

**TOWN OF SCARBOROUGH, MAINE
FOOD HANDLERS LICENSE APPLICATION**

July 1st through June 30th

Individual () Corporation () LLC () Partnership () Non-Profit () Other ()

Establishment Owner(s) Name _____ Owner's Telephone _____

Federal Employer ID# or Social Security # (required) _____

Establishment Name _____ Establishment Telephone _____

Location of Establishment _____ Town _____ State _____ Zip _____

Mailing Address of Establishment _____ Town _____ State _____ Zip _____

Name of Manager or Alternative Contact Person _____ Alternative Telephone _____

Fax Number _____ E-mail Address _____

Check All that Apply:

() Year round () Seasonal (less than 6 months per year) () Catering () In-home

Is alcohol served () Yes () No

Eating Place with Seats:

() Restaurant/coffee shop # of Seats _____
() Bar/Lounge # of Seats _____
() Variety Store # of Seats _____
() Cafeteria # of Seats _____

Take Out:

() Variety Store () Stand (ice cream, farm, etc.)
() Temporary Food Service (including non-profits, boosters, etc.)

Other:

() Motel/hotel () Marijuana Food Manufacturing () School (exempt)

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed that any misstatement of material fact may result in refusal of license or revocation, if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect to thereto.

Signature of Applicant: _____ Title: _____ Date: _____

To be filed with this application: _____ **Fee (circle one): \$220 Year-round or \$110 Seasonal, catering, in-home**
_____ Supplemental Questionnaire (corporations only)

(Please turn over for Supplemental Questionnaire.) →

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS

(This must be signed in front of a notary public.)

- 1. Exact corporate name: _____
- 2. Date of incorporation: _____
- 3. State in which incorporated: _____
- 4. If not a Maine corporation, date the corporation was authorized to transact business in the State of Maine:

- 5. List the following information for all officers/directors for the previous five years and list the percentage of stock owned (use other side if needed):

<u>Name</u>	<u>Address</u>	<u>D.O.B.</u>	<u>% of Stock</u>	<u>Title</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 6. What is the amount of authorized stock? _____
- 7. Is any principle officer of the corporation a law enforcement official? Yes _____ No _____
If "yes," name: _____
- 8. Has applicant(s) or manager ever been convicted of any violation, OTHER THAN MINOR TRAFFIC VIOLATIONS, in the United States within the past five years? Yes _____ No _____

<u>Name</u>	<u>Date of Conviction</u>
_____	_____
_____	_____
_____	_____

<u>Offense</u>	<u>Location</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated at _____
Town/City Date

Signature of Duly-Authorized Officer Print Name Here

State of Maine
County of _____

Date _____

The foregoing instrument was acknowledged before me by _____
(name of person acknowledged).

Signature of Notary Public _____

Name of Notary Public (*printed name*) _____

Notary Public, State of _____ Commission expires: _____