installed, maintained, used, test strips	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/> R	Non-food-contact surfaces clean	



RETAIL FOOD INSPECTION REPORT

Facility ID: FA0006946 Establishment Name: CHUBBA WUBBA'S SWEET'S AND

GOOD RETAIL PRACTICES

Physical Facilities

50	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> R Hot and cold water available; adequate pressure
51	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> R Plumbing installed; proper backflow devices
52	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> R Sewage and waste water properly disposed
53	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> R Toilet facilities: properly constructed, supplied, clean
54	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> R Garbage/refuse properly disposed; facilities maintained
55	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> R Physical facilities installed, maintained, and clean
56	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> R Adequate ventilation and lighting; designated areas used.

Measured Observations

Item/Location	Measurement	Comments
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No Measured Observations

Inspection Images

Total # of Images: 0

Overall Inspection Comments

This is a mobile food unit that will offer ice cream, drinks, baked goods, smoothies.
 They will be in operation locally as well at scheduled events.
 There is no cooking being done in the unit.

Approved for PROVISIONAL License

Person in Charge (Signature)

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CHUBBA WUBBA'S is a New Hampshire Trade Name registered to transact business in New Hampshire on July 20, 2019. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 823722

Certificate Number: 0004958996



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



State of New Hampshire

Department of State



Business Name : **CHUBBA WUBBA'S**

Business ID : **823722**

Filing History

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0004553748	07/20/2019	07/20/2019	Trade Name Registration	N/A

Trade Name Information

Business Name	Business ID	Business Status
No Trade Name(s) associated to this business.		

Name History

Name	Name Type
No Name Changes found for this business.	

Principal Information

Name	Title
Shirl Ross	Applicant

Mailing Address - Corporation Division, NH Department of State, 107 North Main Street, Room 204, Concord, NH 03301-4989

Physical Location - State House Annex, 3rd Floor, Room 319, 25 Capitol Street, Concord, NH

Phone: (603)271-3246 | **Fax:** (603)271-3247 | **Email:** corporate@sos.nh.gov | **Website:** sos.nh.gov