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## FOOD HANDLERS LICENSE APPLICATION

July 1—June 30

Please check one:    ☐ Individual                      ☐ Corporation | LLC | Partnership                      ☐ Non-Profit

*Corporations, LLC, and Partnerships will need to completed a supplemental questionnaire.*

Business Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Location Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town | State | Zip: \_\_\_\_\_

Federal Employer ID Number or Social Security Number: \_\_\_\_\_

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### Location Information

**Select 1:**

- ☐ Year-round  
☐ Seasonal (6 months or less)

**Select 1:**

- |   |   |
|---|---|
| <input type="checkbox"/> Class 1: Beer, Wine, and Spirits | If yes, when does your State liquor license expire: _____ |
| <input type="checkbox"/> Class 2: Beer and/or Wine        | If yes, when does your State liquor license expire: _____ |
| <input type="checkbox"/> Class 3: No Liquor               |   |
| <input type="checkbox"/> Class 4: Catering                |   |
| <input type="checkbox"/> Class 5: Temporary               |   |

**Select all that apply:**

- |   |                        |  |
|---|------------------------|--|
| <input type="checkbox"/> Restaurant   | Number of Seats: _____ | <input type="checkbox"/> Lobster   Shellfish |
| <input type="checkbox"/> Bar   Lounge   | Number of Seats: _____ | <input type="checkbox"/> Motel   Hotel       |
| <input type="checkbox"/> Variety Store  | Number of Seats: _____ | <input type="checkbox"/> Cannabis            |
| <input type="checkbox"/> Cafeteria  | Number of Seats: _____ | <input type="checkbox"/> Daycare             |
| <input type="checkbox"/> Temporary Food Services (including non-profit, boosters, etc.) |                        | <input type="checkbox"/> School              |
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Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licenses and further agrees 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 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 thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Town Use Only**

Application Fee:	\$50.00		
License Fee:	Class 1: Beer, Wine, and Spirits	\$600.00	Class 4: Catering \$300.00
	Class 2: Beer and/or Wine	\$500.00	Class 5: Temporary \$50.00
	Class 3: No Liquor	\$400.00	

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Initials: \_\_\_\_\_

Approved by: ☐ Town Clerk ☐ Code Enforcement Officer  
☐ Police Chief ☐ Fire Chief  
☐ Tax Collector ☐ Town Council (if applicable)

**SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATION | LLC | PARTNERSHIP APPLICANTS**

*This document must be signed in the presence of a Notary Public.*

Exact Corporate Name: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

State Incorporated: \_\_\_\_\_

If not a Maine corporation, date the corporation was authorized to transact business in the State of Maine: \_\_\_\_\_

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

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>% of Stock</u>	<u>Title</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the amount of authorized stock \_\_\_\_\_

Is any principle officer of the corporation a law enforcement official? ☐ YES ☐ NO

If yes, name: \_\_\_\_\_

Have applicant(s) or manager(s) ever been convicted of any violation, other than minor traffic violations, in the United States within the past five (5) years?

<u>Name</u>	<u>Date of Conviction</u>	<u>Offense</u>	<u>Location</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF MAINE Cumberland, ss. \_\_\_\_\_, 20\_\_

Then personally appeared before the above-named \_\_\_\_\_ and made oath the foregoing statements are true.

\_\_\_\_\_  
Notary Public/Attorney