

**TOWN OF SCARBOROUGH, MAINE
APPLICATION FOR ICE CREAM TRUCK LICENSE
FOR THE PERIOD APRIL 1st TO MARCH 31st
Fee - \$110.00**

1. Name of applicant: _____

2. Applicant's address: _____

3. Name of Business: _____

Location: _____

Address to Mail License: _____

3. Telephone Numbers: Place of Business _____ Residence _____

4. E-mail Address: _____

5. Name of Manager (if applicable): _____

Residence of Manager: _____

6. Description of Vehicle(s): _____

Vehicle(s) Registration Number: _____

7. Was Business Licensed last year? Yes _____ No _____

8. Attach proof of Insurance.

Upon issuance of this license, I agree to abide by all laws, ordinances, rules and regulations, governing operation of an Ice Cream Truck in the Town of Scarborough.

Date: _____ Signature of Applicant: _____

This section to be completed by Town of Scarborough:

Date Received: _____ Check No. and Amount: _____

Type of License: _____ Commercial _____ Residential

Received by: _____